

Agenda

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

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

09:37 - 09:40 **3. Declaration of Interests**
3 min
Verbal John Connaghan

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

Please notify changes to corporategovernanceteam@nhslothian.scot.nhs.uk

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

Items for Approval or Noting

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

4.1. Minutes of Previous Board Meeting - 06 December 2023

For Approval John Connaghan

 4.1 06-12-23 NHSL Board Minutes.pdf (10 pages)

4.2. Staff Governance Committee Minutes - 11 October 2023

For Noting Val de Souza

 4.2 Staff Governance Minutes - 11 October 2023.pdf (10 pages)


4.3. Healthcare Governance Committee Minutes - 28 November 2023

For Noting Fiona Ireland

 4.3 Healthcare Governance Committee Minutes - 28 November 2023.pdf (8 pages)

4.4. West Lothian Integration Joint Board Minutes - 09 November 2023

For Noting *Martin Connor*

 4.4 West Lothian IJB Minutes - 09 November 2023.pdf (6 pages)


4.5. East Lothian Integration Joint Board Minutes - 26 October 2023

For Noting *Shamin Akhtar*

 4.5 East Lothian IJB Minutes - 26 October 2023.pdf (9 pages)


4.6. Edinburgh Integration Joint Board Minutes - 16 November 2023

For Noting *Katharina Kasper*

 4.6 Edinburgh IJB Minutes - 16 November 2023.pdf (6 pages)

4.7. Midlothian Integration Joint Board Minutes - 21 September 2023

For Noting *Val de Souza*

 4.7 Midlothian IJB Minutes - 21 September 2023.pdf (7 pages)

4.8. National Whistleblowing Standards - Performance Report Quarter 2, 2023/24

For Noting *Janis Butler*

 4.8 National Whistleblowing Standards - Performance Report Quarter2_23-24.pdf (16 pages)


4.9. Pharmacy Practices Committee Outcomes Quarter 3 2023/24

For Noting *Jenny Long*

 4.9 Pharmacy Practices Committee Outcomes Quarter 3 2023-24.pdf (2 pages)

4.10. Appointments of Members to Committees & Integration Joint Boards

For Approval *Darren Thompson*

 4.10 07 February 2024 - Board Appointments Report.pdf (3 pages)

Items for Discussion

09:45 - 09:50 5. Board Chair's Report - February 2024

5 min

Verbal *John Connaghan*

09:50 - 10:00 6. Board Executive Team Report - February 2024

10 min

Discussion *Calum Campbell*

 6. Board Executive Team Report 07 February 2024.pdf (11 pages)

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

5 min

Verbal *John Connaghan*

10:05 - 11:05 8. Finance

60 min

8.1. Financial and Capital Resourcing Challenge

Discussion *Craig Marriott*

 8.1 NHS Lothian Financial and Capital Resourcing Challenge - 07 February 2024.pdf (5 pages)

8.2. November 2023 (Month 8) Financial Position and Year End Forecast Update

Discussion *Craig Marriott*

 8.2 November 2023 (Month 8) Financial Position and Year End Forecast Update.pdf (6 pages)

11:05 - 11:15 **BREAK**

10 min

11:15 - 11:45 **9. NHS Lothian Board Performance Paper**

30 min

Discussion *Jim Crombie*

 9. NHS Lothian Board Performance Paper.pdf (21 pages)

11:45 - 12:05 **10. RIE Emergency Access Programme Board Update**

20 min

Discussion *Michelle Carr*

 10. RIE Emergency Access Programme Board Update.pdf (26 pages)

12:05 - 12:15 **11. Corporate Risk Register**

10 min

Discussion *Tracey Gillies*

 11. Board Corporate Risk Register Paper 07 February 2024.pdf (28 pages)

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

5 min

Verbal *John Connaghan*

12:20 - 12:25 **13. Reflections on the Meeting**

5 min

Verbal *John Connaghan*

12:25 - 12:30 **14. Date of Next Meeting**

5 min

For Noting *John Connaghan*

- **24 April 2024**
- **26 June 2024 - Annual Accounts**
- **14 August 2024**
- **10 October 2024 (on a Thursday)**
- **04 December 2024**
- **04 February 2025**

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 06 December 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members:

Prof. J. Connaghan (Chair); Mr P. Murray (Vice Chair); Cllr 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; Miss F. Ireland; Ms K. Kasper; Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan and Ms V. de Souza.

Executive Board Members:

Mr C. Campbell (Chief Executive); Miss 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); Mr C. Briggs (Director of Strategic Planning); 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 F. Wilson (Chief Officer, East Lothian IJB); P. Togher (Chief Officer, Edinburgh IJB)(from 11:30am); Ms A. Goodfellow (Deputy Director of Public Health)(for Item 63); Ms M. Stewart (Public Health Registrar)(shadowing D. Milne); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence:

Ms T. A. Miller (Employee Director and Non-Executive Board Member); Mr S. Chandran (Non-Executive Board Member) and Cllr S. Jenkinson (Non-Executive Board Member).

55. Welcome & Declaration of Interests

- 55.1 The Chair welcomed members; colleagues and observers to the last Board meeting of 2023.
- 55.2 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

56. Items proposed for Approval or Noting without further discussion

- 56.1 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.
- 56.2 Minutes of Previous Board Meeting held on 04 October 2023 – Minutes were approved.
- 56.3 Staff Governance Committee Minutes – 26 July 2023 – Minutes were noted.

- 56.4 Finance and Resources Committee Minutes – 09 August 2023 – Minutes were noted.
- 56.5 Audit and Risk Committee Minutes – 21 August 2023 – Minutes were noted.
- 56.6 Healthcare Governance Committee Minutes – 26 September 2023 – Minutes were noted.
- 56.7 Midlothian Integration Joint Board Minutes – 24 August 2023 – Minutes were noted.
- 56.8 West Lothian Integration Joint Board Minutes – 19 September 2023 – Minutes were noted.
- 56.9 East Lothian Integration Joint Board Minutes – 21 September 2023 – Minutes were noted.
- 56.10 Edinburgh Integration Joint Board Minutes – 21 September 2023 – Minutes were noted.
- 56.11 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- **To appoint Mr Andrew Fleming** as Vice Chair of the Board, with effect from 1 February 2024 and for a period of three years.
 - **To appoint Ms Val de Souza** as Chair of the Staff Governance Committee, with effect from 1 February 2024.
 - **To appoint Mr Andrew Fleming** as Chair of the Remuneration Committee, with effect from 1 February 2024.
 - **To appoint Mr Andrew Cogan** as a member of the Healthcare Governance Committee, with effect from 1 February 2024.
 - **To appoint Mr Peter Knight** as a co-Chair of the Pharmacy Practices Committee, with effect from 1 February 2024.
 - **To reappoint Mr Martin Connor** as NHS Lothian’s Voting Member on West Lothian Integration Joint Board with immediate effect and then take on Lead Voting Member on the West Lothian Integration Joint Board, with effect from 1 February 2024.
 - **To appoint Mr Andrew Cogan** as NHS Lothian’s Lead Voting Member on the East Lothian Integration Joint Board, with effect from 1 February 2024.
 - **To appoint Mr Philip Allenby** as a Voting Member of the City of Edinburgh Integration Joint Board, with effect from 1 February 2024.
- 56.12 Drug Related Deaths Annual Report – The circulated annual report was noted. The report had been discussed by the Healthcare Governance Committee, recognising the small reduction in Drug Related Death numbers. Any further questions or points could be raised with the Director of Public Health outside the meeting.

ITEMS FOR DISCUSSION

57. Board Chair’s Report – December 2023

- 57.1 The Chair took the opportunity to personally thank all NHS Lothian staff for all they had achieved in 2023, working in sometimes difficult circumstances. The Chair also thanked the Chief Executive and Executive Team for their achievements in the course of the year and thanked the corporate governance team for their support to the Board over the past year. The Chair gave a verbal update, highlighting the following:
- Non-Executive Director Recruitment – The first set of interviews had taken place on 5 December, with a further two days of interviewing to take place. In terms of experience and skills sought, there were two general posts and one post requiring specific experience in finance, audit and risk.

- Blueprint for Good Governance Self-Assessment Survey – The Board noted the closing date for completion of the questionnaire had been extended to 8 December. The results from the survey would be part of a special Blueprint development session being planned for March 2024.
- Fiona Ireland – The Chair reported Miss Ireland’s intention to step down as Area Clinical Forum chair at the end of April 2024 and she would therefore also demit from her Non-Executive Director position at that time. There would be an opportunity at a future Board meeting to acknowledge and record thanks for Fiona’s contribution and an election process for a replacement Area Clinical Forum Chair would now commence.
- Valedictory Comments Peter Murray and Bill McQueen – The Chair thanked both Mr Murray and Mr McQueen for their tremendous work ethic and significant contributions to the Board, noting that this would be their final Board meeting before they both demitted office at the end of January 2024:
 - **Peter Murray:** The Chair noted that Mr Murray had Joined the Board in February 2016 and had served on most of the Board’s standing committees during this time, including Finance & Resources, Audit & Risk and Healthcare Governance. He had led groups and committees dedicated to specific areas of assurance and had chaired the Remuneration Committee. More recently, he had played a particularly significant role in the integration of health and social care within NHS Lothian, being a Voting Member of the Edinburgh IJB and the Lead Voting Member for the East Lothian IJB, chairing this between 2021 and 2023. In addition to this, he had served as the Board’s Vice Chair since December 2021, lending critical support to the Chairman and the wider Board membership.
 - **Bill McQueen:** The Chair noted that Mr McQueen had joined the Board in February 2018 and had made very significant contributions to the Board during his tenure, sitting on the Audit & Risk, Finance & Resources and Pharmacy Practices Committees, as well as being a previous member of the St John’s Stakeholder Group. Most recently, he had provided considered and collaborative non-executive leadership as the Chair of the Board’s Staff Governance Committee and as the Lead Voting Member of the West Lothian IJB, chairing the IJB since September 2021.
- Chief Executive – The Board was informed that the Chief Executive had indicated his intention to retire in June 2024 after 40 years’ NHS service. This would represent a significant change for the Board and a recruitment exercise was underway. The Chair offered his personal thanks to Mr Campbell for his contributions to NHS Lothian and to the NHS in Scotland more widely. He noted that there would be an opportunity at a future Board meeting to fully acknowledge and record the Board’s gratitude for Mr Campbell’s significant contribution.

58. Board Executive Team (BET) Report – December 2023

58.1 The Chief Executive presented the report. Questions from Board members prompted more detailed discussion in some areas and highlighted the following points:

- Nursing & Midwifery Workforce – The improved progress with graduates coming in was noted but a long-standing establishment gap remained in the numbers. The reduction in vacancy gap from 9% to 4.5% was recognised as was the intention to maintain leeway around supplementary staffing. Work on staff retention continued, including promoting staff wellbeing improving the retention of newly qualified staff, and the appointment of clinical educators to support newly qualified staff. The overall position for next year was in a better place ahead of the safe staffing legislation being enacted. Safe staffing was being overseen by a Programme Board and consistent processes were being implemented. The Programme Board would report to the Corporate Management Team in January 2024 ahead of the required reporting to Scottish Government.
- Hosted Services - The hosted services moving under East Lothian HSCP management responsibility were noted, these were permanent moves, and any substantial issues would be reported back to the Board as appropriate.
- Analytics - The Board noted the developments following the recommendations of the Strategic Review of Analytics Report commissioned by the Board. A small working group had been established at the direction of the Corporate Management Team to consider the report's recommendations, what required outputs would be and the best way to engage with colleagues to design the implementation process. There would be focus on the organisational recommendations and how these supported the Board's Annual Delivery Plan, Corporate Objectives and LSDF. The links to digital ambition were noted and opportunities to enhance the use of digital tools would be explored.
- Scheduled Care - CfSD Sub-Specialty Delivery Groups - The ongoing work was noted and further update on the projects involved would come to the Board, possibly as part of a future development session.
- RAAC Update – The Director of Finance reported that advice was that any resource requests should go to Scottish Government and that greater clarity on available resources may come via the Scottish Budget announcement scheduled for 19 December.
- Capital Projects - The Board noted the projects now in formal delay awaiting the outcome of the Scottish Government's ongoing review of capital spending. This was the same position for all health boards in Scotland. The impact of uncertainty around resource allocation was recognised by the Board and it was hoped that the Scottish Budget announcement would provide the clarity needed on which projects, if any, could progress. There were ongoing discussions around 'Plan B' for projects and the impact on current project teams was also recognised. There would be further consideration of governance, finance and staff engagement and communication.
- GP Lead for Health Inequalities - The Board noted the appointment of the GP Lead and discussions on how IJBs and HSCPs could best link in with the new lead were ongoing.
- Midlothian Community Respiratory Team (CRT): Media coverage - The Board commended the Midlothian CRT for its achievements and recognition. The BBC media coverage, which included positive comments from patients, was testament to this excellent work.

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

- Healthcare Governance Committee – The Committee Chair informed the Board of Acute Services assurance levels discussed and agreed at the recent Healthcare Governance Committee meeting on 28 November.

60. Capital Prioritisation Process

- 60.1 The Director of Strategic Planning introduced the report briefing the Board on the outcomes of the Capital Prioritisation process. There had been previous discussion on this process at the last Strategic Planning and Performance Committee meeting and Board Members were aware of the requirement for this output to be submitted to Scottish Government by 31 December.
- 60.2 The Director of Strategic Planning reminded the Board of the process which had now been through two cycles and had worked well. There was discussion on the impacts on projects that any future Scottish Government decisions may have, as well as the impact on the Board's LSDF given assumptions made around capital and revenue resources.
- 60.3 The Board noted and discussed the latest results of the Capital Prioritisation Process. In particular, members commented on the population growth projections for Lothian which highlighted starkly the challenge of meeting the likely future demand for health and care in Lothian with the existing level of capital infrastructure and capacity. It was noted that whilst revenue resource allocations accounted specifically for population and demographics, funding for major capital projects did not.
- 60.4 It was acknowledged that the categorisation results accounted for when capacity was expected to be required. Therefore, although the Edinburgh Cancer Centre (ECC) was listed under Category B, this simply indicated that the need for this was further in the future than those projects listed under Category A. However, the enabling works required to prepare for the ECC were of the highest priority and therefore included within Category A.
- 60.5 Members discussed the potential impacts of any delays or cessation of the projects identified within the list of capital development priorities, including the need to undertake updated and more regular risk assessments of the Board's estate to understand and mitigate any deficit that might arise in the delivery of care. Further impacts would include increased pressure on limited capital maintenance resource, as existing infrastructure, which may already be considered sub-standard, needed to be maintained and utilised for longer than planned. It was note that capital maintenance resource, allocated formulaically, was required to cover not just building maintenance but also any necessary investments in digital infrastructure and medical equipment.
- 60.6 The Board noted that the process used to construct the capital prioritisation was as briefed to the Strategic Planning and Performance Committee in January 2023 and as agreed by the Board in February 2023.
- 60.7 The outcomes of the process in categories A, B and C were noted and accepted by the Board. It was acknowledged that capital prioritisation was explicitly linked to a whole-system planning approach and the delivery of the Lothian Strategic Development Framework (LSDF).
- 60.8 The Board acknowledged the requirement to submit the prioritisation to the Scottish Government by 31 December 2023 and agreed to submit categories A, B, and C to the Scottish Government immediately after the Board meeting.

61. Corporate Objectives & Lothian Strategic Development Framework (LSDF) Mid-Year Review

61.1 The Board received and considered the Corporate Objectives and Lothian Strategic Development Framework (LSDF) progress report for the 2023-24 financial year. Progress was noted and it was acknowledged that this was the first year of a new approach, utilising a reduced number of Corporate Objectives which were linked explicitly to the activity and projects required to deliver the ambitions of the LSDF. Further updates would be considered at the Strategic Planning and Performance Committee.

62. NHS Lothian Annual Delivery Plan 2023/24

62.1 The Director of Strategic Planning introduced the paper providing feedback from the Scottish Government regarding the Board's Annual Delivery Plan (ADP). The guidance for next year's ADP had also now been received and showed a closer link to the availability of financial resources.

62.2 The Board recognised the appropriateness of this linked, transformation plan approach given the current financial position and were encouraged by the feedback received in particular around digital and climate narratives.

62.3 Members were hopeful that the Scottish Government's timeline for the development of 2024/25 ADPs would support the delivery of a more substantive draft in advance of the start of the financial year. This expectation would be fed back to the Board's Sponsorship Team.

62.4 The Board welcomed the generally positive feedback and thanked the Director of Strategic Planning and team for their work to get to a successful sign off. An ambitious timescale to have a substantial draft of the next plan before April 2024 was articulated.

63. Child Poverty Activity Report

63.1 The Deputy Director of Public Health introduced the report updating the Board on action being taken to tackle child poverty in NHS Lothian.

63.2 The Board noted the requirement for each area to produce plans and share the overview of issues with members.

63.3 Members discussed the content of the Report, noting the close link to the Board's role as an Anchor Institution. Discussions included:

- The role and contribution of the NHS Lothian Charity and how this might be broadened and deepened, within the limits of existing regulations.
- The positive impacts delivered for patients and staff as a result of the Board's Income Maximisation service and acknowledgement that the Board is a Living Wage Employer.
- Partnership with local authorities and education providers should include acknowledgement of the impacts of healthcare on children remaining in education.

63.4 The Board noted the update provided on child poverty activity and also noted the ongoing national discussions about maximising the contribution of NHS Scotland to tackling child poverty. A further report on the system effort required would be considered in due course.

64. NHS Lothian Board Performance Report

- 64.1 The Deputy Chief Executive presented the Board Performance Report, highlighting some key messages, including continued challenges within Primary Care and restrictions on hospital bed capacity. The ability to meet the 4hr Emergency Access Standard continued to be significantly compromised across the NHS in Scotland and efforts to improve this position within Lothian were continuing. He reiterated the strong correlation between any delay or reduction in the availability of capital project funding and the ability of the Board to achieve its performance and service improvement ambitions.
- 64.2 Board members noted a slight reduction in delayed discharges and also that, within this, Edinburgh HSCP had improved its relative position whilst the other three HSCTs were currently sitting in the lower range of performance nationally. It was acknowledged that frontline pressures would increase during winter and potentially impact performance.
- 64.3 Members questioned whether an additional focus on productivity in key areas might bring positive impacts. It was reported that a range of activity was already underway in this area. One example was a review of theatre utilisation within Ophthalmology, which was maximising the number cataract operations per session. A new theatre system was also being introduced which should help to improve productivity. Board members should look to see evidence of this through measures such as the average length of stay. It was noted that further information around specific productivity improvements could be considered via the Strategy, Planning and Performance Committee.
- 64.4 The Board members acknowledged the performance across NHS Lothian in relation to the metrics included in the paper, noted the assurance levels for expected delivery against key national standards or local trajectories by the end of 2023/24 and 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.

65. RIE: Unscheduled Care Diagnostic Review

- 65.1 The Chief Officer for Acute Services introduced the Royal Infirmary of Edinburgh (RIE) Unscheduled Care Diagnostic Review report.
- 65.2 The Chief Officer for Acute Services highlighted that all twenty-nine recommendations from the report had been accepted in full by the NHS Lothian Performance Support & Oversight Board. These recommendations fell under six themes and within those themes, five areas of focus had been identified as high priority to be delivered at pace. These were:
- 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.
- 65.3 The Chair acknowledged the concern that some consultants had expressed relating to performance issues within the Emergency Department of the RIE and their impacts. The Chief Executive offered assurances to the Board that there had subsequently been a series of open and transparent engagement meetings between members of the Executive Leadership Team, the Board Chair and the consultants themselves. An external review team had been invited into the department and staff had been fully engaged in the review process. The Chief Executive recommended that the Board accept the outcomes of this external review in full and agree that any deviation from the recommendations should only be considered with the approval of the Board.

- 65.4 The Board welcomed the report arising from the review, acknowledging the value of an external perspective, and noting that there would be an ongoing element of external support in the delivery of the report's recommendations. It was also accepted that expectations should be tempered by the fact that the emergency department within the RIE was built some time ago and had a finite capacity. Issues would not be fully addressed until a larger emergency department with greater capacity could be provided.
- 65.5 There would be further discussion on this work at the Strategic Planning and Performance Committee in January 2024 and there would be a rigorous programme management approach to ensure accountability for delivery.
- 65.6 Board members were encouraged to submit any individual reflections or queries relating to the report directly to the Deputy Chief Executive and Chief Officer for Acute Services by the end of December, to allow for these to be addressed at the SPPC meeting in January.

66. September 2023 Financial Position & Year End Forecast Update

- 66.1 The Director of Finance provided an update to the Board on the financial position at month 6 and an update of the year-end forecast for NHS Lothian. There was discussion on the continued delay with GP prescribing data, delivery of the 3% efficiency target and the deficit improvement at the mid-year point.
- 66.2 The Director of Finance highlighted the financial pressures across the NHS in Scotland following the recent autumn statement and the various interventions being put in place by Scottish Government to mitigate impacts and move health boards to improve their financial position towards breakeven. The Scottish Government had made the expectation of break even for the health portfolio clear, but this was not currently forecast. There would be ongoing monitoring of the NHS Lothian position through the Finance and Resources Committee.
- 66.3 The Board agreed 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 had accepted that NHS Lothian is only able to provide limited assurance on its ability to deliver a breakeven position in 2023/24. The Board also recognised that the financial challenges would very likely increase in the next financial year across the NHS in Scotland.

67. Corporate Risk Register

- 67.1 The Executive Medical Director presented the paper. The Board reviewed the September/October 2023 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table and the proposal for the addition of a new risk onto the register was accepted, namely the Royal Infirmary of Edinburgh Fire Safety risk, detail of which is covered under item 68 below.
- 67.2 The Board noted the overview of the changes in the CRR over the past two calendar years and that any new or materially worsening risks would be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board. The Board accepted the recommendation from Corporate Management Team to include a new risk relating to fire safety on the RIE site on the Corporate Risk Register (more detail presented at item 68).

68. Corporate Risk – Royal Infirmary of Edinburgh (RIE) Fire Safety

- 68.1 The Deputy Chief Executive introduced the report requesting the formal addition of the RIE Fire Safety risk to the Board's Corporate Risk Register. The Board noted that this new risk had been separated out from the current risk around RIE Facilities Critical Systems (#5189).
- 68.2 The Deputy Chief Executive provided an update on the ongoing life cycle work with the PFI provider at RIE and engagement with Scottish Fire and Rescue Service (SFRS) on identified issues. This included the series of actions that followed facility inspections. As a joint duty holder, NHS Lothian had established an oversight group to focus on these recommendations. All staff had been appropriately briefed on the situation and the ongoing work to improve safety mechanisms within RIE. Updated training for staff had been introduced and the delivery of this was being monitored weekly.
- 68.3 The Board acknowledged that an Enforcement Notice for the RIE was expected from SFRS within the next month or so and, as a joint duty holder, this would place requirements upon the Board. There was continued engagement with SFRS, particularly on revised evacuation plans, and plans for alarm system upgrade works had been shared and agreed with them.
- 68.4 The Board considered the messaging to the public, recognising its responsibility as a joint duty holder to highlight any compromises to staff and have an evacuation plan in place. An opportunity to brief local MPs and MSPs on developments would arise on 8 December. There would be no tangible change for the public and patients and staff understood what was now required. There was a series of visible posters planned for sites on fire safety messages and these would launch in the new year along with a refresh of the no smoking on sites campaign. The Chair asked for the staff briefing to be shared with Board Members.
- 68.5 The Board noted the update and accepted the recommendations in the paper:
- Acknowledged the assigned risk rating of Very High (20) following the initial review of this risk by the Corporate Management Team.
 - Accepted a Limited assurance level and agreed that this risk has principal oversight by the Staff Governance Committee.
 - Acknowledged and accepted the Risk Mitigation Plan as outlined.
 - Acknowledged the dependency of compliant fire safety measures at the RIE in order to ensure the safety of patients, staff, and visitors of the site, as well as ensuring compliance with current fire safety standards.
 - Noted 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.

69. Any Other Business

- 69.1 No other items of competent business were identified.

70. Reflections on the Meeting

- 70.1 The Chair invited Mr Murray and Mr McQueen to offer any personal reflections on their time as members of the Lothian NHS Board.
- 70.1.1 Mr McQueen stated that it had been a privilege to serve on the Board. He reflected upon the inherent organisational complexity of NHS Boards and the challenge this presents for non-executive directors in monitoring and scrutinising strategic delivery, particularly in challenging times. He offered his thanks and appreciation to all staff and leaders, past and present, in supporting the Board and its members to navigate these challenges.

70.1.2 Mr Murray concurred with the sentiments of Mr McQueen. He highlighted additionally the particular contribution of Health and Social Care Partnership colleagues and expressed his personal thanks to past and present Board Chairs for their support.

71. Date of Next Board Meeting

- 07 February 2024

Chair's Signature

Date

Prof. John Connaghan CBE
Chair – Lothian NHS Board

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 11 October 2023 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Mr C. Campbell**, Chief Executive; **Miss T. Gillies**, Executive Medical Director (Until 12.00); **Mrs A. MacDonald**, Executive Nurse Director; **Ms K. Kasper**, Non-Executive Board Member; **Ms N. Akta**, Non-Executive Board Member (Until 11.30); **Ms. L Cunningham**, Partnership Representative; **Ms H. Fitzgerald**, Partnership Representative and **Mr A. Cogan** Non-Executive Director (observing);

In Attendance:

Mrs R. Kelly, Deputy Director of HR; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mr C. Stirling** (WGH, Site Director – on behalf of Chief Officer, Acute Services); **Mr D. Thompson**, Board Secretary; **Mr C. Graham**, Secretariat Manager, Corporate Governance Team; **Ms M. Campbell**, Director of Estates & Facilities (Until 11.30); **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe**, Occupational Health Consultant; **Mr S. Haddow**, Head of Medical Workforce Planning (Item 2); **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7.2); **Mrs J. Duncan**, Head of Recruitment, Human Resources (Item 6.6) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms F. Tynan, Programme Manager, Nursing; **Mr D. Boyd**, Programme Manager, Corporate Nursing; **Mr G. Garvie**, Network Team Leader, eHealth; **Ms J. Greenacre**, Head of Programmes, Voluntary Services; **Ms L. Inglis**, Head of Nursing, Quality Improvement and Standards, Quality Improvement Support Team; **Ms L. Walker**, Head Occupational Therapist, Occupational Therapy; **Ms S. Preston**, Senior HR Manager, Human Resources; **Mr S. Donaldson**, Strategic Programme Manager, Strategic Planning; **Ms T. Burrow**, Clinical Services Manager, Royal Edinburgh & Associated Services; **Ms K. Tinkler**, Clinical Nurse Manager, General Surgery; **Mr D. Low**, Clinical Nurse Manager, Forensic Mental Health; and **Ms L. Lynskey** (Graduate Management Trainee)

Apologies:

Mr S. Chandran, Non-Executive Board Member; **Mr J. Crombie**, Deputy Chief Executive; **Mrs T. Miller**, Non-Executive Board Member and **Mrs M. Carr**, Chief Officer, Acute Services;

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.

30. Declaration of Conflicts of Interest

30.1 No interests were declared.

31. Presentation - iMatter Results 2023

- 31.1 The iMatter Lead presented the Board's iMatter results for 2023, providing data on the overall position and by each service area. The key messages conveyed were:
- Participation rates had increased compared to the previous year;
 - Improved results had been demonstrated against four of the five Staff Governance Standards;
 - The proportion of Actions Plans completed within eight weeks had increased;
 - The overall Employee Engagement Index (EEI) had increased slightly in 2023,
 - Results against two new questions round raising concerns indicated that 88% of respondents were confident that they could safely raise concerns at work and that 80% were confident that their concerns would be followed up and responded to; and
 - In preparation for the 2024 iMatter survey, manager awareness and action plan refresher training would be delivered, alongside newly developed digital resources.
- 31.2 In discussion, members sought to understand how iMatters results were used by senior management to inform improvement actions and whether the data could be combined with other information sources to highlight areas of potential concern.
- 31.3 At the invitation of the Chair, the WGH Site Director provided a perspective from an acute hospital. He indicated that current staffing pressures were a significant inhibitor to increasing staff engagement and response in relation to iMatter. However, discussions with senior management in Acute Services had helped to bring a more regular focus to iMatter results, avoiding seeing it as a once-a-year activity.
- 31.4 It was confirmed that managers were able to identify trends or highlight particular issues by making comparisons with previous years' survey results. They were also supported in considering other sources of data such as sickness absence trends, where appropriate.
- 31.5 It was suggested and agreed that as previously done, a short "iMatter Story" report should be included at every second meeting of the Committee, focusing on a specific team or department and their Action Plan and its implementation. This would provide additional evidence of how iMatter results were used to deliver improvement actions. **JB**
- 31.6 It was agreed that, once the national iMatter survey results were available, a follow-up report would be provided to the Committee to demonstrate the Board's benchmarked position in NHS Scotland. **SH**

32. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 26 July 2023

- 32.1 The Minutes of the previous meeting were approved as an accurate record.
- 32.2 The Director of HR and OD confirmed that Coffee Roulette sessions were ongoing for Acute Services. Non-executive board members would be provided the opportunity to engage in future sessions.
- 32.3 It was noted that all actions were up to date.

33. Matters Arising

- 33.1 No matters arising

STAFF EXPERIENCE

34. Advancing Equalities Action Plan 2023/24

- 34.1 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 earlier in the year. This work was progressing and the actions were being delivered through the HR and OD Equality and Diversity group.
- 34.2 Work was progressing on the Annual Equality and Diversity Conference following support from the Corporate Management Team (CMT). An in-person conference would focus on the Equality and Human Rights Strategy 2023-2028 and also provide the opportunity to communicate the recommendations of the Transatlantic Slavery Research Work and other equality and diversity topics.
- 34.3 Proposals for both the Carer's and Disability Passports would be presented to the Lothian Partnership Forum on 26 October for agreement, with the Carer's Passport being launched in November to coincide with "Carers Rights Day" on 23 November. The Disability Passport was expected to launch in December.
- 34.4 The Deputy Director of HR reported that a decision had been made to delay the Board's submission for *Disability Confident Employer – Level 3 (Leader)* status until April 2024 to allow the Board to include further evidence such as the outputs from the Equality and Diversity Conference and allow for the implementation of the Disability and Carer's Passports. It was expected that having these in place prior to submission would better support the application.
- 34.5 The Chair asked for a brief report on the Carer's and Disability passports to be presented at the December Committee. **RK**
- 34.6 The Committee accepted Moderate Assurance in relation to the progress made with the actions detailed in the Advancing Equalities Action Plan 2023/24.

35 Whistleblowing Report

- 35.1 The Director of HR and OD presented the Whistleblowing Report, which included the quarterly performance and monitoring data, and a summary of recent learning and improvement activity related to whistleblowing investigations.
- 35.2 The Director of HR and OD reported that one case from August 2022 was still ongoing and was currently with the Independent National Whistleblowing Officer (INWO). A meeting was scheduled with the INWO to understand likely timescales so that the Whistleblower could be provided with an update, as required by the Standards.
- 35.3 The Committee noted that Speak Up Week had taken place in the previous week with a focus on 'Learning from Concerns'. A range of activities were organised across the sites and HSCPs that included a focus on learning from whistleblowing concerns, feedback from investigation commissioners and investigators, plus examples of investigation reports. Further feedback would be presented at the December Committee.
- 35.4 The Chair sought to understand the routes by which a case might reach the INWO. The Director of HR and OD explained that this was the final stage when a Whistleblower was not content with the outcome at the Board level or with the way in which the case had been handled. Although individuals could contact the INWO at any stage in the process they were likely to be directed back to the Board until its investigations had concluded. In such cases, the INWO was likely to monitor developments more closely.

- 35.5 The Committee noted that the number of staff trained and available to undertake complex investigations within the Board was limited but that lessons continued to be learned and applied. An example of this included the generation and sharing of suitably anonymised case reports.
- 35.6 The Committee noted the paper and accepted Moderate Assurance that systems and processes were in place to help to create a culture in NHS Lothian which ensures staff have confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured those concerns raised will be acted upon.

36 Staff Engagement and Experience Framework 2023-2026 – Progress Report

- 36.1 The Associate Director of OD & Learning provided an update on the progress achieved in developing the third NHS Lothian Staff Engagement and Experience (SEE) Framework 2023-2026. The current iteration of the Framework (2021-2023) had been circulated for information.
- 36.2 The SEE Programme Board had reviewed the current framework extensively and concluded that it remained effective and provided management with a helpful structure with which to guide local SEE work. The recent iMatter results also offered evidence as to the effectiveness of the current SEE Framework, indicating improvement in staff feeling listened to and heard within the organisation.
- 36.3 It had been hoped that the revised Framework for 2023-2026 might be ready to be considered at the Board's Leadership Conference on 25 October but this was not likely to be possible. Instead, information events would be scheduled for each of the identified business units with presentations shared locally to ensure awareness.
- 36.4 The Committee welcomed the progress made in developing the third version of the NHS Lothian SEE Framework 2023-2026 and noted that the final version would be shared with the Committee in December. A final evaluation of the 2021-2023 Framework would be presented to the Committee in early 2024.

ASSURANCE AND SCRUTINY

37 Corporate Risk Register

37.1 3455 – Management of Violence and Aggression

- 37.1.1 The Executive Nurse Director provided a verbal update on the programme of work intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed a number of risk assessments had been received and would inform the new training strategy.
- 37.1.2 Supplementary questions on the V&A risk had been raised during recent Audit & Risk Committee (ARC) meetings. A paper would be provided to ARC on 20 November to offer further assurance.
- 37.1.3 The V&A Programme Board would meet on 12 November to approve all elements, including risk assessments and the training plan and strategy. A final report was expected to return to the Committee in December.

37.2 3828 – Nurse Workforce – Safe Staffing Levels

- 37.2.1 The Executive Nurse Director provided a verbal update on the risk mitigation plan to manage the nursing and midwifery staffing risk on the Corporate Risk Register. She explained that nursing was currently in a transition period with a number of staff coming into post and an uptake of newly qualified, business as usual registered and non-registered nursing staff.
- 37.2.2 There were currently large numbers of nursing staff entering the system, including 300 Band 4 final year students. These posts would go into acute services and be mapped against vacancies. However, some new staff had subsequently been deployed elsewhere in NHS Scotland, thereby lessening the expected benefit for acute services.
- 37.2.3 The Committee noted the lower establishment and challenges in recruiting at St John's Hospital (SJH). In response, the Executive Nurse Director said the service was considering a spotlight on these areas where there are challenges for future planning. SJH and Edinburgh Napier University were working together on a satellite delivery service and retention work was ongoing. Supplementary information would be provided on safe staffing levels across the sites at the December Committee meeting.
- 37.2.4 Committee members asked if there was an impact on resources when there was a lower intake of students, and how the risk was managed with larger intakes. In response, it was explained that some areas had managed this well, including REAS, which had used funding for clinical education coordinators, providing additional support with a higher success rate.
- 37.2.5 The Deputy Director of HR confirmed that international nurse recruitment efforts were continuing with SJH an acknowledged priority and area of focus for the coming year.

37.3 5020 – Water Safety

- 37.3.1 The Director of Estates and Facilities provided an update on the Water Safety risk and confirmed the executive lead responsible for the risk had changed from the Medical Director to the Deputy Chief Executive. There was no change to any of the categories or challenges around third party sites, safety plans, Legionella plans and FHTM water structure.
- 37.3.2 It was acknowledged that the status of this risk had been static for some time, largely due to the low response rates from the third-party lease holders from whom cooperation and action was required to address the remedial issues. Revitalised efforts were now underway through the Quality Assurance Team to engage more actively and collaboratively with the lease holders, including via local GP Cluster meetings, and to explain the compliance needs clearly. Ongoing non-compliance with the Board's requirements would be escalated through the Pan-Lothian Water Safety Group and upwards thereafter.
- 37.3.3 The Committee sought to understand the extent of the Board's leverage in mandating action from third-party lease holders to comply with their duties. It was explained that taking an approach that was too forceful may be counterproductive. It was hoped that a more active, collaborative approach would yield more positive results.
- 37.3.4 The Chair thanked the Director of Estates and Facilities for the update. He requested that, for future reports, data should be included on the number and proportion of premises complying with the Board's requirements. **JC/ MCam**
- 37.3.5 The Committee accepted Limited Assurance and acknowledged progress to date against the red risk ratings.

37.4 3328 – Traffic Management

- 37.4.1 The Director of Estates and Facilities provided an update on the Traffic Management Risk. She explained that the number red risks had increased from six to eight with the two new risks arising at East Calder and Armadale Health Centre, respectively.
- 37.4.2 The Committee noted that there was no change to the overall risk for road traffic and pedestrian infrastructure in the four acute sites and three health centres. However, facilities continued to receive notices from the Scottish Fire and Rescue Service (SFRS) due to cars obstructing traffic by continuing to park on the turning circle at the Royal Edinburgh Hospital (REH). Barriers and traffic enforcement orders had been considered but securing the planning permission required to install barriers would be challenging. Traffic officers are now being considered and costed as a potential solution.
- 37.4.3 The Director of Estates and Facilities confirmed there was a solution in place for Whitburn Health Centre and an agreement between West Lothian Council and NHS Lothian to split the costs of this work. This would reduce the level of current red risk.
- 37.4.4 The proposed resolutions to both REH and Whitburn Health Centre would go to the Lothian Capital Investment Group (LCIG) for financial approval to minimise the red rated areas.
- 37.4.5 The Committee accepted a limited level of assurance and noted the increase in red risks from six to eight with risk mitigation and controls in place.
- 37.4.6 Ms N. Akta, Non-Executive Board Member left the meeting at 11.30am. The Chair requested for Mr Cogan to act in her place as a Non-Executive member of the Committee, as permitted by the Board's Standing Orders.

38 **Health and Safety Assurance Report**

- 38.1 The Medical Director presented an update on the Health and Safety Assurance Report. She explained that work was progressing at a local level to support the achievement of Health and Safety actions across all sites and to deliver safe care for staff and patients.
- 38.2 The report provided an overview of the 13 local reports and the 12 risks discussed by each local Health & Safety Committee, including the reasons for discussing and their relevance. The report focused on staff training, local knowledge and whether buildings were in line with best practice. The report also provided detail on the fire safety risk presented at the last Health and Safety Committee.
- 38.3 The Medical Director confirmed that the Board's responsibility was to focus on the buildings and the adequate level of training in the event of an incident and the implications for staff. It was confirmed the Director of Estates & Facilities was responsible for building infrastructure and reported routinely to the Finance and Resources Committee (F&R).
- 38.4 The Committee acknowledged the progress evident from the minutes from the local Health and Safety meetings and the level of detailed discussions held. The Committee also noted the assurance provided against each of the health and safety key risks during Q1 of 2023/24.
- 38.5 It was agreed that the format of future reports should be reviewed to provide clarity on the aspects of health and safety that the Committee is being asked to consider and take assurance on and to provide appropriate separation between health & safety management reporting and the Committee's corporate governance assurance needs. **TG**

39 Annual Review of the Staff Governance Terms of Reference

39.1 The Committee received and considered its current Terms of Reference and agreed that no changes were required at this time. It was acknowledged that the Terms of Reference of Board committees were required to be reviewed annually.

40. Staff Governance Framework Monitoring Return 2022/23

40.1 The Deputy Director of HR introduced the proposed Staff Governance Framework Monitoring Return for 2022/23, seeking any comments or feedback from the Committee prior to the Return being submitted to the Scottish Government.

40.2 The Committee was reminded that this required submission was part of the monitoring process put in place by NHS Scotland to provide assurance locally and nationally that the Staff Governance Standard was being fully and properly applied within all NHS Boards and that good practice was identified and shared.

40.3 The Committee discussed the content of the Report and briefly considered the potential to learn from other boards through the sharing of good practice. Members wished to know if any such learning had taken place within NHS Lothian. It was reported that, whilst there had not been any recent examples, it was felt that NHS Lothian was well placed to share its own good practice with other boards in some key areas.

40.4 The Committee expressed its support for the proposed return, noting that members had the opportunity to provide any final comments by 27 October.

40.5 The Committee were also supportive that a covering letter should be sent to the Scottish Government along with the Framework Return questioning the rationale for the process in its current format and querying the value add and whether it was time to review the process and indeed the Staff Governance Standard. The Committee will be advised of any response received.

41 Occupational Health and Safety Annual Report 2022/23

41.1 The Occupational Health Physician presented the NHS Lothian Occupational Health and Safety Annual Report 2022/23, which incorporated:

- The Occupational Health Nursing & Medicine Report 2022/23
- The Occupational Health Staff Counselling Service Report 2022/23
- The Occupational Health Physiotherapy Annual Report 2022/23
- The Occupational Health Manual Handling Service Annual Report 2022/23

41.2 A range of activities and service improvements across the Board's Occupational Health Services were highlighted during the presentation of the Report. In addition, some key challenges were noted, such as ongoing financial pressures and the difficulties in attracting and retaining experienced occupational health nurses.

41.3 The Director of HR and OD explained that Occupational Health and Safety activity was managed and overseen at a corporate level by the Workforce Planning and Development Programme Board. The information presented reflected the review of actions at a service level, in order to allow the Committee to see the detail of activity.

41.4 The Chair queried the seemingly high proportion of staff who did not attend (DNAs) scheduled occupational health appointments during the year. He wished to understand what measures, such as SMS reminders, were in place to encourage higher attendance rates. It was explained that staff were informed of appointments by letter but also received SMS reminders three days in advance of appointments.

- 41.5 In discussion, the Committee highlighted the desire to see data in future that would allow it to understand the relative position against other boards in key areas, such as in the number of manual handling staff.
- 41.6 The Committee accepted the Report as evidence of assurance that the Board's Occupational Health Service was progressing the objectives agreed in 2022, which were:
- Prevent harm to, protect and improve the health of the NHS Lothian workforce
 - Improve the quality and safety of LOHSS healthcare
 - Secure value and financial sustainability for LOHSS
 - Deliver actions to enable change

42 East Region Recruitment Service update

- 42.1 The Director of HR and OD presented a report detailing the expected benefits of establishing the East Region Recruitment Service (ERRS) and the progress achieved in implementation. The Committee was reminded that NHS Lothian, as the host board for this shared service, had responsibility for the governance and corporate support arrangements.
- 42.2 Key points from the report were highlighted, including some of the initial challenges faced in establishing the service, such as staff turnover, high levels of demand, and the transition from operating locally to regionally. Despite this, the service was now making good progress on the standardisation of process and practice, in collaboration with the five teams, which were expected to help realise the intended performance and efficiency benefits.
- 42.3 In discussion, the Committee sought to understand the experiences of partner boards on the quality and speed of performance. In response, it was reported that feedback had indicated reduced responsiveness, compared to previously. However, this was considered to be due to the specific challenges experienced initially and a Transformation and Improvement Plan was being developed to reduce variation in service and increase performance. This was expected to be approved by the ERRS Performance Oversight Group in December 2023.
- 42.4 The Committee agreed to accept the report's recommendations. Noting the changed operating environment, it accepted Moderate Assurance that appropriate progress was being made in realising the expected benefits of the ERRS. It was agreed that a report on progress against the ERRS Transformation and Improvement Plan would be provided to the Committee in 12 months' time.

SUSTAINABLE WORKFORCE

43 Workforce Report (and Q1 Exit Questionnaire Report)

- 43.1 The Deputy Director of HR introduced the Workforce Report for September 2023, which provided performance data on a range of areas, including sickness absence, staff leavers and retirements, bank staff and HR and ER enquiries.
- 43.2 It was reported that a working group of the Staff Engagement and Experience Programme Board had developed an improved approach to capturing exit survey data from staff leaving the organisation. The first report generated through this new system had been included in the Workforce Report. Whilst initial response rates were low, they were higher relative to the previous process and steps were underway to ensure greater response rates in subsequent quarters.

- 43.3 In future, service areas and directorates would have access to fuller and more detailed data via the Workforce Dashboard, with the ability to analyse trends and better understand the factors influencing staff retention.
- 43.4 The Committee welcomed the creation of the improved data collection process for leavers and hoped that this would help to drive an increase in response rates. However, members noted that individuals may be reluctant to complete questionnaires if they think they might be identified.
- 43.5 It was agreed that a future Workforce Report would again spotlight future Exit Survey data and if possible show a comparison against other industries for best practice. The quarterly report will routinely go through the Staff Engagement Programme Board and Lothian Partnership Forum.
- 43.6 The Committee noted the updated Workforce Report for September 2023 and the actions being taken to address the issues raised within it.

44. Workforce Plan – Development of Year 2 Plan

- 44.1 The Director of HR and OD presented a report detailing the actions developed by services and professions to underpin the delivery of the second year of the Board's three-year Workforce Plan.
- 44.2 The actions had been developed following significant discussion and consultative work with services, professional leads and relevant programme boards. The actions had subsequently been discussed and approved by the Corporate Management Team (CMT) on 26 September.
- 44.3 She explained that the delivery years for the Workforce Plan ran from November to October, with progress and outcomes reported to the Staff Governance Committee in December. As such, a report against delivery of the first year's actions would come to the Committee's next meeting in December 2023.
- 44.4 In discussions, the Committee sought to understand the monitoring arrangements for delivery of the Workforce Plan and its actions, prior to sight at the Committee. It was explained that the Workforce Planning and Development Programme Board met monthly to review action plans, with reporting via LSDF structures.
- 44.5 It was noted that the Workforce Plan and its actions closely informed the Board's reporting and engagement activity with the Scottish Government. A meeting was scheduled with the Scottish Government to discuss population growth and training needs. However, it was expected that any developments would be impacted significantly by public finance constraints.
- 44.6 The Committee noted the actions developed to deliver the second year of the Workforce Plan and that progress would be discussed and reviewed in detail at the Workforce Planning and Development Programme Board.

45 Employability and Education Governance Programme Board update

- 45.1 The Associate Director of OD & Learning provided an update on:
- changes to the Education Governance Board's scope and Terms of Reference, including a change of name to the Education and Employability Programme Board (EPPB); and
 - Progress in developing the EPPB's strategy and delivery plan.

- 45.2 The Committee noted the revised Terms of Reference and accepted Moderate Assurance that, despite initial delays, a strategy and delivery plan for the EEPB would be produced by the end 2023.

FOR INFORMATION AND NOTING

46 Staff Governance Work Plan 2023/24

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

47 Staff Governance Assurance Statement – 2023/24

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

48. Any Other Competent Business

- 48.1 There was no other business.

REFLECTIONS ON THE MEETING

49 Matters to be highlighted at the next Board meeting

- 49.1 The Committee agreed to highlight to the Board the positive work underway for workforce planning, including the current programme of work, structure and governance in place.

50 Matters to be highlighted to another Board Committee

- 50.1 There were no matters that required to be highlighted to another Board Committee.

51 Date of Next Meeting: Wednesday 13 December 2023

- 51.1 The next Committee meeting would be held on Wednesday 13 December 2023 at 9.30am

Signed by Chair 13/12/2023

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 28 November 2023 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (Chair); Mr A. Fleming, Non Executive Board Member; Mr P. Knight, Non Executive Board Member; Mr P. Murray, Non Executive Director; Ms L. Rumbles, Partnership Representative.

In attendance: Ms S. Bagnall, Talent Management Programme (observing); Mr D. Boyd, Talent Management Programme (observing); Ms T. Burrows, Talent Management Programme (observing); Ms H. Cameron, Chief Allied Health Professional; Ms M. Carr, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms G. Cunningham, Service Director, Outpatients and Associated Services (item 59.2); Mr S. Donaldson, Talent Management Programme (observing); Ms H. Faulds, Talent Management Programme (observing); Mr S. Garden, Director of Pharmacy; Mr G. Garvie, Talent Management Programme (observing); Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms L. Inglis, Talent Management Programme (observing); Ms L. Lynskey, Management Trainee (observing); Mr S. Malzer, Public Involvement Manager (item 57.1); Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms C. McArthur, Talent Management Programme (observing); Ms C. McCulloch, Talent Management Programme (observing); Ms A. MacDonald, Executive Nurse Director; Mr J. MacDonald-Liddell, Talent Management Programme (observing); Mr J. McKay, Talent Management Programme (observing); Ms J. McNulty, Associate Nurse Director; Ms D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Dr F. Ogilvie, Consultant in Public Health (59.3); Ms M. Perez-Botella, Director of Midwifery (item 58.1); Ms B. Pillath, Committee Administrator (minutes); Ms S. Preston, Talent Management Programme (observing); Mr A. Short, Service Director, Women's and Children's (item 58.1); Ms M. Stewart, Senior Public Health Trainee (observing); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms F. Tynan, Talent Management Programme (observing); Ms M. Vernon-Stroud, Team Lead, Patient Experience Team; Ms F. Wilson, Chief Officer, East Lothian Health and Social Care Partnership; Dr C. Whitworth, Medical Director, Acute Services; Mr B. Winterton, Talent Management Programme (observing); 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 J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services.

Chair's Welcome and Introductions

Ms Ireland 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.

53. Patient story

- 53.1 Members were shown a patient story of a man giving feedback on his experience at the Emergency Department. He stated that although staff were extremely busy, he felt safe and was assessed by clinical staff including a cardiologist. The patient had been on a trolley in the department for a number of hours, which he found uncomfortable, and he was not offered any food or drink during this time. He made suggestions for improvement. Members heard from clinical staff in the emergency department about improvements made in recent months including a clinical support worker role designated at the start of each shift to be responsible for all patients having access to food and water and fundamentals of care to ensure patients were as comfortable as possible during their time in the department.

54. Committee Business

54.1 Minutes from Previous Meeting (18 July 2023)

- 54.1.1 The minutes from the meeting held on 19 October 2023 were approved as a correct record.
- 54.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

55. Matters Arising

55.1 Prescription Locker Boxes

- 55.1.1 Mr Garden presented the previously circulated paper. The Court of Session had ruled in favour of the Board's position that the prescription locker boxes were lawful. Mr Garden advised that since the paper had been written, the Court of Session had agreed awards costs in full for NHS Lothian's legal costs associated with the appeal. The Scottish Government had agreed to put in place practical guidance for Boards on installation and running of prescription locker boxes, alongside the regulations.
- 55.1.2 Members accepted the recommendations laid out in the paper.

56. Acute Services Assurance Report

- 56.1 Ms Carr presented the previously circulated paper and Dr Whitworth gave a presentation. The improvements to the Clinical Management Group, inclusion of NEWs scoring on TRAK and a reduction in falls rates as well as the development of enhanced care through meaningful activity centres and arrangements to ensure fundamentals of care were met in the Emergency Department were highlighted. Hospital Standard Mortality Rates showed a worsening position at the Royal Infirmary. There had been improvement in 13 of the 14 LACAS standards, but 50 wards remained on the 'bronze' level.
- 56.2 In response to a question about improving risk mitigation, Ms Carr advised that the governance structure in place supported escalation of risk, and the Performance Management Group had oversight on any resources and support requested in specific areas.

- 56.3 More information about which areas were currently covered by LACAS standards and where it was still to be fully implemented was requested for the next report in order to take assurance from the audit results. Ms McNulty advised that the standards were ambitious but that more areas would be using the them in the next 6 months, and that the standards recorded by those areas using it were expected to improve in the next few years.
- 56.4 Ms Carr agreed to consider whether healthcare governance standards in NHS Lothian matched what was best practice in the UK.
- 56.5 As part of consideration of opportunities for improved workforce skill mix across Acute and Partnerships, Ms Carr agreed to consider how pharmacists could be included in skill mix reviews and workforce planning. Pharmacists would also be prescribers by 2026.
- 56.6 An update would be provided separately to the Committee on progress with the actions from the physiology review in six months' time. The adult and children's audiology services had both received only limited assurance and had submitted action plans to the Clinical Management Group and had been asked for a further update following feedback. **TG**
- 56.7 Members agreed that although the majority of care delivered across acute services was safe, effective and person centred there were specific aspects detailed in the paper where assurance could not be given, including aspects of care that were subject to escalation to the corporate risk register. Members agreed to accept moderate assurance that governance structures were in place in acute services and accepted the recommendations laid out in the paper. It was noted that annual reports and audit papers included on the agenda gave evidence to support this assurance level. The Committee acknowledged the limited assurance provided for the 4 hours emergency access risk and the hospital bed occupancy risk, as well as the risks outlined in paragraph 12.3 of the paper, all of which had risk mitigation plans in place and were regularly reviewed but may still have an impact on services provision. Further monitoring was required on the two services with limited assurance from the physiology review, as stated above.
- 56.8 It was noted that the level of assurance provided for the annual assurance papers from the services referred to the governance structures in place. The risks escalated to the Corporate Risk Register had had individual assurance levels and were overseen through the risk mitigation plans. This would be worked out more clearly in the new assurance framework.
- 56.9 Ms T. Gillies advised that work was in progress on the assurance framework, which would help understanding of which areas were at what level of assurance and where action was taking place. It was also looking at how the remit of the Committee was covered in annual assurance reports from each area. This should help make it clear where there were gaps in reporting. Non executive members asked to be included in the review process. **TG**

56.1 4 Hours Emergency Access Risk Mitigation Plan

56.1.1 Ms Wilson presented the previously circulated paper. The first phase of the improvement work at the Royal Infirmary Emergency Department was due to be completed by 18 December 2023. This included monitoring and tracking of data. The next step would be to identify key priorities and high impact areas for improvement. An action plan was in place with action owners and timescales recorded.

56.1.2 A concern was raised that there appeared to be separate governance structures for improvement processes and for unscheduled care processes and that these needed to be considered together to ensure the improvement impact required. Ms Wilson advised that the governance process was being worked on with the programme director and the strategic planning director and that this detail would be included in the next update. **MC**

56.1.3 Ms Carr advised that the earlier risk mitigation plan had been superseded. There had been initial improvement on longer waits, but this had not been maintained. The external review that had been done since had provided recommendations on the earlier plan which had been taken into account. Some actions still relevant from previous work had been brought into the new plan, but actions which had not resulted in improvement or which were not considered to have a high impact had been dropped. The new mitigation had been accepted by the Emergency Access Programme Board and Acute management was working with the teams to ensure engagement.

56.1.4 Members accepted the recommendations laid out in the paper and accepted limited assurance.

56.2 Hospital Bed Occupancy Risk Mitigation Plan

56.2.1 Ms Carr presented the previously circulated paper. It was noted that new funding for increasing Hospital at Home services to reduce hospital admissions was non recurrent. Initiatives were being taken forward so that an impact could be demonstrated to secure further funding. Ms Wilson advised that this was being discussed with Healthcare Improvement Scotland.

56.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

57. Person Centred Care

57.1 Involving People Update

57.1.1 The chair welcomed Mr Malzer to the meeting and he presented the previously circulated paper. Mr Malzer advised on the progress that had been made by the Corporate Management Team in delivering the Patient Engagement strategy, noting the requirement to ensure information about patient experience was included in both assurance and planning all levels. The new template proposed for reporting patient engagement that had taken place was included as appendix 3 in the paper. Members welcomed this template for inclusion in service reports to the Committee.

- 57.1.2 Mr Malzer advised that his role was to support engagement work and ensure that staff were aware of the legislation around patient engagement and confident in their roles regarding this. An engagement hub was being developed which would lead workforce development and where teams would go for advice. Processes were already in place for engagement at different stages in capital development, but this needed to be ensured in all other areas of major change.
- 57.1.3 Ms Morrison advised that through the patient experience strategy the aim was to be more receptive to patient experience and for reports to evidence that engagement had taken place.
- 57.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 57.2 Spiritual Care and Bereavement Annual Report
- 57.2.1 Ms MacDonald presented the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted limited assurance on the current governance processes and moderate assurance that the action plan laid out would improve governance and enhance the service. Members agreed to receive a further update on progress in 6 months' time. **AMcD**

58. Safe Care

- 58.1 Women's Services Interim Assurance Report
- 58.1.1 The chair welcomed Ms Perez-Botella to the meeting and she and Mr Short presented the previously circulated paper. Ms T. Gillies noted that that a clear governance structure was needed in order to provide evidence of improvement and reduction of avoidable harm in maternity services. An assurance framework was being developed which would help understanding of how change could be measured.
- 58.1.2 Workforce was a risk, there had been a high turn over of staff and although over-recruitment of newly qualified midwives had been done this had not increased the number of staff. Work on upskilling band 5 staff on basic maternity skills. as well a daily rating of priority and risk areas. A communications strategy had been developed to improve staff awareness of risk, and leadership walkrounds would discuss directly with teams what they could do to reduce harm. Better monitoring of workforce levels and skill mix had begun.
- 58.1.3 In response to a question about patient experience being taken into account in improvement planning, Ms Perez-Botella advised that the team was working with families who had been involved in incidents in the service, particularly in improving communication. Patient opinion and other patient feedback data used was reported in the annual report.
- 58.1.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. The next update would be as part of the annual Women's Services assurance report in May 2024.

58.2 Safe and Effective Cancer Care Annual Update

58.2.1 Ms T. Gillies presented the previously circulated paper. It was stated in the paper that meeting theatre capacity targets for endoscopy would be challenging due to nursing and operating department practitioner workforce as well as availability of appropriate theatre beds for the different types of endoscopy or colonoscopy procedures undertaken.

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

58.3 Lothian Stroke Services Annual Update

58.3.1 Ms T. Gillies presented the previously circulated paper. There was positive feedback on the provision of thrombectomy, but it was noted that there was currently no thrombectomy service out of hours. Capital investment in a second angio suite and staff availability 24/7 would be required to provide this service. Thrombectomy was an urgent service but not as urgent as some other services in the department and staffing resources would be spread.

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

58.4 Management and Learning from Adverse Events

58.4.1 Ms J. Gillies presented the previously circulated paper. Work was being done across Scotland on standardised reporting, but it was important that this be linked with process changes made as a result of learning from incidents to make improvements.

58.4.2 In response to a question about ensuring a robust decision on violence and aggression categories, Ms T. Gillies advised that she and the Head of Health and Safety signed off all reviews and checked any inconsistencies. Assurance and risk mitigation for violence and aggression was also considered in detail at the Staff Governance Committee.

58.4.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that systems were in place to ensure national reporting, and moderate assurance on processes for improving management of adverse events, reducing the backlog of cases and safety alerts.

58.5 Information Asset Register Update – Microsoft Access Database Review

58.5.1 Ms T. Gillies presented the previously circulated paper. Delays in the migration of the systems were acknowledged but it was accepted that the risks associated with these systems were low. Members accepted the recommendations laid out and accepted limited assurance.

59. Effective Care

59.1 Scottish National Audit Programme

59.1.1 Ms T. Gillies presented the previously circulated paper. The associated audit reports had also been circulated under exception reporting on the agenda. This was the first time that all the National Audit Programme reports had been included on the agenda. It was agreed that the summary reports should be reported each year, but that any indication that NHS Lothian may be an outlier in any of the audits should be reported earlier.

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

59.2 External Providers Annual Report

59.2.1 The chair welcomed Ms Cunningham to the meeting and she presented the previously circulated report. Members accepted the recommendations laid out and accepted significant assurance.

59.3 Drug Related Deaths Annual Report

59.3.1 The chair welcomed Dr Ogilvie to the meeting and she presented the previously circulated paper, which would also be presented to the Board at its meeting in December 2023.

59.3.2 It was noted that there had been a reduction in the numbers of drug related deaths in Midlothian but that it was not clear if any different action was being taken in this area to cause this; the overall numbers in this area were low and therefore fluctuation had a higher percentage impact.

59.3.3 In relation to the link between drug related death and housing, it was noted that the majority of deaths recorded were people in stable accommodation, but that they may have previously been in unstable accommodation. This was being worked on as a risk factor particularly for young people.

59.3.4 Members accepted the recommendations laid out in the paper.

60. Exception Reporting Only – reports provided

Members noted the following previously circulated reports:

- 60.1 Scottish Trauma Audit Group Annual Report;
- 60.2 Scottish Cardiac Audit Programme;
- 60.3 Scottish Stroke Care Audit;
- 60.4 Scottish MS Register;
- 60.5 Scottish Intensive Care Society Audit Group;
- 60.6 Scottish Hip Fracture Audit;
- 60.7 Scottish Arthroplasty Project;
- 60.8 Scottish Renal Registry;
- 60.9 Scottish ECT Accreditation Network;

- 60.10 Cervical Cancer Screening Annual Report;
- 60.11 Organ Donation Annual Report;
- 60.12 Controlled Drug Governance Team Annual Report;
- 60.13 Tissue Viability Annual Report;
- 60.14 Health Protection Annual Report 2021-22.

61. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 61.1 Clinical Management Group, 10 October 2023;
- 61.3 Policy Approval Group, 6 June 2023.

62. Corporate Risk Register

- 62.1 Ms Gillies presented the previously circulated paper. There was discussion at a recent Strategic Planning and Performance Committee meeting about whether the standard of care was falling. The new assurance framework would help with how this could be monitored. The Healthcare Governance Committee agreed to consider whether more in depth information should be returned on the areas of limited assurance before the next acute services annual report. It would be noted at the Board that the Committee was considering this question. **FI**

63. Reflection on the Meeting

- 63.1 The chair would note two items at the Board Committee Chairs' section on the agenda at the next Board meeting: the discussion on the 4 hours emergency access and hospital bed occupancy risk mitigation plans; and the plan to consider how assurance could be better given on the overall standard of care. **FI**

64. Date of Next Meeting

- 64.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 23 January 2024** by video conference.

65. Further Meeting Dates

- 65.1 Meetings would take place on the following dates in 2024:
 - 26 March 2024;
 - 28 May 2024;
 - 23 July 2024;
 - 17 September 2024;
 - 22 October 2024;
 - 19 November 2024.

Signed by Chair 23/01/2024

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 9 NOVEMBER 2023.

Present

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

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

Apologies – Andrew McGuire

Absent – Damian Doran-Timson

In attendance – Robin Allen (Senior Manager), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), Rebecca Miller (Head of Strategic Development), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager), Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

No declarations of interest were made.

2 MINUTES

The IJB approved the minutes of its meeting held on 19 September 2023 as a correct record.

3 MINUTES FOR NOTING

- a The IJB noted the minute of the West Lothian Integration Joint Board Strategic Planning Group held on 7 September 2023.
- b The IJB noted the minute of the West Lothian Integration Joint Board Health and Care Governance Group held on 31 August 2023.

4 MEMBERSHIP AND MEETING CHANGES

The Clerk advised of a number of recent membership changes.

Decision

To note the following:

- The appointment of Councillor Tony Boyle as the fourth IJB voting member and Councillor Tom Conn as IJB Chair by the council as of 26 September 2023.
- That Councillor Tom Conn had come off the Audit Risk and Governance Committee as a result.
- The appointment of Martin Connor as IJB Vice-Chair by the Health Board as of 7 November 2023.
- The appointment of Donald Noble as non-voting member by the Health Board as of 4 October 2023.
- The re-appointment of Stevie Dunn as non-voting member as of 22 September 2023.

To agree the following:

- To appoint George Gordon as Chair of the Audit Risk and Governance Committee;
- To appoint Councillor Tony Boyle on the Audit Risk and Governance Committee to replace Councillor Tom Conn;
- To appoint Councillor McGuire as Vice-Chair of the Audit Risk and Governance Committee.

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 Board members on emerging issues.

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

Decision

To note the terms of the report.

6 2023/24 QUARTER TWO 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 (IJB) based on the outcome of the month 6 monitoring process.

It was recommended that the IJB:

1. Consider the forecast outturn for 2023/24 which takes account of

delivery of agreed savings;

2. Note that NHS Lothian had now allocated additional funding from the Scottish Government for new medicines;
3. Note that NHS Lothian had yet to allocate additional funding from the Scottish Government for sustainability;
4. Note the requirement for the officers to progress additional savings schemes to replace the housing benefit review; and
5. Note that further updates on the in-year budget position and progress towards achieving a balanced budget position would be reported to future Board meetings.

Decision

To note the terms of the report.

7 SET ASIDE BUDGET

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the set aside budget position.

It was recommended that the IJB:

1. Note the current method used by NHS Lothian for allocating set aside costs and budgets and that a detailed review of the current apportionment had been commissioned;
2. Note that work to move towards an activity-based model for allocating set aside costs remained paused due to the impact of the Covid-19 pandemic on activity data;
3. Note the quarter two set aside forecast outturn and progress on agreed savings in 2023/24; and
4. Note that the topic for the next Board development session was systems pressures and community-hospital interface.

Decision

To note the terms of the report.

8 WINTER PLANNING

The IJB considered a report (copies of which had been circulated) by the Head of Service providing an update on West Lothian Health and Social Care Partnership's (WLHSCP) approach to winter planning for 2023/24 and providing assurance that the planning was underpinned by

collaborative risk assessment aligned to the Scottish Government's winter planning priorities.

It was recommended that the IJB:

1. Note the arrangements in place to support the challenges anticipated across the health and social care system during the winter period;
2. Note that operational risks had been assessed and that targeted actions were being taken to mitigate the key risks;
3. Note that winter plans had been reviewed, refreshed and updated in line with the Scottish Government's winter preparedness checklist issued in September 2023; and
4. Note plans to deliver a 'test of change' in relation to new ways of multi-disciplinary working during the winter period.

Decision

To note the terms of the report.

9 NHS Lothian Women's Health Plan

John Innes left the meeting during consideration of this item and did not participate in the remaining items of business.

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing information on the Scottish Government Women's Health Plan and on progress in developing a Lothian response.

It was recommended that the IJB:

- Note the Scottish Government (SG) Women's Health Plan; and
- Note progress in developing a Lothian response.

Decision

To note the terms of the report.

10 RISK MANAGEMENT

The IJB considered a report (copies of which had been circulated) by the Chief Officer advising of the risks in the IJB's risk register.

It was recommended that the IJB:

1. Consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact; and

2. Make recommendations it thought appropriate to the Chief Officer in relation to those risks, controls and actions.

Decision

To note the terms of the report.

11 IJB PERFORMANCE REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer presenting the finalised Annual Performance Report 2022 to 2023 and reporting on the latest available data on the Ministerial Strategic Group (MSG) integration indicators.

It was recommended that the IJB:

1. Note the content of the final, published Annual Performance Report 2022 to 2023 (Appendix 1 of the report); and
2. Note the most up-to-date performance data in relation to the Ministerial Strategic Group (MSG) integration indicators (Appendix 2 of the report).

Decision

To note the terms of the report.

12 PUBLIC SECTOR CLIMATE CHANGE REPORT

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

It was recommended that the IJB:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year; and
2. Agree the contents of the draft 2022/23 submission to the Scottish Government and the proposed improvement actions.

Decision

To approve the terms of the report.

13 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

14 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 meeting scheduled for 9 January 2024 had been moved to 18 January 2024.

15 CLOSING REMARKS

At the conclusion of the meeting, the Chair thanked Bill McQueen for chairing the IJB for the past two years and welcomed Donald Noble to the Board.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 OCTOBER 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Councillor S Akhtar (Chair)
Mr A Cogan
Councillor L Jardine
Councillor J Findlay* (*substitute*)
Councillor C McFarlane
Mr P Murray

Non-voting Members Present:

Ms M Allan	Dr P Conaglen
Dr J Hardman	Mr D Hood
Mr D King	Dr C Mackintosh
Ms C McDonald	Ms M McNeill
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms M Ferguson	Ms C Goodwin
Ms A Hardy	Ms J Jarvis
Ms C Johnston	Mr N Munro
Ms G Neil	Mr D Thompson
Ms K White	

Clerk:

Ms F Currie

Apologies:

Councillor L Bruce*
Ms E Gordon
Ms F Ireland

Declarations of Interest:

Item 8 – For the purposes of transparency, Councillor Akhtar advised that she was a member of the Care and Repair Board.

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 21 SEPTEMBER 2023 (FOR APPROVAL)

The minutes of the IJB meeting on 21st September were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 21 SEPTEMBER

There were no matters arising.

3. CHAIR'S REPORT

The Chair reported on a recent meeting of IJB Chairs and Vice Chairs with officials from the Scottish Government to look at data sharing and winter planning. The Chair asked when the winter plan would be available and whether there would be additional resourcing attached. She advised members that since the meeting £12M additional funding had been announced to expand Hospital to Home but it was unclear what this would mean for East Lothian. The meeting also heard about the new data dashboard which included 14 different measures for IJBs. All information would be in one location and would be made available for use by IJBs.

Peter Murray advised that this information source had previously been accessible only to Chief Officers, but this would now be widened to include Chairs and Vice Chairs. This data would allow IJBs to interrogate their own performance and compare it against other areas.

The Chair also reported on the following:

A visit to Roots and Fruits to see the early intervention and prevention work being undertaken.

Local Housing Strategy (LHS) – public information events were taking place around the county. The LHS had a strong emphasis on health and social care and the needs of the ageing population.

IJB members attended a development session on the ageing population earlier in the week. This was a very positive session building on recent officer attendance at community council meetings to gather feedback and hear about the work ongoing to support older people across the county.

The new Local Development Plan was in its early stages, and it would be important to ensure that the focus on infrastructure included health and wellbeing requirements.

The Chair attended the extraordinary meeting of the East Lothian Foodbank which included an overview of the work which was continuing to support those in need.

She also highlighted the importance of the Bus Forum in continuing to ensure connectivity across the county to support people's access to health and social care services.

4. FINANCIAL UPDATE 2023/24

A report was submitted by the Interim Chief Finance Officer providing the IJB with an update on the financial position as reported by its partners at Month 5 (August 2023); the financial planning process and an outline for 2024/25 and beyond; an update on the preparation of the 2022/23 annual accounts; and seeking approval for the proposed transfer of funds from general to earmarked reserves reflecting the IJB's commitment to support the purchase of digital alarms.

David King presented the report. He advised that the 2023/24 in-year position had improved slightly but remained extremely challenging. Recovery plans were being developed by partners and he would provide a further update at the IJB's December meeting. He also updated members on forward financial planning, for 2024/25 and beyond, which also highlighted continuing challenges. Further information had been provided by the partners and the financial plan would be updated and brought back to the IJB for discussion.

Mr King also provided an update on the timeframe for finalising the annual accounts and sought the IJB's agreement to the transfer of funds from the general to earmarked reserves, to pay for the upgrade from analogue to digital alarms.

Mr King and Fiona Wilson responded to questions from Mr Murray on how other partnerships areas were funding this work and what had been the original funding intention from Scottish Government. They advised that enquiries had been made through the CFO network, and contact had been made with Scottish Government who had confirmed that no central funding was available to support this work.

Mr Murray noted the response but said it would have been useful to know what discussions took place with CoSLA around funding to implement this policy. The Chair acknowledged the point and the importance of being clear of original policy intentions and resourcing.

Mr King and Ms Wilson responded to further questions from Andrew Cogan and Councillor Jardine.

Ms Wilson acknowledged the need to balance what was required with what was realistic and that this got more challenging as the year went on. She advised that work on recovery plans was continuing; workshops had been set up and some plans were already in place, which was why this financial update showed a slightly improving position.

Mr King referred to the Integration Scheme and said he has confidence in the partners ability to produce recovery plans. However, he accepted the concerns about the timing and impact of any further instructions. He also accepted that in forthcoming years delivering required mitigations would become increasingly challenging.

Ms Wilson noted that there were some resourcing decisions which the IJB could not influence, e.g., the local authority pay aware, and while it was right that these issues should go through the proper processes, the IJB would still be required to mitigate these and other pressures.

Councillor Jardine commented that it was her understanding that many housing providers who delivered similar alarm systems had had this work built into their financial planning for several years, which lead her to conclude that there had never been a central fund. She commended officers for their work to reduce the in-year overspend and asked what was being done to ensure appropriate oversight of financial decisions.

Mr King and Ms Wilson advised that joint working with the partners had improved significantly, and this had led to improvements in financial forecasting. There had put in place additionality around monitoring of the ongoing financial position and to support the IJB's strategic direction.

Mr Murray agreed with Councillor Jardine's point about financial management but also noted the importance of considering how any changes in budgets would impact outcomes.

Replying to a question from the Chair, Mr King advised that there had been no information yet from Scottish Government on additional resources for winter planning. Ms Wilson said that she had raised this with officials and was awaiting a response. In the meantime, plans had been put in place around delivery of services through the winter period.

The Chair thanked Mr King and the team and noted the improving trend, although it remained a difficult and challenging time. She said it was important to continue to highlight the good work being done by the HSCP and the need for adequate resources to sustain progress.

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

Decision

The IJB agreed to:

- i) Note the month 5 position and the work being undertaken by the partners to recover the IJB's financial position in 2023/24;
- ii) Note the update on the financial planning process;
- iii) Note the update on the preparation of the IJB's 2022/23 Annual Accounts; and
- iv) The transfer of the funds to support the transfer of analogue to digital alarms from the IJB's general to earmarked reserves.

5. EAST LoTHIAN DEMENTIA STRATEGY 2023-2028

A report was submitted by the Chief Officer seeking the IJB's approval of the East Lothian Dementia Strategy 2023-2028.

Ashley Hardy gave a detailed presentation of the background and development of the Dementia Strategy. She pointed to the increasing focus nationally and the expectation of an increase in numbers being diagnosed with dementia in the coming years. The strategy was in line with the key themes of the national dementia strategy as well as reflecting feedback from the engagement work that was undertaken. The outcomes within the strategy had been set by people with dementia and their carers. Ms Hardy also referred to the technical report which included all data gathered, as well as a summary of the engagement work. This data showed that by 2040 there would be an increase of 68% in the number of people with dementia in East Lothian, with a higher prevalence among women. Numbers were also likely to be higher in the west of the county, particularly in areas of higher deprivation. This geographical data would be helpful when developing services.

Ms Hardy went on to summarise the range of engagement work undertaken, the financial and resource implications and the main changes that the Strategy would bring. These included expanding post-diagnostic support; improving information through all points of the pathway; expanding training and support for staff and carers; and a commitment to look at long term options for respite care. She concluded by reminding members that a development session was scheduled for 16th November.

Mr Murray said that the strategy had been well supported at the recent SPG meeting. He commented that with such a significant increase in the number of people who would be impacted by dementia in coming years the strategy was particularly welcome. He commended it as an excellent piece of work and offered his thanks to all who had contributed to it.

Mr Cogan echoed these remarks and said he had found the technical report particularly helpful in giving a wider understanding of the issues around dementia. He did not underestimate the challenges this would present to the IJB over the next few years, not least around earlier points about measuring outcomes and financial management.

Philip Conaglen also commended the strategy. He noted that the technical report had highlighted lifestyle factors and preventable elements of dementia, some of which had links to deprivation. He emphasised the importance of the IJB keeping in mind these aspects and continuing to support work around promoting physical activity and tackling poverty.

The Chair echoed her colleagues' remarks. She asked how the team planned to build on partnership working with voluntary organisations.

Ms Hardy said one area would be in raising awareness and sharing information about what people could do to prevent dementia. There was also a lot of interest across Area Partnerships and other groups in keeping community connections going.

Christine Johnston added that they were trying to change the narrative and focus on supporting people to live well with dementia, and how to coordinate this work across the partnership.

The Chair commended the strategy as a very significant piece of work and she encouraged IJB members to take part in the development session on 16th November. She then moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB:

- i. Agreed the East Lothian Dementia Strategy 2023-2028; and
- ii. Noted that an implementation plan would be developed based on the key outcomes and actions contained within the strategy.

6. REVIEW OF EAST LOTHIAN IJB DIRECTIONS

A report was submitted by the Chief Officer presenting recommendations regarding updates to the current IJB Directions and the introduction of additional Core Directions for consideration.

Claire Goodwin presented the report which contained several recommendations on updating the current Directions, based on discussions with Change Boards and General Managers. Some of these reflected changing circumstances, retiral of completed Directions, or those that were no longer required. She also highlighted the introduction of 4 Core Directions which reflected a requirement to have Directions for all functions delegated to the IJB. She advised that any new Directions required during the year would be developed in line with the Directions policy and introduced following a report to IJB. She gave some examples for illustration. All Directions would be developed using the template to include budget details, milestones and monitoring arrangements.

Ms Goodwin responded to questions for Mr Murray on the Core Directions. She advised that these were high level, strategic Directions which linked to the IJB's Strategic Plan. These were linked to the more detailed Directions for specific areas of work which included outcomes, milestones, resourcing and monitoring arrangements. She added that it was the role of IJB members to decide where Directions were required.

Mr Murray said that in the future he would like to see more detailed plans of how the IJB intended to implement transformation work within delegated areas and the order of priority. At present, he felt that the Core Directions underestimated the level of resource and effort required by Ms Wilson and her teams to deliver elements of this work.

Ms Wilson said it was more about reflecting on the landscape and deciding how much detail was required in each Direction.

Councillor Jardine asked about extra care housing and why this Direction was assessed as 'no longer relevant'. Ms Goodwin advised that the IJB would be asked to approve a new Direction once the Local Housing Strategy was agreed and they had a contribution statement to outline the approach between the IJB and Housing Services. She was unable to provide a detailed response on extra care housing and Ms Wilson offered to provide this information to Councillor Jardine after the meeting.

Replying to a question from the Chair on community justice and inequalities, Ms Goodwin advised that an action plan on tackling poverty was in place and work was being led from within the Council's Communities & Partnerships Service. As this work was already underway, it was not necessary for the IJB to create a Direction.

The Chair thanked Ms Goodwin and said this had been a valuable exercise and she looked forward to future updates as circumstances required. She moved to the vote on the recommendations which was taken by roll call and approved by a majority of the voting members present. [Cllr Jardine indicated that, in the absence of clarification of the point she raised, she would abstain from the vote.]

Decision

The IJB:

- i. Approved the recommended updates to the current set of East Lothian IJB directions;
- ii. Agreed the introduction of four additional Core Directions to provide broad coverage of all functions delegated to East Lothian IJB; and
- iii. Agreed that the IJB continue to give active consideration to the introduction of additional directions as and when required, and that these be developed in line with the IJB Directions Policy.

7. INTEGRATION JOINT BOARD MEMBER CODE OF CONDUCT AND RESPONSIBILITIES UNDER THE ETHICAL STANDARDS FRAMEWORK

A report was submitted by the Chief Officer informing new East Lothian IJB members and updating all other members regarding the Standards Commission for Scotland (SCS) model Code of Conduct, associated advice note for IJB members and the Ethical Standards Framework.

The Chair welcomed Morag Ferguson, Monitoring Officer in East Lothian Council, and Darren Thompson, Secretary to the NHS Lothian Board.

Paul Currie presented the report, highlighting the Code of Conduct for IJB members and the Ethical Standards Framework. He reminded members of members' requirement to take note of the Code and to complete and periodically update a Register of Interests which was held by the Clerk. He also drew attention to an advice note for IJB members provided by the Scottish Standards Commission. He noted that the Code recognised the Chief Officer as the Standards Officer for the IJB. He also highlighted the useful information provided on the Scottish Standards Commission website. He concluded by drawing members' attention to the recommendations within the report.

In a responding to a question from the Chair, Mr Currie and Ms Wilson encouraged members to get in touch if they required advice. Mr Currie also highlighted the Scottish Standards Commission website as a useful source of information.

Mr Currie and Ms Wilson gave a short presentation on the IJB Members' Code of Conduct, the role of the Standards Officer, the nine principles of public life, the differences between strategic roles and operational work, the advice note for IJB members and other considerations. The presentation concluded with three case studies. A copy of the presentation would be circulated to members.

Morag Ferguson noted that there was an additional complexity when in a dual role, e.g., councillors representing the interests of their local authority and the IJB. She reiterated the importance of seeking advice if members have any concerns or are in any way unsure of their responsibilities.

The Clerk advised members that she would be in touch with members shortly regarding the annual update of their Registers of Interests; she would also ask new members to sign the Code of Conduct.

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

Decision

The IJB:

- i. Noted the requirement for the IJB to have in place a Code of Conduct to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000 and further note that the East Lothian IJB Code was revised and adopted in 2022;
- ii. Noted the Chief Officer's role as Standards Officer for the IJB and the position's reporting, support and advisory duties;

- iii. Acknowledged the requirements placed on IJB members by the Code of Conduct and advice notes issued by the Standards Commission for Scotland; and
- iv. Ensured that individual members of East Lothian IJB signed the Code of Conduct and updated their entry in the Register of Interests.

8. PROVISION OF ADAPTATIONS FUNDED BY PRIVATE SECTOR HOUSING GRANTS

Councillor Akhtar indicated that as she has declared an interest, Mr Murray would chair this item.

A report was submitted by the Chief Officer updating the IJB on actions underway to respond to a committed overspend in the East Lothian Private Sector Housing Grant (PSHG) budget. This was used to provide equipment and adaptations for people who live in privately owned or rented properties, in order to improve or maintain independent living and to avoid unnecessary hospital admissions or care packages.

Lesley Berry introduced the report and Morven McLelland presented the background and recommendations. She highlighted some key points within the report including the budget allocation and anticipated overspend in 2023/24 and the request to review the eligibility criteria for grant funding. She advised that a decision was taken not to revise the criteria but to adhere to the criteria set out in the Social Work (Scotland) Act. They also updated guidance and practice, and ensured all options were explored before authorising more expensive adaptations. Monthly multi-disciplinary meetings were taking place to review 'critical' cases. Currently there were 256 people waiting for assessment, of which approximately 163 live in owner-occupied or private rented properties. However, they would not be asking for adaptations in all cases. Currently 30 people remained on list for approval, and this could roll into 2023/24. She concluded by confirming that the amount remaining in budget for 2023/24 was not sufficient to cover all requirements.

Ms Wilson said that this was a commissioned service which was managed through the Council's Care and Repair Service with advice from health professionals on how to prioritise applications. She hoped to have a further paper from the Council's Head of Housing at the IJB's December meeting to provide more context on housing spend.

Mr Murray asked members to focus their questions on the mitigating actions.

Ms McLelland responded to a question from Marilyn McNeill confirming that the team would be happy to explore all options in relation to equalities assessments.

Councillor Jardine asked about the link between management of the waiting list and the spend on adaptations, as one involved allied health professionals and the other housing services.

Kirstie White explained that the waiting list referred to in the report was for Occupational Therapy (OT) assessment and from there, individuals would be referred to the Care and Repair service for adaptations to owner occupied or private rent properties. She advised that due to budget constraints people had been assessed but were continuing to wait for adaptations.

Ms McLelland provided additional background outlining the work of the recently created multi-disciplinary panel, which included health professional and officers from the housing service. She explained that an OT would receive a referral and carry out an assessment; the recommendations of which were quite heavily scrutinised. The team would then

explore all options to identify the most cost-efficient option which also met the client's needs. If approved, the scrutiny panel would consider the level of priority. She acknowledged the difficulties and the need to prioritise correctly. Since May/June the team had been looking at all potential mitigating measures to address risks for people living in the community, and to keep them as safe as possible.

Ms McLelland confirmed that anyone who was willing to self-fund was passed to the Care and Repair service and they would then identify a suitable contractor to undertake the works. Ms Wilson added that this was why it would be helpful having the other paper to provide further context.

Maureen Allan asked if alternative sources of funding had been considered and whether work was being done to ensure that people on the waiting list were claiming all benefits they were entitled to. She said she would be happy to make some suggestions for potential funding sources. Ms McLelland thanked Ms Allan and said she would put her in touch with the Care and Repair team.

In response to questions from Councillor Akhtar, Ms McLelland advised that they had appointed an experienced OT to work with the Care and Repair team to regularly review those assessed as 'substantial' and whether there were any risks which might increase their status to 'critical'. She said it was additional work for the team within an already very challenging situation. Ms White added that the team were also reviewing people on the 'moderate' list as well as any number of things could tip someone to the next level.

Mr Murray acknowledged the commitment and sense of responsibility felt by the team to make this process as good as it could be. He thanked them for their efforts and said he hoped to see a situation in future when the team had the time to respond to more than just the 'critical' cases.

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

Decision

The IJB:

- i. Noted the statutory functions applied to the provision of property adaptations and equipment to people with physical impairments, with the intention of assisting them in carrying out activities of daily living and maintaining independence.
- ii. Agreed the mitigating actions by Community Occupational Therapy (ELC) and ELC Housing Services colleagues regarding adaptations/large equipment supply in owner occupied or privately rented properties.

Signed Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

Minute

Edinburgh Integration Joint Board



Edinburgh Integration Joint Board

Thursday 16 November 2023

Virtual Meeting via Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Ian Brooke (Substitute for Bridie Ashrowan) Martin Connor (Substitute for Elizabeth Gordon) Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, George Gordon, Kirsten Hey, Rose Howley, Peter Knight, Jacqui Macrae, Allister McKillop, Peter Murray, Councillor Claire Miller, Councillor Max Mitchell, Councillor Vicky Nicolson, Moira Pringle, Emma Reynish, Pat Togher

Officers

Angela Brydon, Claire Borthwick, Jacqueline Boyle, Hannah Cairns, Gemma Campos, Sabrina Commons, Andrew Henderson, Pauline Macmillan, Mike Massaro-Mallinson and Brickchand Ramruttun.

Apologies

Dr Robin Balfour and Elizabeth Gordon

1. Minutes

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

Decision

To approve the minute as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to November 2023 was presented.

Decision:

The report is provided the outcome of the investigation undertaken by the City of Edinburgh Council Chief Executive into changes made regarding the care home consultation agreed by EIJB in December 2022.

Decision:

- 1) To agree to close the following actions:
 - To Action 1 – System Pressures Update
 - Action 3(a) – Bed Base Review Update
 - Action 3(b) – Bed Base Review Update
 - Action 4 – Committees Annual Assurance Report – Referral from the Audit and Assurance
- 2) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log November 2023, submitted)

3. Annual Cycle of Business

The annual cycle of business was presented.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted)

4. Preparations for Winter 2023/24

The report provided an update on preparations that have been made for Winter 2023/24 including plans for enhancing service capacity. In August 2023 the NHS, Scottish Government and COSLA set out the Winter Resilience priorities to guide local partnership and systems planning and preparation.

Winter planning seeks to address specific operational pressures experienced through winter. The Partnership will maximise system capacity and flow through their change management programme. The Partnership has completed a Winter Preparedness Self Assessment as part of the planning process undertaken each year within the Lothian Health and Care system which was approved by NHS Lothian Corporate Management Team in September.

Decision

- 1) To note the progress with the planning and preparations for winter 2023/24;
- 2) To note the major risks highlighted from the Whole System Winter Self-Assessment and winter planning paper; and

- 3) To note the allocation of winter funding.

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

5. Finance Update

An update on the financial performance of delegated services was provided. It was noted that following the additional support being agreed by the City of Edinburgh Council and NHS Lothian reiterating their financial commitment, the level of assurance provided of a break-even position for 2023/24 has improved to moderate.

Decision

- 1) To note the financial position for delegated services to 30th September 2023 and associated year end forecast;
- 2) To note the moderate assurance provided by the Chief Finance Officer;
- 3) To agree that reports related to the scrutiny of the savings and recovery plan and the delivery on budget of existing services that are being submitted to Performance and Delivery Committee are circulated to all board members when available; and
- 4) To agree that officers will submit a report to the EIJB that takes cognisance of the issues raised in the all-party motion approved by Council on the 2 November 2023 and that this will include information on how the EIJB can better align its budgeting processes with partners and acknowledges the adaptations and variances in current practice from what is written in governance documentation and how this can be addressed.

(Reference – Report by Chief Finance Officer)

6. Edinburgh Integration Joint Board Revised Governance Handbook

Members were asked to endorse the revised version of the governance handbook. Members were also asked to agree the revised terms of reference for all EIJB committees, appoint Helen Firzgerald and Kirsten Hey to the IJB strategic Planning Group as CEC and NHS staff side representatives, endorse the risk appetites, to agree the publication of all papers where appropriate and to agree that the handbook be reviewed annually.

Members agreed the new EIJB Committee terms of reference with subject to the existing membership as previously agreed by the Edinburgh Integration Joint board and requested that officers consider alternative solutions for the problems that have resulted in the request for increased membership. Members also asked that that the evolution of governance arrangements within the EIJB and its partners continue to be reviewed throughout the year.

Decision

- 1) To agree the revised EIJB Governance handbook included at Appendix 1;

- 2) To agree the revised terms of reference for all the EIJB committees contained within Appendix 3 of the Governance handbook. These have all been approved by their respective committees between March and June 2023 subject to the existing membership as previously agreed by the Edinburgh Integration Joint board;
- 3) To agree that officers consider alternative solutions for the problems that have resulted in the request for increased membership;
- 4) To agree to appoint Helen Fitzgerald and Kirsten Hey as NHS & CEC Staff side Representatives to the Strategic Planning Group as per the membership contained within the Terms of Reference;
- 5) To note the EIJB risk appetite statement which was approved by the Audit and Assurance Committee on 13 September 2023; and
- 6) To agree that the handbook is reviewed annually and that the evolution of governance arrangements within the EIJB and its partners is reviewed throughout the year in time for the next review of the EIJB Governance Handbook.

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

7. Edinburgh Integration Joint Board Risk Register

Officers presented the latest iteration of the Edinburgh Integration Joint Board risk register for endorsement. It referenced the updated risk appetite statement included within the governance handbook and the work undertaken to articulate the likelihood and consequences of risks.

Decision

- 1) To note that the risk cards, updated risk appetite statements and definitions of likelihood and consequences of risks were discussed and endorsed by the Audit and Assurance Committee on 13 September 2023;
- 2) To agree the risk cards;
- 3) To agree the risk overview, assurance levels and risk; and
- 4) To note progress to date in relation to the recruitment of the Chief Risk Officer.

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

8. Previous consultation on the future of care homes in Edinburgh

The report provided the outcome of the investigation undertaken by the City of Edinburgh Council Chief Executive into changes made regarding the care home consultation agreed by EIJB in December 2022.

Decision

- 1) To note the findings from the Council Chief Executive's investigation; and
- 2) To note actions taken that will ensure a similar situation does not reoccur.

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

9. Committee Update Report

An update on the business of the Committees covering August - October 2023 was provided.

Decision:

- 1) To note the work of the Committees.

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

10. Draft minute of the Strategic Planning Group of 11 October 2023

Decision:

To note the Draft minute of the Strategic Planning Group of 11 October 2023

(Reference - Draft minute of the Strategic Planning Group of 11 October 2023 ,submitted)

11. Draft minute of the Clinical and Care Governance Committee of 20 September 2023

Decision:

To note the Draft minute of the Clinical and Care Governance Committee of 20 September 2023

(Reference - Draft minute of the Clinical and Care Governance Committee of 20 September 2023,submitted)

12. Draft minute of the Performance and Delivery Committee of 6 September 2023

Decision:

To note the Draft minute of the Performance and Delivery Committee of 6 September 2023

(Reference - Draft minute of the Performance and Delivery Committee of 6 September 2023, submitted)

13. Draft minute of the Audit and Assurance Committee of 13 September 2023

Decision:

To note the Draft minute of the Audit and Assurance Committee of 13 September 2023

(Reference - Draft minute of the Audit and Assurance Committee of 13 September 2023, submitted)



Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 21 September 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Councillor McManus (Chair)	Val de Souza (Vice Chair)	Councillor Winchester
Councillor Parry	Andrew Fleming (NHS Lothian)	Angus McCann (NHS Lothian)
Councillor Alexander (proxy representative)		

Present (non-voting members):

Morag Barrow (Chief Officer)	Grace Chalmers (Partnership Representative (MLC))	Keith Chapman (User Representative)
Claire Flanagan (Chief Finance Officer)	Wanda Fairgrieve (Partnership Representative (NHS))	Jordan Miller (Partnership Representative (NHS))

In attendance:

Grace Cowan (Head of Primary Care and Older Peoples Services)	Gill Main (Integration Manager, NHS)	Elouise Johnstone (Programme Manager for Performance)
Saty Kaur (Chief Officer Corporate Solutions (Acting))	Claire Gardiner (External Audit)	Patricia Fraser (External Audit)
Gary Leadbetter (Democratic Services Officer)		

Apologies:

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Midlothian Integration Joint Board

Thursday, 21 September 2023

1. Welcome and introductions

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

2. Order of Business

The Order of Business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>4.1 Chair's Update – Councillor McManus (verbal)</p> <p>Councillor McManus, the Chair, noted that he had attended a meeting for all of the Chairs and Vice-Chairs in Scotland with attendance from Maree Todd (Scottish Government). The Chair stated that they had useful conversations about the National Care Service and how this is coming together and Stage One part of the Bill which is due for the end of January 2024.</p> <p>The Chair noted he now had a contact that is the Depute Leader in the creation of the Bill, who is also looking to take questions and comments. The Chair stated that, with the Board's approval, he might request that they hold a session with the MIJB members to allow questions to be asked on what the National Care Service would mean for Midlothian.</p>	<p>Board noted the Chair's update.</p> <p>Board confirmed that they welcomed a session from the Chair's contact – Chair noted that he would let the Board know about dates, etc. in due course.</p>	<p>Councillor McManus, The Chair.</p>	

Midlothian Integration Joint Board

Thursday, 21 September 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>4.2 Chief Officer's Update – Morag Barrow (verbal)</p> <p>Morag Barrow, Chief Officer, explained that there is a new Covid variant which is much more virulent in terms of community transmission, although noted that there are no serious impacts that have been realised. Noted that there is more general transmission in the community. Morag noted that, in terms of mitigation, the annual vaccination programme is in place which has commenced across Midlothian. Morag noted that the Scottish Government have requested that the programme be brought forward, in light of the new variant, which is currently being worked on.</p> <p>Morag also noted the national data coming out around 2022 drug and alcohol deaths. Morag noted that the figures in Midlothian were 4 for the former and 17 for the latter, a reduction from 19 and 18 respectively for 2021. Morag noted that a paper/presentation would be brought to the Board at a future meeting detailing the work underway in this sphere.</p> <p>The Chair thanked Morag for her update and opened it up to questions.</p> <p>In response to a question raised by Keith Chapman about mitigations or reporting in respect of power balances, in light of recent media reports about surgeons sexually abusing junior staff, Morag noted that they had not yet received a position from NHS Lothian. Morag expressed confidence that the matter is being considered. Morag then spoke to the upcoming national speak up week and the work being done around this. Morag noted they was happy</p>	<p>Board noted the Chief Officer's update.</p> <p>Morag Barrow, Chief Officer, to provide further insight into NHS Lothian position and work being done in respect of power balances (and potential abuse thereof) between senior and junior staff.</p> <p>Morag Barrow, Chief Officer, to enquire about current Covid case figures.</p>	<p>Morag Barrow, Chief Officer.</p> <p>Morag Barrow, Chief Officer.</p>	

Midlothian Integration Joint Board

Thursday, 21 September 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>to return with a central NHS Lothian position on the matter.</p> <p>Angus McCann queried if there were any current Covid figures, to help understand the scale of cases now versus the previous winter. Morag explained that these figures were not currently routinely shared but offered to enquire.</p> <p>Andrew Fleming raised a question on the preparedness for winter. Morag noted that this would be addressed within the assurance report for the October MIJB. Morag provided assurance that that there had been planning and work around readiness for winter which has been happening since summer. Morag also spoke to risks and challenges around care home bed capacity.</p>			
<p>4.3 MIJB Annual Accounts</p> <p>Claire Flanagan, Chief Financial Officer, noted that the Annual Accounts and External Audit Report had not been submitted and provided apologies. They explained that the delay was due to both resourcing issues with Audit Scotland and some uncertainties within the Annual Accounts that still needed to be worked through.</p> <p>Claire Gardiner explained that the resourcing delays were sector-wide and not specific to MIJB. They noted that the auditors have a duty of care to ensure the Accounts are materially correct and emphasised that they wanted to take the appropriate time to work through the uncertainties. Claire G stated that they are endeavouring to conclude as soon as possible.</p>			
<p>4.4 MIJB Directions Half Year 2023/24 Report</p>	<p>Board noted the level of assurance provided against the process measures in</p>		

Midlothian Integration Joint Board

Thursday, 21 September 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Elouise Johnstone, Programme Manager for Performance, presented the MIJB Directions Half Year 2023/24 Report. The purpose of this report is to update the IJB on the half-year status of progress towards the Midlothian IJB Directions issued for 2023/24.</p> <p>IJBs, Health Boards and Local Authorities have a legal obligation to both issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>Directions are how the IJB action their strategic plan to achieve their aims. Midlothian IJB Directions for 2023-24 were issued to the Chief Executives of Midlothian Council and NHS Lothian on the 31 March 2023.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the level of assurance provided against the process measures (Appendix 1). <p>The Chair thanked Elouise for the Report and opened it up to questions.</p> <p>Angus McCann asked Elouise to comment on July 2023 figures and the progress in completing them, with reference to constraints, noting that there was still some way to go. On January 2024 figures, Angus further queried the progress towards these given that the figures were not yet presented.</p>	<p>the MIJB Directions Half Year 2023/24 Report.</p>		

Midlothian Integration Joint Board

Thursday, 21 September 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>In relation to the latter question, Elouise explained that the nature of measurement of key activities is that they are scheduled at regular intervals and reporting to the Directions is tied to this and so some of this information does not yet exist. In relation to a further question from Angus on scrutiny of progress towards these figures, Elouise explained the figures are discussed in a number of forums and that there will be a clear picture in December, allowing corrective actions to be taken.</p> <p>Morag Barrow, Chief Officer, answering the former question explained that tough targets were set and perhaps not appropriate and that there was learning here going forward. Morag further provided background context to the matter and noted, that there was still strong progress and performance. Angus noted that it would be helpful to have context within the report going forward.</p> <p>Andrew Fleming queried how some of the measurements were being made, in terms of the marking frame and approach. Elouise explained that it is a thorough audit, by the performance team, of the documentation agreed as the source for the information.</p> <p>In relation to a question from Keith Chapman on the set aside budget and engagement at whole system level and a report in respect of this, Gill Main, Integration Manager, noted that there are multi-dimensional challenges to this work. As such, Gill explained that this work is going to take a while, including in terms of providing a comprehensive report to the MIJB on this.</p>			

Midlothian Integration Joint Board

Thursday, 21 September 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Val de Souza queried how things are doing in comparison to other parts of Lothian. Elouise explained that, in relation to Directions this is difficult to measure, although there are opportunities to understand this in terms of Strategic Aims. Morag noted that, as part of quarterly meetings with the Chief and Depute Executives of NHS Lothian, which cover performance and there is interest in lifting some of the work being done in Midlothian to determine how this translates in other areas.</p> <p>Gill also spoke to some of the sector-leading work ongoing and planned and external interest towards it.</p>			

5. Private Reports

No items for discussion.

6. Any Other Business

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

8. Date of next meeting

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

- Thursday, 12 October 2023 at 14:00

(Action: All Members to Note)

The meeting terminated at 3.30 pm.

Meeting Name: Board Meeting date: 7 February 2024
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National Whistleblowing Standards Quarter 2 Whistleblowing Performance Report (July – October 2023)
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Purpose and Key Issues of the Report:			
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DISCUSSION	X	DECISION	AWARENESS
<p>To note that:</p> <p>Two whistleblowing concerns were raised in Q2 2022/23, both at Stage 2.</p> <p>All concerns received during the previous reporting year have been closed and the outcomes communicated to the whistleblowers.</p> <p>Three whistleblowing concerns were closed in Quarter 2.</p> <p>Work continues to improve the communications around learning and service improvements as a result of whistleblowing concerns and investigations.</p>			

Recommendations:

<p>That the attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman.</p> <p>The content of the Quarter 2 2023/24 Whistleblowing Performance was considered and agreed by the Staff Governance Committee in December 2023.</p> <p>That in comparison with the same quarter last year, the activity remains the same (i.e., two Stage 2 concerns).</p>
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Author: Lynne Barclay Date: 15 January 2024	Director: Janis Butler Date: 16 January 2024
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**NATIONAL WHISTLEBLOWING STANDARDS
QUARTER 2 2023-24 PERFORMANCE REPORT**

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the Board for noting the Quarter 2 Whistleblowing Performance report covering the period 1 July 2023 to 30 September 2023.

2 Recommendations

The Board is invited to note:

- 2.1 The content of the attached Quarter 2 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 13 December 2023.
- 2.2 That the Quarterly report, in line with the requirement of the Standards, will be available on the NHS Lothian Staff pages of the Internet.

3 Discussion of Key Issues

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Quarter 2 Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and accepted by the Staff Governance Committee at its meeting on the 13 December 2023.
- 3.2 Processes are in place to collect data from Primary Care and Local Contractors on a quarterly basis, services only need to report quarterly if they have had any concerns. If no concerns have been received there is no need to report.
- 3.3 During Quarter 2 2023/24, two whistleblowing concerns were received, both at Stage 2. This is comparable with the number received during the same quarter last year.
- 3.4 As at the end of Quarter 2 all concerns received during the previous reporting year have been closed and the outcome communicated to the Whistleblower. There are currently three ongoing whistleblowing investigations.
- 3.5 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 2 Whistleblowing Performance report (Appendix 1).

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

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

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

The two new iMatter questions are intended to provide an indication to boards of how confident staff are in raising their concerns in a general sense and not specifically in relation to either patient safety or whistleblowing. Responding to these questions was not mandatory and 50% of NHS Lothian staff chose to respond. Of these, 88% strongly agreed, agreed or slightly agreed that they felt able to raise their concerns and 80% strongly agreed, agreed or slightly agreed that their concerns would be responded to and followed up.

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

- There is clarity about the interrelationship of the Whistleblowing process and any ER process that might happen during and/or after the conclusion of a whistleblowing investigation.
- Services and Directorates should review their escalation protocol for outstanding remedial repairs.
- Communications and action plans need to be developed in a timely manner and shared.
- There is a need for ongoing communications with the Whistleblower to provide meaningful updates, recognising that this is likely to be over a period of time.

Under the Standards there is an obligation to maintain the confidentiality of both the whistleblower and anyone who participates in the investigation however the actions and learning can and should, as appropriate, be shared with management teams and ward/service staff, through normal communication channels.

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Lynne Barclay

Whistleblowing Programme and Liaison Manager

15 January 2024

lynne.barclay@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Whistleblowing Performance Report 23-24 Q2 (July – October 2023)



Whistleblowing Performance Report

Quarter 2 July to September 2023

Lynne Barclay
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 2 (July - September) 2023-24

Context

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

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

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

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

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

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

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

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

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

Areas covered by the report.

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

Implementation and Raising Awareness

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

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

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

Quarter 2 Performance Information July 2023 – September 2023

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

1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.

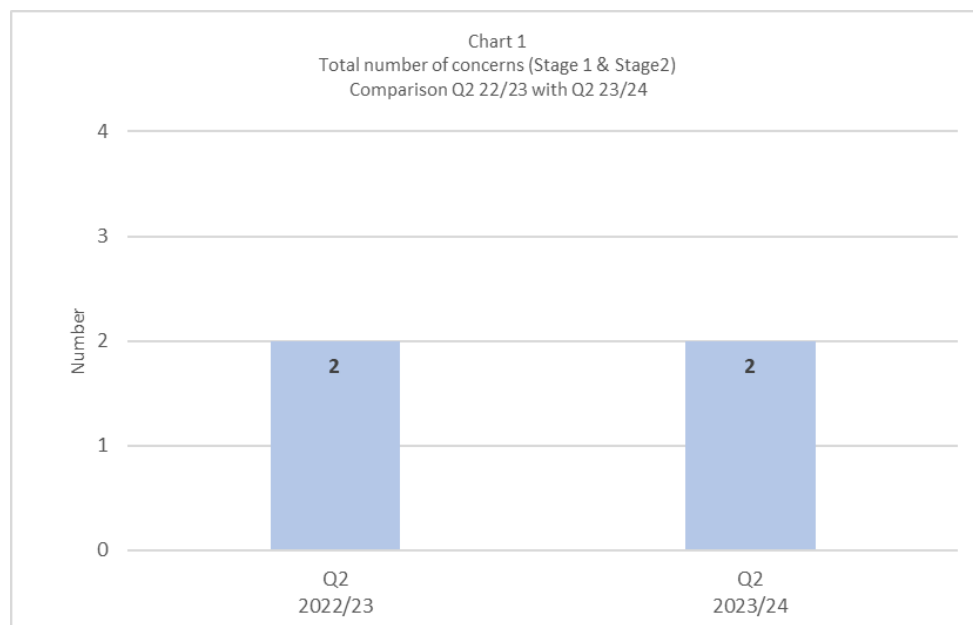
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

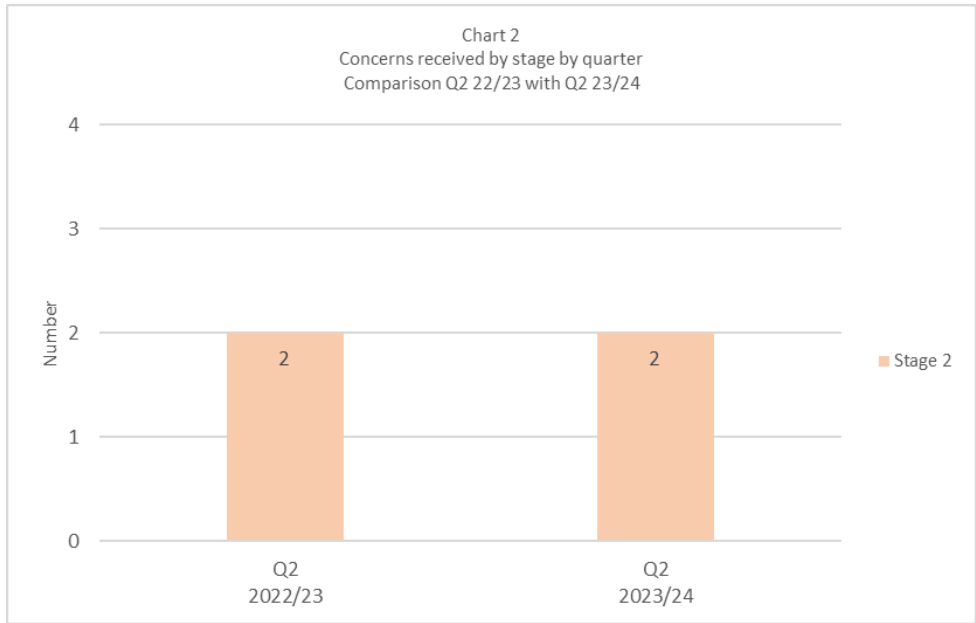
Due to the nature of whistleblowing concerns, some concerns received during 2022/23 remained open at the end of that reporting year. As at the end of quarter 2 2023/24 all concerns raised in the previous reporting year have now concluded and are reflected in the 2023/24 quarterly performance reports.

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

During quarter 2 2023/24 a total of two concerns were received, both at stage 2. One of the concerns had been received in quarter 1 however was only accepted as a whistleblowing concern during this quarter, with some elements of the initial concern being progressed under whistleblowing, whilst other elements are being taken forward under other workforce policies. This is comparable with the same quarter last year with two stage 2 concerns received.

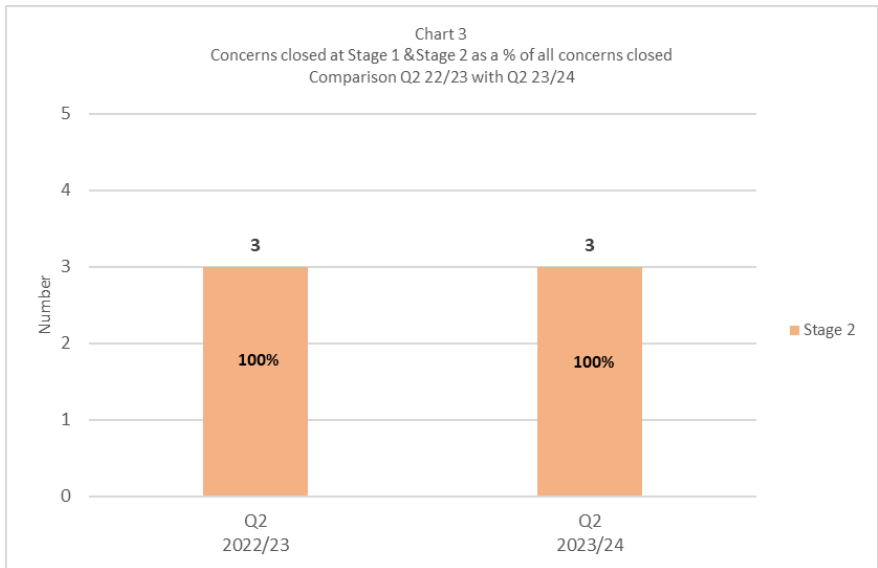
Chart 1 shows the total number of concerns received in Q2 2023/24 compared with Q2 2022/23. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period. No stage 1 concerns were received in either year during Q2.





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

During quarter 2, three stage 2 concerns were closed. Two of the three concerns closed this quarter were received in the previous reporting year, both in in quarter 3. As at the end of quarter 2 2023/24, no concerns from the previous reporting year, remain open. Chart 3 below provides a comparison between concerns closed in Q2 this reporting year, with Q2 2022/23. No stage 1 concerns were closed in this quarter in either year.



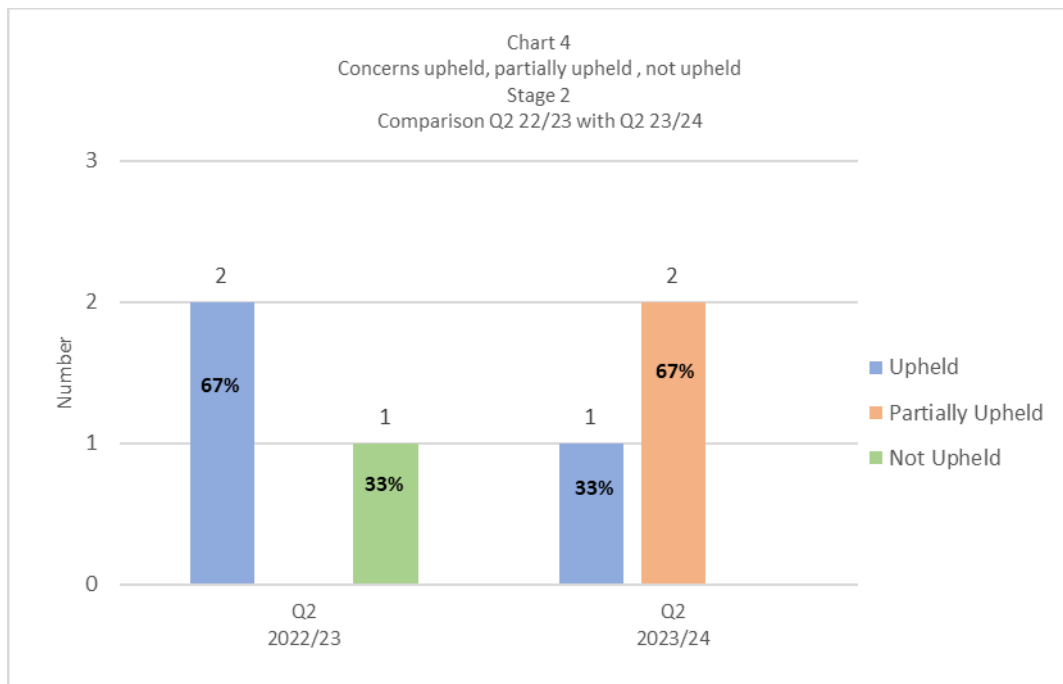
Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

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

No stage 1 concerns were received in Q2 either this year or last year.

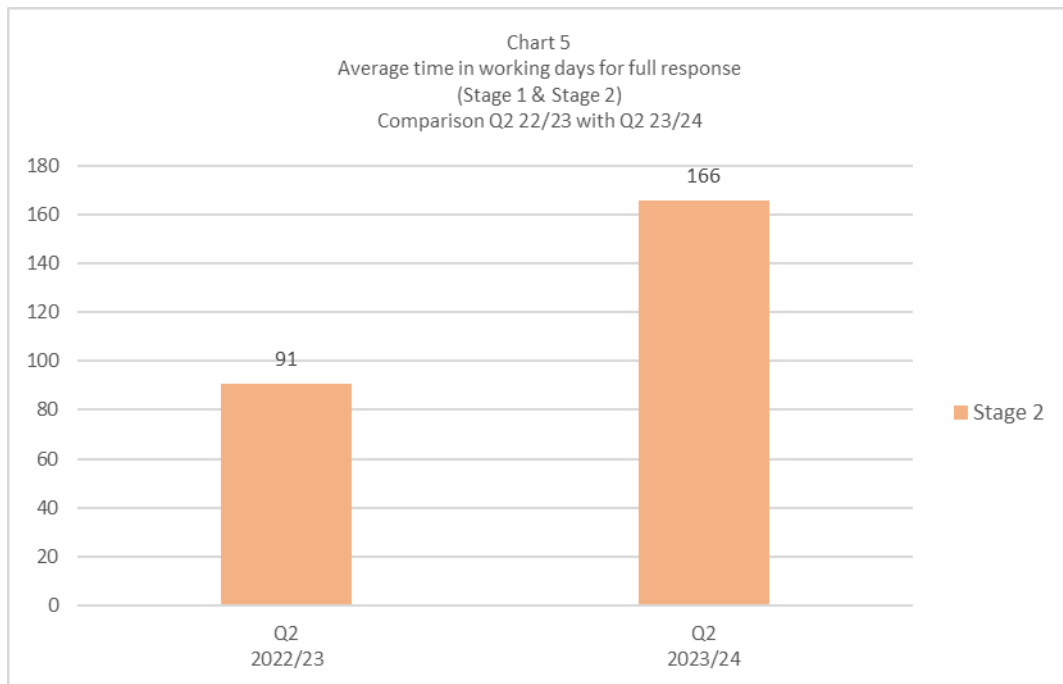
The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Chart 4 below details the outcome of the three stage 2 concerns which were closed during quarter 2, two were partially held, with the third being upheld. This is comparable with the number of concerns closed during the same period last year, with two concerns upheld and one not upheld. There are currently three stage 2 concerns subject to ongoing investigations, all were received in this reporting year.



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

During this quarter three stage 2 concerns were closed, this is comparable to the number of concerns closed over the same period last year, no stage 1 concerns were closed during this period. Chart 5 below details the average number of working days to respond to Stage 2 concerns.



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

No concerns were closed in this quarter within the set timescales of 5 or 20 working days. This has been attributed to the complexity of the cases being raised under the whistleblowing policy and which are currently being investigated. Other factors out with the control of the investigators, for example periods of annual leave or more people coming forward and wishing to speak to them during their investigation, have also contributed to the time taken to complete investigations.

Concerns where an extension was authorised.

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must provide an update on the progress of any investigation every 20 working days. Extensions to all concerns received this quarter were authorised. In all instances the whistleblowers were advised of the need to extend the timescales and continue to be kept up to date with the progress of the investigation throughout the process.

Primary Care Contractors

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

In total 104 returns were received for quarter 2. Details are outlined below:

	No of Q2 Returns received	% Based on number of practices
GP Practices	63	53.4%
Dental Practices	31	17.9%
Optometry Practices	8	7.2%
Community Pharmacies	2	1.1%

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

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

- 117 GP practices including the challenging behaviour practice.
- 175 general dental practices.
- 111 optometry practices including domiciliary only.
- 181 community pharmacies.

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

Under the terms of the Standards', contracted services are only required to submit annually concern data to the board, even if to report that there were no concerns raised. On a quarterly basis the requirement is only to report to the board if concerns were raised in that quarter, if no concerns have been raised there is no need to report, although it is good practice to let the Board know.

No information has been received in quarter 2 from any of the 36 local supplies, who are not contracted through the National Procurement Framework.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable.

NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

No anonymous concerns were received during this quarter.

Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors.

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

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

In general, the concerns received to date have been complex and have been overlaid by cultural, relationship and communication issues. As part of this year's iMatter survey an additional two questions were included which specifically relate to raising concerns. It should be noted that these questions were not specifically in relation to whistleblowing but relate to raising concerns in a general sense.

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

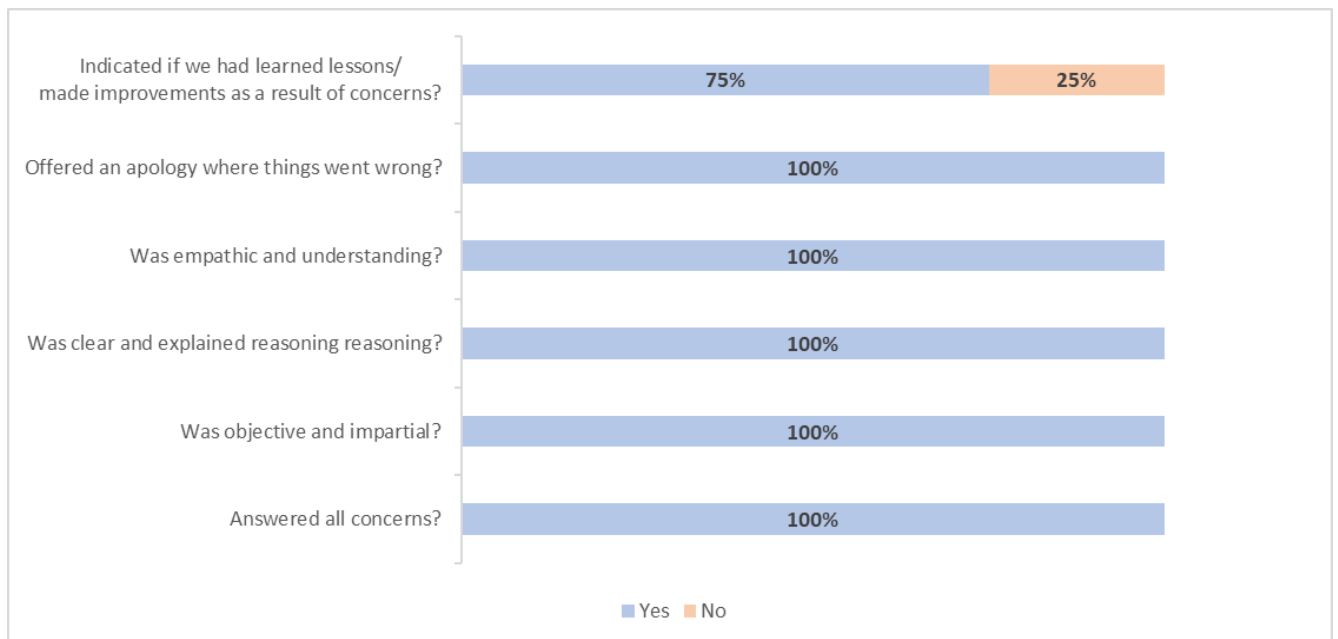
Responding to these questions was not mandatory and 50% of NHS Lothian staff chose to respond. Of these, 88% strongly agreed, agreed or slightly agreed that they felt able to raise their concerns and 80% strongly agreed, agreed or slightly agreed that their concerns would be responded to and followed up.

The results from the iMatter questions will be used as a basis for discussion with teams during national *Speak Up Week*, taking place 2-6 October 2023.

Experience of individuals raising concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. During quarter 1 we started to gather information directly from whistleblowers on their experience of using the whistleblowing process. The number of responses to date has been small, with the summary below being based on 4 responses received between June and September 2023.

On receipt of the written response to concerns, did you feel that it:



The responses to date have largely been positive. Following the feedback received a guidance for services on their responsibilities following the conclusion of a stage 2 whistleblowing investigation has been drafted and is currently being refined. This will be shared with services during quarter 3.

To help whistleblowers recognise what to expect during an investigation we have defined the steps in the investigation process, and these are reflected in the update letters provided during the investigation.

Following feedback from our confidential contacts and those who have used the process an FAQ document has also been prepared.

Both the steps in the investigation and the FAQ document are available on the Raising Concerns page on the NHS Lothian website and HR Online our intranet site.

Those raising concerns at stage 2 are also offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised.

Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required.

Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

Whistleblowing and Speak Up

Both stage 2 concerns received this quarter were raised through the Speak Up Service, the Board’s identified confidential contacts.

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

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 2 2022/23 and quarter 2 2023/24. The themes from anonymous concerns are also included in the table below.

Theme* ¹	Q2 22/23	Q2 23/24
Patient Care and/or Patient Safety	5	4
Poor Practice	2	4
Unsafe working conditions	1	2
Breaking legal obligations	0	0
Abusing Authority	1	1

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

Concerns raised by Division

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

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

**PHARMACY PRACTICES COMMITTEE OUTCOMES
Q3 2023/24****1 Purpose of the Report**

- 1.1 The purpose of this report is to advise the Board on outcomes of Pharmacy Practices Committee hearings held in Q3 2023/24.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

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

3 Discussion of Key Issues**3.1 Outcomes**

The following hearings have taken place since September 2023:

- The Linlithgow hearing took place on 26th September 2023 (application approved). Interested parties have lodged an appeal. This was forwarded to the National Appeal Panel (NAP) in November 2023; we await the outcome.
- The Muirhouse hearing took place on 16th November 2023 (application rejected). The applicant did not lodge an appeal. This application is now complete.
- The Penicuik hearing took place on 28th November 2023 (application rejected). The applicant has lodged an appeal. This was forwarded to the NAP in January 2024; we await the outcome.

3.2 Upcoming hearings

- The Burdiehouse hearing took place on 23rd March 2023 (application approved). The Board has been instructed to hear this application afresh due to a procedural issue in how we undertook the formal consultation. Our internal procedure was revised in May 2023, but this application was initially processed back in November 2022 before the revised procedure came into effect. We are working on confirming the new hearing date to take place in Q4.

- We have two confirmed hearing dates for this year; 29th February and 27th March and are working to secure one hearing date per month for the rest of the year.
- Full details of the order in which we will hear pharmacy applications are available on the NHS Lothian website via the following link:
[Current Position – Pharmacy Application Process \(nhslothian.scot\)](https://www.nhs.uk/lothian/primary-care-pharmacy-application-process)

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Jenny Long
Director of Primary Care
18 January 2024

Board
07 February 2024

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 asked to **note**:

- 2.1 The appointment by the Cabinet Secretary of Prof Amjad Khan, Dr Patrica Cantley and Mr Jonathan Blazeby as non-executive board members, each for a four-year period from 1 February 2024 to 31 January 2028.

The Board is asked to **approve**:

- 2.2 The appointment of Andrew Cogan as Chair of the Healthcare Governance Committee, with effect from 1 May 2024.
- 2.3 The removal of Philip Allenby as a member of the Audit and Risk Committee and the appointment of Jonathan Blazeby as a member of the Audit and Risk Committee, with effect from 7 February 2024.
- 2.4 The removal of Siddharthan Chandran as a member of the Staff Governance Committee and the appointment of Elizabeth Gordon as a member of the Staff Governance Committee, with effect from 7 February 2024.
- 2.5 The appointment of Dr Patricia Cantley as a voting member of the East Lothian Integration Joint Board, with effect from 7 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.

- 2.6 The appointment of Prof Amjad Khan as a voting member of the West Lothian Integration Joint Board, with effect from 7 February 2024.
- 2.7 The removal of Elizabeth Gordon and Shamin Akhtar as co-Chairs of the Pharmacy Practices Committee and the appointment of Prof John Innes as a co-Chair of the Pharmacy Practices Committee, with effect from 7 February 2024.
- 2.8 The reappointment of Gordon Stuart, Vinny Billon and David Massie as Contractor Pharmacists, to the Pharmacy Practices Committee, each for a further three-year term, retrospectively from 3 February 2024 to 2 February 2027.

3 Discussion of Key Issues

Chair of the Healthcare Governance Committee

- 3.1 This position is currently held by Fiona Ireland, whose term as Chair of the Area Clinical Forum and as a Non-Executive Board Member will end on 30 April 2024. Andrew Cogan has agreed to undertake this role and it is proposed that he be appointed.

Audit and Risk Committee

- 3.2 Jonathan Blazeby brings specific skills and experience in finance, audit and risk and has will become a member of the Audit & Risk Committee. Philip Allenby will step down at the same time, having recently been appointed to the Edinburgh IJB.

Staff Governance Committee

- 3.3 Elizabeth Gordon will replace Siddharthan Chandran on the Staff Governance Committee.

West and East Lothian Integration Joint Boards

- 3.4 Replacements for Voting Member positions are required on both IJBs, following the departure of Bill McQueen and Peter Murray from the Board. Dr Patricia Cantley and Prof Amjad Khan have agreed to undertake these roles, with Dr Cantley joining the East Lothian IJB and Prof Khan joining the West Lothian IJB.

Pharmacy Practices Committee

- 3.5 Specific Regulations prescribe the membership and operation of the Pharmacy Practices Committee (PPC). It has seven members, being one NHS Non-Executive Board member (Chair), three pharmacists, and three lay members. A Non-Executive Board member convenes the PPC each time it meets. For practical reasons the NHS Board has appointed several individuals to fill the required positions, as this facilitates convening the PPC each time a hearing is required and allows a fresh panel to consider any appeals.
- 3.6 The volume and frequency of scheduled Pharmacy Practices Committee (PPC) hearings remain lower than previously forecast. However, there is a need to maintain a pool of several non-executive board members who may be called upon to chair a hearing. Prof John Innes has agreed to become a co-Chair and it is proposed that he be

appointed. Both Elizabeth Gordon and Shamin Akhtar will be removed from the current pool of co-Chairs.

- 3.7 Three of the existing Contractor Pharmacists on the PPC will be reappointed to their roles.

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
29 January 2024

25 January 2024

Chief Executive

BOARD EXECUTIVE TEAM (BET) REPORT JANUARY 2024

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. The Chair, CEO and Executive Team met with the MSP/MPs on the 8 December, which was their regular quarterly meeting.
- 1.2. On the 19 December the Post Budget Announcement, followed by the BCE / DoF 'Follow up to the Budget' meetings took place. Craig Marriott and I attended both meetings.
- 1.3. On the 20 December, I along with Jim Crombie and Craig Marriott attended a meeting at the Scottish Government to discuss the National Treatment Centre (NTC). We met and discussed the NTC with the Director General and SG colleagues.
- 1.4. I met with the NI Department of Health Permanent Secretary, Peter May, on the 5 January in Belfast. This was to discuss the challenges facing the health service in NI and what lessons can be learned from the approaches being taken in NHS Lothian.
- 1.5. Interviews took place on the 8 January to recruit one new 'Speak Up' Ambassador. The successful candidate will take up their position in the near future.
- 1.6. A meeting between Napier University and NHS Lothian took place on the 10 January. The meeting was to discuss the potential formation of a partnership to enable both organisations to work more in partnership for future projects.
- 1.7. I attended the Lothian & Edinburgh Abstinence Programme (LEAP) Graduation Ceremony on the 25 January as the guest speaker. This event highlighted the positive effects on patients' lives who graduate from completion of this programme.

2. Deputy Chief Executive

- 2.2. **Capital Projects:** Following the Scottish Government budget announcement in December 2023, NHS Lothian was directed by Scottish Government to immediately cease all capital projects. This directive includes our three large capital projects; New Eye Hospital at BioQuarter, National Treatment Centre at Saint John's Hospital in Livingstone and South East Scotland's Regional Cancer Centre at WGH. Focus is now on supporting staff and services directly affected by this.
 - Members will recognise the significant and detrimental impact this decision has had on our teams many of whom have dedicated time, expertise, and leadership in supporting progress of these vital projects.
 - I would formally note my sincere thanks to all involved.
 - Whilst work is underway to identify alternate capacity options, members should recognise the loss of this future infrastructure will substantively and negatively impact on our ability to deliver compliant access to scheduled care for our population in coming years.
- 2.3. **RIE Fire Safety Update:** As detailed in a December 2023 Board Paper, NHS Lothian anticipates it will receive an enforcement notice from Scottish Fire & Rescue Service (SFRS) imminently. The NHS Lothian RIE Fire Safety Improvement Group (chaired by the DCEO)

provides Executive oversight and acts as the mechanism by which improvement for NHS Lothian responsibility areas is driven. This group has recently concluded, having demonstrated significant improvement since its establishment, and agreeing an auditing programme to provide assurance from our Business-as-Usual processes moving forwards. A fuller update will be provided at the next Staff Governance Committee which oversees this corporate risk.

- 2.4. **Whole System Bed Model:** The initial model has been built by the Healthcare Planners and the first system wide workshop was held in December to explore the initial assumptions with staff from a variety of roles, both internal and external to Lothian. Representatives from the Healthcare Planners will next host site-based workshops to deliver early output information and open discussions with management and teams in each site. Mental Health Services, Children & Young People and the Health and Social Care Partnership sites and services will be in scope in the coming phases as directed by the Programme Board.

3. Medical Director

- 3.1. The Quality Directorate had a half day as a whole team in December to develop an alignment of the strategy against forthcoming priorities as well as a refreshed focus on clinical governance.
- 3.2. The Innovation team have been busy with a day spent with Fife and Borders colleagues and the CSO's innovation team considering current strengths and opportunities.
- 3.3. We also were part of a visit to the Bioquarter from the UK Lifesciences minister when we had the opportunity to share some of the NHS Lothian Innovation work in progress.
- 3.4. I attended the opening on the Bioquarter of the IRR South building. HRH The Princess Royal opened the building which is designed for collaboration between the different research groups. One of these groups, the Centre for Reproductive Health has a new Director, Professor Andrew Horne, who maintains an active NHS practice.
- 3.5. Dr Alastair Leckie has retired from his role as Director of the Occupational Health and Safety Service but continues a consultant and I am very pleased to welcome Dr Funbi Ogundipe in to post as the new Director.

4. Director of Nursing, Midwifery & AHPs

- 4.1. **Agency:** Workforce remains a key priority. Against a recruitment of 1050 newly recruited nurses and midwives since August there have been 588 resignations, so the net position is an increase in the workforce of 462 resulting in an establishment gap of 6.77%, the best it has been since June 2022.
- 4.2. In parallel there has been a national programme of work to reduce reliance on agency. Whilst agency is still a supplier covering short notice short falls there has been a shift towards contract suppliers where the Staff Bank is unable to cover. Safety has been key to the controls put in place locally with Nurse Directors reviewing all agency requests against agreed triggers and the approvals process is firmly embedded with daily escalation meetings and on call Nurse Directors out of hours. The measures put in place have reduced the agency supply from 20% to 8% of the supplementary staffing used, with the Staff Bank supply increasing accordingly.
- 4.3. **Career Conversations:** Aligned to one of the ambitions in the Nursing and Midwifery Strategic Plan that focuses on 'Reinvigorating the Workforce', a new initiative will be introduced in February 2024 to promote retention, career development and succession planning. The development of [Career Conversations](#) has been led by the Clinical Education Team and uses a model known as 'Stay and Grow', which involves a guided conversation that leads to an individual developing a plan of action for the next steps in their career development.

- 4.4. Career conversations are open to all nursing, midwifery and healthcare support worker staff and individuals can book a conversation either with a member of the CET team or one of a number of specialists who have been identified to provide advice on community nursing, community hospitals, critical care, emergency/unscheduled care, leadership, learning disability, neurology, oncology and research. Evaluation of the initiative will include initial feedback and follow up at 6 months to identify impact and outcomes.
5. **Director of Public Health & Health Policy**
- 5.1. **Public Health Intelligence:** Following a competitive recruitment process, the Public Health Intelligence Team has appointed Dr Ross Whitehead as our Head of (Public Health) Intelligence. Having been seconded into the same role for 6 months in late 2022, Ross has now joined NHS Lothian permanently from January 2024. He brings a wealth of skills and experience from his career to date having most recently worked as a Public Health Intelligence Adviser at Public Health Scotland.
- 5.2. **Regional Health Protection Service:** Board members will recall an update on this previously and we are pleased to say that the Regional Health Protection Service between NHS Borders, Fife, Forth Valley and Lothian went live on 12th December 2023. This is a day time duty service in the first instance along with strategic health protection work. It is expected that regional health protection on call will begin in April 2024.
6. **Director of Finance**
- 6.1. **Revenue Financial Position:** The revenue financial position for 2023/24 remains challenging, and the Q2 financial forecast reported a £22m year-end projected deficit. Efforts within Business Units continue to support the projected deficit and the Health Board's ability to achieve financial balance but also delivery of their 3% financial recovery plans (savings) during 2023/24. The output from the Q3 financial review process, in assessing the Board's ability to achieve financial balance this year, will be reported shortly. Moving into 2024/25 the budget announcement on 19th December 2023 has brought about unprecedented financial challenge for 2024/25 - this was reported to Finance & Resources Board Committee in December with a gap of £133m before Financial Recovery Plans (savings). Due to the scale of this challenge there has been continued discussion at Corporate Management Team (CMT) meetings and site based road-shows took place 11th January 2024, and an all staff briefing session on 15th January 2024. A further update to the financial plan is underway and CMT continue to develop the principle and choices required to support the Health Board achieve financial balance in 2024/25.
- 6.2. **Capital Prioritisation:** The Health Board is transitioning from a period of development of major projects and a substantial capital build or refurbishment programme, to one where the limited formula allocation is to focus on maintenance of existing assets. Discussions have to take place with the Scottish Government on stepping back from all capital projects as directed within the budget allocation letter for 2024/25.
- 6.3. **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, 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.
- 6.4. **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, has achieved a temporary occupation certificate from City of Edinburgh Council (CEC) Building Control and is now in use.

The upgraded units provide accommodation for 12 patients – an increase of six from the previous facility. Final works are required to achieve a completion certificate. These works will be undertaken in a manner to minimise disruption.

- 6.5. **Royal Hospital for Children and Young People (RHCYP):** Rectification works continue at the RHCYP with regard to atrium flooring. These works will progress into the Spring of 2024. Enhanced cavity barrier works to the external façade are expected to commence once final specification and a supplementary agreement has been finalised.

7. Director of Human Resources and Organisational Development

- 7.1. **Equality and Diversity Conference:** The Annual Equality and Diversity conference will take place this year on Wednesday 28 February from 9.30am to 4pm in the Chancellors Building, RIE and is open to all staff. It will be an opportunity to hear more about the wide range of ongoing equality and diversity work in NHS Lothian. This includes the launch of our anti-racism campaign to raise awareness of racism, share people's experiences and promote how we will become an anti-racist organisation. The conference will also feature a keynote address around neuro inclusion and throughout the day there will be a choice of workshops including Taking a Zero Tolerance Approach to Sexual Misconduct, Being an LGBT+ Ally, Neuro-inclusion and Meeting the Needs of People who are Care Experienced. The [research project funded by the NHS Lothian Charity](#) on the history and legacy of transatlantic slavery at RIE will also be featured at the conference.
- 7.2. **Disability and Carers Passports Launched:** We launched the staff Carer Passport on 23 November 2023 to coincide with Carers Rights Day. We also launched a Disability Passport for our staff on 4th December to coincide with Disability History Month. Both passports were developed in collaboration with our Staff Networks and are designed to provide a clear record of staff needs, which can be used to guide meaningful conversations and ensure that appropriate and reasonable adjustments are made in line with our workforce policies.
- 7.3. **Board Chief Executive Recruitment:** The recruitment process was agreed by the Remuneration Committee in December and interviews are planned for 20th February 2024

8. Director of Strategic Planning

- 8.1. The Strategic Planning Directorate has continued to progress various long-standing programmes and projects.
- 8.2. The most pressing work has clearly been to assess the impact of the budget of 19th December, and what that means for the LSDF. This assessment has included considerable input to the financial sustainability work.
- 8.3. Laura Martin has completed the Initial Agreement for the Regional Infectious Diseases Unit, which will be entered into the capital prioritisation process that Andrea MacDonald will continue to manage and take forward. Clearly, with the challenging capital position, the organisation will need to refocus the capital it does have on the biggest risks it faces, and so Andrea has been working closely with estates, the medical equipment replacement programme, and the Digital directorate to build a common approach to prioritisation of these resources.
- 8.4. Rebecca Miller and Lois Marshall have continued to work on the type 1 diabetes technology programme, which has, of course, been heavily impacted by financial constraints. Rebecca and Lorna Seville from the S&V team are working to revise the Choices methodology in light of these changes.
- 8.5. Finally, I was fortunate to be able to jointly organise a seminar with the University of Edinburgh Business School, sponsored by the Carnegie Trust for the Universities of Scotland,

to consider how different approaches to strategy could tackle the challenges of health and care service sustainability. The attendance list included colleagues from across the service, the third sector, government, and academic disciplines including nursing, medicine, politics, international relations, security studies, and history. A report is forthcoming.

9. Chief of Acute Services

- 9.1. **Scheduled Care:** An increase in demand has been seen across several services throughout 2023/24, specifically an increase in urgent patients. Despite the increase in demand, activity has increased in both outpatients and inpatients during 2023 and additional activity is being delivered across key specialties to help address the waiting list backlog. Teams are considering demand profile changes as well as budgetary constraints as they develop trajectories for 2024/25.
- 9.2. **Outpatient:** The focus remains on the priorities of long waits, urgent patients, and those with suspected cancer. Ophthalmology and Dermatology remain the key areas of challenge in Outpatients. We continue to roll out improved functionality with the introduction of patient focussed booking and text reminders contributing to the reduction in DNA rates and increase in patients' choice.
- 9.3. **Inpatient/Day Case:** Theatre session uptake has continued to increase which supports improved activity and throughput. This is due to the theatre workforce gap being reduced, increased surgical job plan flexibility, and robust planning through matrix meetings. An additional 12 fallow sessions are being reopened at the Royal Infirmary of Edinburgh (RIE) and St John's Hospital's (SJH) before the end of the financial year.
- 9.4. **Centre for Sustainable Delivery (CfSD):** CfSD continues to work with NHS Lothian to drive improvements through high impact changes and specialty pathways developed by the Specialty Delivery Groups. The newest group is the Perioperative Delivery Group and NHS Lothian is fully engaged with this work.
- 9.5. **Theatre Utilisation Data:** System issues following the transition to the TRAK Theatre module have prevented data transfer to the National Theatres Efficiency Dashboard with only partial Lothian data submissions since February 2022 and no Lothian data reported since May 2023. Lothian's analytical teams are currently testing a solution which is expected to be complete by the end of March 2024. Lothian continue to use the National dashboard to benchmark with our local data and data for the six-month period from June to November 2023 demonstrates that our unproductive time is broadly aligned with other Health Boards with the lowest unproductive time markers at 23%.
- 9.6. **Unscheduled Care:** Several initiatives are underway at the Western General Hospital (WGH) to release capacity support patient safety and unscheduled care flow including:
 - Adoption of the Flowthian approach within General Medicine and Medicine of the Elderly to support early moves of patients.
 - Rapid Access & Care Unit (RACU – formerly SDEC) have extended working hours in the evening to support additional activity diversion from Front Door areas.
 - RACU are also trialling a Rapid Assessment and Triage model (RaToR) to test out diverting patients referred by GPs to the Medical Assessment Unit.
- 9.7. **Emergency Access Standard (EAS) Improvement Programme, RIE:** Progress has been made against a recommendations and key priorities including, reprovision of GP Interface Service from the Emergency Department (ED) to OPD5, additional capacity provided via the expansion of the Vanguard unit, and enhanced roles for Site & Capacity Coordinators empowering the team to oversee and direct safe patient flow. Key priorities going forward

include the development of a clinical leadership forum, revision of the site escalation framework, and reviews of the ED operational delivery model and internal pathways.

- 9.8. **Changes in Leadership Roles:** Within the Acute Senior Management Team, Gillian Cunningham, Director of OAS, has been seconded to provide support and leadership in business operations and development of financial recovery plans for 2024/45.
- 9.9. Within Outpatients and Associated Services Iain Gorman has taken on the role of Interim Director with additional responsibilities as lead of Scheduled Care performance and Dr David Caesar has taken on the additional role as Associate Medical Director, alongside his current role within the RIE. Jane McDonald has been appointed to the role of Interim Director of DATCC.
- 9.10. **BSE Accreditation:** The Cardiac Physiology Department at RIE achieved BSE accreditation after a visit from the British Society of Echocardiographers during January 2024.

10. Director of Primary Care

- 10.1. General Practice continue to experience significant demand, particularly requests for same day urgent care. The demand for GP Out-of-Hours and Dental Out-of-Hours services over the festive public holiday weekends was one of the highest recorded, which our teams managed well using established escalation processes and mitigating actions. Our GP Out-of-Hours service (LUCS) provided care for 3,912 patients over the Christmas four-day weekend (compared with 3,560 in 2022) and 4,135 patients over the New Year four-day weekend (compared with 3,652 in 22/23).
- 10.2. We have successfully re-tendered the GMS contract at Murieston Medical Practice and the new partners will start on 1 April 2024 following the retirement of the previous contract-holder.
- 10.3. Like many of my executive colleagues, I have been communicating the impact of the December budget with various stakeholders, including our primary care contractor group representatives, and will use the Primary Care Programme Board to co-ordinate the impact of budget reductions and develop mitigating measures.
- 10.4. There are currently 3 general practices with closed lists to new patient registrations, or 97% of our general practices are open for new patient registrations. This is a dynamic process and our website is regularly updated. Patients are still able 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 Lothian which are already at capacity and cannot easily absorb increased demand.
- 10.5. I continue to contribute to the internal oversight group for the review of Facilities Management Services provided by NHS Lothian to primary care contractors. There has been a gap for some time between actual costs incurred by NHS Lothian and payments received. We are clear that we want to ensure equity across all practices, and to provide services at a fair cost to practices specific to their needs and usage. We do recognise that any additional costs pose new risks to primary care providers and therefore a phased implementation to the cost recovery plan has been agreed with the Chair of the LMC. Communications to each affected practice are due to be issued early February. NHS Lothian does not want to destabilise practices and where these cost increases may impact on the ongoing delivery of GMS contracts then specific practice-level discussions will take place.
- 10.6. While access to NHS primary care dentistry is still challenged, feedback from the implementation of the revised Statement of Dental Remuneration in November 2023 has been positive. We continue to update on a monthly basis which dental practices are able to take on new patient registrations. Positively, the recent January 2024 data from the

Childsmile Oral Health Improvement work shows that 100% of Lothian pre-school establishments are participating in the Childsmile Toothbrushing programme (compared with the Scottish average of 84%), and 56.5% of children aged 2-5 years old registered with an NHS dentist have received at least one fluoride varnish application (compared with a Scottish average of 49.6%).

11. Director of Communications, Engagement & Public Affairs

- 11.1. **Financial Outlook:** A number of sessions have been held to brief staff across the system of the very challenging financial outlook for 2024/25. Face-to-face sessions were led by members of CMT and senior financial colleagues and an all-staff Teams session was chaired by the Chief Exec and DoF. Although the message is difficult there has been positive feedback from staff about the early and direct engagement with them on the position. The Director of Comms has been attending national meetings with Scottish Government colleagues to try to help shape a national conversation to aid public understanding of the hard choices ahead.
- 11.2. **Winter Campaign:** The paid six-week outdoor advertising winter campaign which ran on phone kiosks and bus rears, as well as digital audio advertising came to an end on Jan 21. It continues organically, signposting people to service other than ED. In response to flow challenges we are also urging families to be prepared to collect relatives as soon as they are ready for discharge and make them comfortable at home.
- 11.3. **Escalation:** We have been working with the Emergency Access Standard Programme Board to increase awareness of the operating status of the hospital and what that means for their role and the actions they are required to take. An Intranet Hub has been created which will display the Prep-Stat of each hospital to support escalation actions across all sites.
- 11.4. **Fire Safety:** A strategy to raise awareness of revised fire safety measures and existing responsibilities was launched in November to complement the rollout of refreshed staff training. Implementation will continue over the coming months.

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.
- 12.2. Work was successfully completed on the St Johns IPCU alarm system and so across the NHS Lothian system all Mental Health Beds are available for use.
- 12.3. Scottish Government have agreed to look at developing a Scottish wide live bed update as most boards are reporting similar high levels of occupancy and acuity.
- 12.4. **Award:** One of our forensic nurses, Jess Davidson was awarded an MBE in the King's honours list for services to forensic nursing and victim support
- 12.5. **Masterplanning:** The REAS master planning group will meet to discuss the impact on services in light of decisions around capital planning.
- 12.6. **CAMHs and PT Waiting times:** Both continue to improve at the slower rate previously highlighted.

13. Chief Officer Edinburgh IJB/HSCP

- 13.1. **Performance:** In December 2023, the number of people delayed in hospital was at the lowest level seen since May 2021, but more data will be needed to determine whether this trend can be sustained throughout the whole of winter. Delays were 27% lower going into the

festive period than in 2022. Historically, delays have increased across the last week of December/first week of January as services experience lower levels of staff due to leave and this increase was seen in January. The main improvements are related to completed social care assessments and those waiting for a package of care. We are performing better than all of our trajectories for delays and are at the threshold (set in March 2023) for performing in the top 50% of partnerships across Scotland, although challenges remain supporting discharges for our older population. In November 2023, Edinburgh benchmarked 10th out of all partnerships in Scotland for delays for those over 18 and were just outside the top 50% for those over 75.

- 13.2. **Finance:** While performance levels remained fairly stable in the last quarter of 2023 and in some cases improved in comparison to the rest of the country, the financial position deteriorated due to level of care purchased in response to high need. As a result, additional measures have been put in place to right-size existing packages of care and prioritise care at those most in need. Targeting of resource will focus on vulnerable people, adult protection activity, those requiring discharge from hospital and prevention of admission. Work continues at pace on Edinburgh's Medium Term Financial Strategy and identifying savings required to bring a balanced budget to the EIJB in March 2024.
- 13.3. **Restructure:** In recent months, work has been undertaken to review management arrangements with a view to strengthening managerial oversight, professional leadership, accountability and ensure consistency of practice across the city. Engagement has begun with senior managers regarding initial proposals and potential savings that will have to be made in line with the Medium-Term Financial Strategy. After receiving initial feedback, the intention to move to formal consultation early Spring.

14. Chief Officer West Lothian IJB/HSCP

- 14.1. **Vaccination Update:** The West Lothian HSCP moved away from a large mass site vaccination delivery model to a local clinic delivery model to ensure a more inclusive approach for the 2023/24 winter vaccination programme. The programme offered 10 vaccination clinics and 6 pharmacy clinics across West Lothian offering early morning, evening and weekend appointments. Additionally, a number of pop-up clinics were facilitated in areas of poor uptake and areas where there were no local clinics.
- 14.2. Unfortunately, West Lothian has now fallen below the Scottish national average for both covid and flu vaccine uptake. At the time of writing, West Lothian had 52.3% uptake, with the national average uptake 53.3%.
- 14.3. Patients who are eligible were contacted with new appointments, however uptake remains low. A small test of change is being considered where the vaccination nursing team contact patients who meet eligibility to see if that will improve uptake, speaking to a health care professional about any concerns they may have.
- 14.4. **Place Based Care Test of Change:** Planning and preparation has continued over the past month for the Broxburn locality/place-based care test of change. 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.
- 14.5. A small working group has developed a detailed standard operating procedure (SOP) and performance indicators for the test of change which is due to go live on 29 January for a period of around 3 months.
- 14.6. **St Michael's Update:** In August 2023, the IJB asked the Chief Officer to progress discussions with the NHSL with regards to their role as an anchor institute, a number of meetings have taken place involving colleagues from NHSL alongside the chair and vice chair of the IJB.

- 14.7. The anchor board has been working on a process which allows them to engage with communities once a property has been declared surplus to current requirements. This is to ensure that there is community benefit tied in to the future use of sites.
- 14.8. The group is now in a position to invite, an initially, small group of key local individuals from the Linlithgow area to explore what the next steps may be and how NHSL, in its role as an anchor institute, can best make use of the asset to support local health and social care needs. An initial meeting of this group will be held within the next month.
- 14.9. **Strategic Delivery Plans:** Strategic Delivery Plans underpin the IJB Strategic Plan, which inform our strategic commissioning and are focused on ensuring that the IJB fulfils its statutory duty to achieve best value, while delivering, developing, and commissioning services that are person centred, take a human rights-based approach and are outcome focused.
- 14.10. Delivery boards, to progress and monitor each individual delivery plan have been established and the governance structure was presented to the IJB in January 2024. The full report and appendices can be viewed here: [Update of IJB Strategic Plan Delivery Plans and Governance Structure.](#)

15. Chief Officer East Lothian IJB/HSCP

- 15.1. **In-Reach:** From the start of December, the service's focus shifted in line with winter planning and the pan-Lothian development of the Early Supported Discharge initiative in Acute Medical Unit (AMU). The Inreach team will now focus on the delivery of Early Supported Discharge (ESD) in the AMU alongside continuing input in the Emergency Department, targeting patients in the first 72 hours. Data has demonstrated that early involvement of HSCP staff has the greatest impact in terms of reducing the bed days.
- 15.2. **Bed Base:** East Lothian HSCP is using the Daily Bed Usage Report to help manage performance and optimise the use of resources. The report is reviewed at the East Lothian daily flow meetings and a daily assurance proforma regarding use of capacity is completed by General Managers. The Partnership's aim is to work within 85% occupancy of its commissioned bed base in adult acute sites. In the last week we have managed to stay within our 85% bed base, but the challenge can be seen on the weekend when access to services are reduced.
- 15.3. The report has assisted us in targeting areas with high occupancy. For example, we have responded to high occupancy rates in respiratory by getting our community respiratory to in reach to encourage more supported discharges.
- 15.4. **Care at Home / Care Homes:** East Lothian HSCP is working with acute hospitals to influence home as a decision rather than a care home place. This is a response to the situation in East Lothian whereby there continues to be availability in the self- funding market, but availability is a challenge in relation to Local Authority placements. The current focus is on recruiting to care at home services as this provides greater flexibility and the opportunity for people to be discharged home directly.

16. Chief Officer Midlothian IJB/HSCP

- 16.1. **Data Driven Innovation:** Midlothian HSCP Community Respiratory team won the Asthma/COPD Project of the Year award at the Scottish Healthcare Awards on 29th November 2023. This award recognised the teams innovative use of data to improve outcomes for people and communities facilitated by a dashboard, built by the Midlothian HSCP Performance Team. The work of the Performance Team has also been recognised by **Digital Health and Care Scotland Awards 2024** where the team are finalists for the **Data Driven Innovation Award.**

- 16.2. **Third Sector Summit:** Midlothian HSPC leads on and hosts the Midlothian Third Sector Summit biannually. A successful and well attended Third Sector Summit was held on Tuesday 21st November 2023 with a focus on the ongoing commitment to partnership working. Over thirty individuals attended from various HSCP and Third Sector organisations based in Midlothian and the session included presentations from the Midlothian Financial Inclusion Network (MFIN) & Women’s Aid. Key points for action were to increase awareness of existing community support, continue to raise the impact of limited transport links for older people, and how to improve the use of single points of access where services are already connected with people.
- 16.3. **Midlothian Integration Joint Board Strategic Commissioning Plan:** The officers of the HSPC continue to support the development of a new Strategic Commissioning Plan due for publication in April 2025. Work to date has included a first stage consultation with over 150 responses from people, communities, services, and partner organisations. The Board recently considered this evidence alongside a range of population data and intelligence to help establish the main strategic drivers and proposals to be taken forward by the Strategic Planning Group for further consultation and development of a first draft of the new plan.

17. The Board is asked to receive the report.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities, and issues.
Consultation	Board Executive Team
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Calum Campbell
Chief Executive
27.09.23

Authors

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Board Meeting
7th February 2024

Director of Finance

FINANCIAL AND CAPITAL RESOURCING CHALLENGE

1 Purpose of the Report

- 1.1 This paper provides a written update to the Board on the Scottish Budget and the impact this has for NHS Lothian Revenue & Capital financial positions.
- 1.2 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is asked to:
 - **Acknowledge** that based on the latest information following the Scottish Government budget, the significance of NHS Lothian's current financial gap, estimated at £133m now requires a level of financial recovery savings beyond 3%.
 - **Endorse** the approach being proposed to achieve the additional level of financial recovery savings required in order to support delivery of a balanced position for 2024/25.
 - **Acknowledge** that following the budget announcement that key capital projects will now move to an immediate pause for a minimum of two years.

3 Discussion of Key Issues

19th December Scottish Government Budget implications

- 3.1 At its meeting on the 20th of December, the Finance & Resources (F&R) Committee received a presentation highlighting the updated 2024/25 Financial Plan following the Scottish Government Budget announcement on 19th December 2023.
- 3.2 As a result of the budget announcement the 2024/25 Financial Plan has deteriorated to a projected deficit of £133m, as shown in Table 1. This projection is based on information from the Mid-year review, however inflation-driven deterioration across non-pay lines in particular has been evident in the most recent months and is likely to increase the projected deficit moving into next year. At its meeting of the 14th February, the F&R Committee will receive an updated Financial Plan estimate in advance of a final Financial Plan to be agreed through the F+R and the Board at the end of the financial year.

Table 1 – Extract from F&R presentation

	24/25 Variance
	£m
Baseline Pressures including 23/24 growth and Inflation	(100)
Additional Expenditure, Growth, Uplift & Commitments	(47)
Total Projected Costs	(147)
Additional Resources	14
Gap before Financial Recovery Plans/Savings	(133)

3.3 A gap of this scale requires further Financial Recovery Plans to achieve break even in 2024/25. This will be substantially more than the 3% target asked of Health Boards by the Scottish Government in the October 2023 letter to Chief Executives, with the current gap shown equating to a 7% financial recovery target.

3.4 The key points of the budget impacting on the 2024/25 Financial Plan are as follows: -

- Budget set out a 4.3% uplift to boards in 2024/25, however this uplift is reinstating resource received in 2023/24 with the consequence that uplift is at 0% compared to 2023/24.
- This implication of this is no additional resource to cover inflationary costs and other new and emerging cost pressures.
- The settlement for 2024/25 also includes a planning assumption relating to a reduction on medicines funding across Scotland from £250m (2023/24) to £80m (2024/25).
- NHS Lothian will however receive an additional allocation of £10m for NRAC, reflecting demographic change in Lothian. Whilst welcome additional funding, this will be offset by demand growth.
- Pay awards are not yet known for 2024/25, although the Scottish Government has committed to managing the consequences of this through the provision of additional funding to health boards once costs are known.

3.5 The key points of the budget impacting on the Capital position are: -

- Capital formula funding will be maintained at 2023/24 levels with the intended doubling of formula funding by 2025/26 now not affordable.
- New Developments of major projects nationally in construction to be completed.
- No business case development funding for new major projects as we do not anticipate starting construction over the next two years.
- For small scale projects Boards should not anticipate additional funding in 2024/25, even if previously agreed.

3.6 The key steps following on from this Financial Plan update are to further enhance Financial Recovery Plans work to deliver in full the 3% target for Business Units. Beyond this there is also now a requirement to consider and develop proposals in relation to additional financial improvement to address the core deficit and this may mean moving into difficult choices going forward.

NHS Lothian Approach to resolution

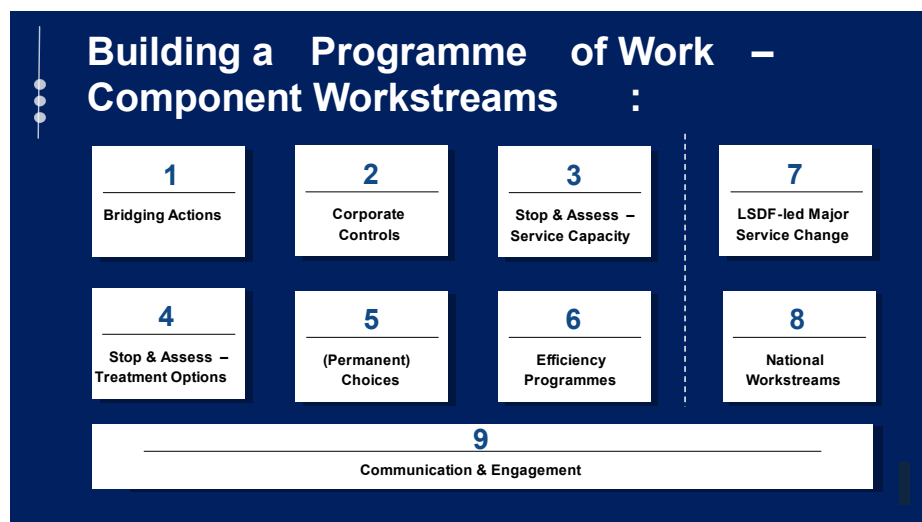
3.7 The Scottish Government communication of December 19th Budget reiterated the requirement for boards to deliver:

- “A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets”.
- “An improved forecast outturn position compared to your forecast outturn position reported at the start of 2023/24”.

3.8 NHS Lothian has a statutory financial target to achieve a balanced financial position against both its Revenue Resource Limit and Capital Resource Limit. In doing so the board will give careful consideration to the three strands of governance, being clinical, financial and workforce.

3.9 Currently the NHS Lothian approach to efficiency is for every Business Unit, through the annual planning cycle, to deliver financial recovery plans against a target of 3% of budget supported by thematic efficiency programmes. For 2024/25 we have also assessed any invest to save opportunities to recurrently drive expenditure down and started work on a framework to support “choices” for delivery of financial sustainability.

3.10 Given the scale of the challenge following the Budget announcement it is apparent that there is a need for a multi-faceted approach. For 2024/25, due to the timescales, it is unlikely the financial gap will be able to be delivered through sustainable financial recovery plan changes alone, therefore executive led workstreams are also required to meet the additional financial gap. The diagram below shows the workstreams that are now being proposed to meet the additional financial challenge now facing NHS Lothian.



3.11 The description of the main focus of each of these workstreams is as follows:-

- **Bridging Actions** - immediate non-recurring actions taken to close the financial gap.
- **Corporate controls** - implementation of reviews for investment and disinvestment choices.
- **Stop & Assess** - Decision-making relating to the impact of reductions in treatment capacity and/or treatment options.
- **Permanent Choices** - opportunities where NHS Lothian can stop or not start provision of services or treatments based on an impact assessment.
- **Efficiency** - Existing programme of Business Unit led efficiency schemes supported by thematic efficiency programmes.

3.12 These workstreams will tie in with NHS Lothian Strategic Development Framework (LSDF) work on major service change and with any National Workstreams and initiatives in place.

3.13 These workstreams will have a programme framework applied and principles will be developed, to guide and manage the programme and decision-making within

Governance

3.14 NHS Lothian's Financial Improvement Group has delegated responsibility for governance of this workstream process. The Financial Improvement Programme of work incorporating all the workstreams will ultimately report through to Corporate Management Team with ongoing update and escalation reporting through Finance and Resources Committee and then to NHS Lothian Board.

3.15 There continues to be discussions nationally regarding governance and decision-making levels. This covers the inter dependencies and escalations routes for IJBs and NHS Boards, NHS Board Chief Executives and Chief Officers.

Timescales

3.16 With 2024/25 fast approaching there are short-term timescales for these workstreams starting. The timetable proposes the following:-

- Workstream briefs for review by end of January 2024
- Workstream proposals for consideration at CMT mid-February
- Quantification and any decision making required by the end of February.
- Annual Delivery Plan (ADP) submission in March 2024
- Final Financial Plan for approval at the Board in April 2024.

4 Next Steps

- 4.1 The focus and priority for the next two months will be to drive forward each of the workstreams and work up all possible options to be considered with regular reporting of updates and escalation of issues through the governance arrangements.

5 Risk Register

- 5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

- 5.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

6 Impact on Inequality, Including Health Inequalities

- 6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

- 7.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

- 8.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Craig Marriott

Director of Finance

26th January 2024

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Director of Finance

NOVEMBER 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 for NHS Lothian as at the end of November 2023 (Month 8).
- 1.2 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is asked to:
- **Accept** the year end forecast of a projected £22m overspend;
 - **Accept** that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2023/24, based on current assumptions.

3 Discussion of Key Issues

Financial Position as at 30th November 2023

- 3.1 The month 7 financial position was considered at the NHS Lothian Finance & Resources Committee on the 20th December 2023, which reported a £13.9m overspend position. A month 9 financial report is due to be considered by Finance & Resources Committee on the 14th February 2024. The report today presents the Board with an update at month 8, reporting a year to date overspend position of £15.4m against its Revenue Resource Limit. A summary of the year to date position is shown in Table 1 below with further details subjectively in Appendix 1 and by operational unit in Appendix 2.
- 3.2 A total of £16m of corporate reserves flexibility has been phased into the overall position to offset £31.5m operational pressures, as shown below.

Table 1: Year to date Financial Position – November 2023

	Annual Budget £'000	Year to Date		
		Budget £'000	Actual £'000	Variance £'000
Pay	1,518,265	1,005,230	1,003,667	1,563
Non-Pays	1,017,145	621,696	673,486	(51,790)
Income	(373,847)	(250,148)	(268,922)	18,774
Operational Position	2,161,563	1,376,778	1,408,230	(31,453)
Corporate Reserves Flexibility	16,034	16,034	0	16,034
Total	2,177,598	1,392,812	1,408,230	(15,419)

- 3.3 Drugs expenditure is showing a year to date overspend of £8.7m. This is despite the additional £15m of in year New Medicines funding received from the Scottish Government and distributed against existing pressures earlier in the year. Acute drugs expenditure accounts for £7m of the financial pressure, with a further £1.7m sitting against the Partnerships and Mental Health Services budgets.
- 3.4 The year to date position on GP Prescribing is currently reporting a £3.9m overspend despite IJBs releasing £5.7m of their residual IJB uplift funding for the year and the allocation of £6.4m from the Sustainability funding received from the Scottish Government and approved for release at the Corporate Management Team meeting on 21st November. This position is based on 4 months of actual expenditure data now having been received. As previously noted, delays and ongoing issues in reporting and processing GP Prescribing information continues to impact accurate forecasting, presenting an ongoing financial risk reflected in the risk register. The issue has been escalated nationally, with regular reporting of progress to return to a 2 month lag in actual prescribing data expected by March 2024, and monitoring now suggesting that this should be achieved.
- 3.5 Another significant non pay financial pressure is reported under Administration costs (£11m). This category of expenditure captures the financial pressures related to PFI contracts as well as other property related pressures within the Property and Asset Management Department from external contract payments.
- 3.6 The overall challenging position on non pay expenditure exceeding budgets continues to reflect the financial pressure in terms of prevailing inflation versus a 2% non-pay funding uplift received from Scottish Government at the start of the financial year. The Procurement Thematic programme supporting the Financial Recovery Plans is looking at all opportunities for cost avoidance as well as further savings, and there is continued work within service areas to limit cost pressures in non pay budgets as far as possible.
- 3.7 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, non-compliant rotas and ongoing restrictions of NES funding, transfers the financial risk to NHS Lothian.

Financial Recovery Plans

- 3.8 The Financial Plan identified £41.4m of Financial Recovery Plans for this year, £13.4m short of the 3% target of £54.8m. Since the Financial Plan was approved, a further £6.9m of new plans have been identified totalling £48.3m of plans being in place, however the forecast delivery against these plans is £4.5m short based on the assessment at month 8 which reports a current year forecast delivery of £43.8m.
- 3.9 At month 8, £28.5m of savings have been achieved against a year to date plan of £30.7m, leaving a £2.2m 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	Forecast Achievement	Forecast against Schemes Identified	YTD Planned	YTD Achieved	YTD Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	24,004	22,835	20,679	(2,156)	14,487	13,522	(965)
East Lothian Partnership	2,384	2,045	2,045	0	1,245	1,122	(123)
Edinburgh Partnership	10,024	5,300	4,812	(488)	3,422	3,499	77
Midlothian Partnership	2,122	1,823	1,852	29	1,215	1,257	41
West Lothian Partnership	3,916	3,767	3,829	62	2,392	2,717	325
Directorate Of Primary Care	139	739	739	0	493	532	39
REAS	3,044	2,835	3,007	172	1,690	1,869	179
Corporate Services	4,897	4,122	2,406	(1,716)	2,665	1,296	(1,368)
Facilities	3,865	4,077	4,093	16	2,923	2,667	(256)
Income/ Healthcare Purchases	387	774	387	(387)	194	0	(194)
Grand Total	54,782	48,317	43,849	(4,468)	30,726	28,481	(2,245)

3.10 Financial Recovery Plans delivery continues to be closely monitored by the Financial Improvement Group (FIG) as part of an escalation process. It is key that services deliver against the full £54.7m (3%) target identified.

4 Quarterly Review

4.1 Quarter 2 review meetings with the service teams concluded by mid December. A key focus point was the need to improve on the current £22m forecast overspend and continue to achieve Financial Recovery Plans (savings) to reach a balanced financial position in order to avoid any brokerage requirements from Scottish Government.

4.2 The Quarter 3 financial review output will be shared and consider at Finance & Resources Committee on the 14th February 2024.

5 Next Steps

5.1 With the month 9 position and Quarter 3 forecast being presented to Finance & Resources Committee on the 14th of February and following conclusion of the quarterly meetings, the next steps are to:

- Review any risks to the forecast and options for mitigation;
- Continue 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 ongoing and unpredictable inflationary pressure. There is significant additional spend forecast on medicines and higher charges from contractual commitments such as PFIs;
- The ongoing financial risk in relation to Primary Care prescribing position;

5.3 As well as those challenges in the current financial year, these issues are mainly recurring in nature and are impacting the 2024/25 position and beyond.

6 Risk Register

6.1 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)

6.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

7 Impact on Inequality, Including Health Inequalities

7.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

8.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

9 Resource Implications

9.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Craig Marriott

Director of Finance

25th January 2024

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Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th November 2023

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th November 2023

Appendix 1 – NHS Lothian Income & Expenditure Summary to 30th November 2023

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	359,422	239,875	249,747	(9,872)
Nursing	620,005	413,803	404,619	9,184
Administrative Services	197,791	128,582	126,641	1,942
Allied Health Professionals	111,483	74,674	74,642	32
Health Science Services	53,610	36,365	36,096	269
Management	8,395	5,505	5,100	405
Support Services	95,605	63,728	66,879	(3,151)
Medical & Dental Support	18,232	12,199	12,157	42
Other Therapeutic	64,607	42,573	40,479	2,094
Personal & Social Care	3,469	2,120	1,712	407
Other Pay	(13,677)	(13,743)	(14,426)	683
Emergency Services	0	0	22	(22)
Vacancy Factor	(677)	(451)	0	(451)
Pay	1,518,265	1,005,230	1,003,667	1,563
Drugs	144,980	98,624	107,278	(8,654)
Medical Supplies	101,339	69,933	80,262	(10,328)
Maintenance Costs	8,827	6,110	9,209	(3,099)
Property Costs	55,710	34,719	35,958	(1,239)
Equipment Costs	34,966	22,823	29,234	(6,411)
Transport Costs	8,801	6,059	7,897	(1,837)
Administration Costs	167,965	54,900	66,092	(11,192)
Ancillary Costs	11,821	7,857	11,840	(3,983)
Other	(8,310)	(21,068)	(21,124)	56
Service Agreement Patient	36,797	27,860	27,271	589
Savings Target Non-pay	83	75	0	75
Resource Transfer + LA Payments	123,475	94,537	95,121	(584)
Non-pay	686,454	402,430	449,038	(46,608)
GP Other Payments	0	0	0	0
Gms2 Expenditure	160,405	105,578	106,722	(1,144)
NCL Expenditure	813	542	602	(60)
Other Primary Care Expenditure	87	58	55	3
Pharmaceuticals	169,571	113,253	117,179	(3,926)
Primary Care	330,876	219,430	224,557	(5,127)
Other	(183)	(164)	(184)	20
Income	(373,847)	(250,148)	(268,922)	18,774
Extraordinary Items	0	0	76	(76)
CORE POSITION	2,161,564	1,376,778	1,408,231	(31,453)
Corporate Reserves Flexibility	16,034	16,034	0	16,034
TOTAL	2,177,598	1,392,812	1,408,231	(15,419)

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th November 2023

YTD Variance	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Hsc	Directorate Primary Care	Reas	Corporate Services	Facilities	Strategic Services	Research + Teaching	Inc + Assoc Hlthcare	Gap Before Reserves	Reserves	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(7,851)	(17)	(666)	(104)	44	(80)	(820)	179	(64)	(391)	(102)	0	(9,872)	0	(9,872)
Nursing	582	1,998	4,682	605	2,055	379	(101)	(564)	(31)	(346)	(74)	0	9,184	0	9,184
Administrative Services	802	200	829	5	198	(130)	(156)	480	36	243	(565)	1	1,942	0	1,942
Allied Health Professionals	(1,578)	205	953	12	666	(17)	(205)	(46)	40	0	2	0	32	0	32
Health Science Services	(127)	(0)	770	(15)	11	(2)	(1)	(342)	(28)	0	4	0	269	0	269
Management	(95)	10	(2)	7	0	(13)	6	227	(4)	280	(11)	0	405	0	405
Support Services	18	0	62	21	3	(39)	153	(58)	(3,389)	78	0	0	(3,151)	0	(3,151)
Medical & Dental Support	(686)	74	20	0	0	518	5	109	0	0	0	0	42	0	42
Other Therapeutic	49	246	700	13	119	9	641	269	(9)	0	59	0	2,094	0	2,094
Personal & Social Care	27	40	51	0	0	24	15	250	0	0	0	0	407	0	407
Other Pay	(38)	0	24	7	0	25	8	96	138	78	346	0	683	0	683
Emergency Services	0	0	0	0	0	0	0	0	(22)	0	0	0	(22)	0	(22)
Vacancy Factor	(15)	0	(491)	0	0	55	0	0	0	0	0	0	(451)	0	(451)
Pay	(8,914)	2,756	6,932	551	3,095	728	(454)	600	(3,332)	(59)	(341)	1	1,563	0	1,563
Drugs	(6,922)	(312)	(724)	(225)	(52)	(236)	(367)	465	(1)	(281)	0	0	(8,654)	0	(8,654)
Medical Supplies	(7,193)	(342)	(1,249)	(123)	(459)	(310)	(38)	(171)	(445)	(0)	0	0	(10,328)	0	(10,328)
Maintenance Costs	(687)	(100)	(116)	(85)	(153)	(16)	(148)	(50)	(1,742)	(1)	(0)	0	(3,099)	0	(3,099)
Property Costs	(4)	81	(25)	164	(13)	11	15	(19)	(1,451)	0	0	0	(1,239)	0	(1,239)
Equipment Costs	(3,127)	(323)	(575)	(143)	(306)	38	(219)	(672)	(1,083)	(1)	(1)	0	(6,411)	0	(6,411)
Transport Costs	(830)	(240)	(117)	(102)	(63)	(17)	(31)	(53)	(365)	13	(2)	(33)	(1,837)	0	(1,837)
Administration Costs	(2,907)	48	299	207	239	229	(135)	(4,596)	(720)	(3,832)	(42)	19	(11,192)	0	(11,192)
Ancillary Costs	(457)	(26)	8	(3)	3	(12)	(62)	(1,277)	(2,156)	0	(0)	0	(3,983)	0	(3,983)
Other	(63)	2	(4)	0	(1)	(4)	0	126	(1)	0	0	0	56	0	56
Service Agreement Patient Serv	(131)	(11)	45	(21)	(138)	(35)	1,316	3	(19)	0	(3)	(418)	589	0	589
Savings Target Non-pay	(0)	0	0	0	0	0	0	75	0	(0)	0	0	75	0	75
Resource Trf + L/a Payments	(55)	(199)	(151)	(43)	(7)	0	(22)	(37)	(70)	0	0	0	(584)	0	(584)
Non-pay	(22,376)	(1,422)	(2,609)	(371)	(949)	(353)	311	(6,205)	(8,051)	(4,102)	(48)	(431)	(46,608)	0	(46,608)
Gms2 Expenditure	(21)	(299)	(541)	(267)	26	3	(11)	(25)	(9)	0	0	0	(1,144)	0	(1,144)
Ncl Expenditure	(4)	0	0	0	0	(54)	0	(2)	0	0	0	0	(60)	0	(60)
Other Primary Care Expenditure	3	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Pharmaceuticals	0	(1,294)	(3,987)	(1,062)	(2,184)	312	0	(0)	0	0	0	0	(8,215)	4,289	(3,926)
Primary Care	(23)	(1,593)	(4,527)	(1,329)	(2,158)	260	(11)	(27)	(9)	0	0	0	(9,416)	4,289	(5,127)
Other	(0)	0	(13)	0	13	0	(0)	0	(118)	0	0	138	20	0	20
Income	2,813	29	59	16	89	(26)	3	948	841	2,393	389	11,222	18,774	0	18,774
Extraordinary Items	0	0	0	0	0	0	0	0	0	(76)	0	0	(76)	0	(76)
CORE POSITION	(28,499)	(230)	(158)	(1,134)	89	610	(151)	(4,684)	(10,670)	(1,844)	(1)	10,929	(35,742)	4,289	(31,453)
Reserves/ Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	16,034	16,034
TOTAL	(28,499)	(230)	(158)	(1,134)	89	610	(151)	(4,684)	(10,670)	(1,844)	(1)	10,929	(35,742)	20,324	(15,419)

Meeting Name: Board Meeting date: 07 February 2024

Title: NHS Lothian Board Performance Paper					
Purpose of the Report:					
DISCUSSION	X	DECISION		AWARENESS	X
<p>The Board is being asked to consider the performance report, so they are aware of the operational performance challenges as NHS Lothian progresses throughout 2023/24.</p> <p>There are several related corporate risks with corresponding action plans for the issues noted in this paper, with assurance and reporting structures in place for these across the Boards existing Sub-Committees.</p> <p>If further deeper dives are requested by the Board, it is requested that these are addressed in separate reports to maintain the structure of the core performance report.</p>					
Recommendations:					
<p>This report is being provided to facilitate Board Member oversight across agreed metrics and an executive summary has also been included. To note:</p> <ul style="list-style-type: none"> • Local trajectories are being met for the following KPI's: <ul style="list-style-type: none"> ➤ 31 Day Cancer Performance • National standards are being met for the follow KPI's: <ul style="list-style-type: none"> ➤ IVF Waiting Times Performance ➤ Early Access to Antenatal Services • The following KPIs <u>are not meeting</u> the national standard agreed at the latest reporting point: <ul style="list-style-type: none"> ➤ 12 Weeks 1st Outpatient Appointment ➤ Treatment Time Guarantee ➤ 18 Weeks Referral to Treatment ➤ 62 Day Cancer Performance ➤ Accident and Emergency Waiting Times ➤ CAMHS Waiting Times ➤ Cancer Waiting Times ➤ Smoking Cessation ➤ Psychological Therapies Waiting Times 					
Author: Wendy Reid			Director: Jim Crombie		
Date: 25/01/2024			Date: 26.01.2024		

NHS Lothian

Board Meeting
07 February 2024

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

- 3.1 **Workforce:** The next workforce report will be available from Staff Governance Committee in March 2024, the most recent is available from December 2023.
- 3.2 **Primary Care:** General Practice activity across Lothian shows that activity across Lothian remains stable, however there remains a significant challenge across primary care to meet patient demand with existing capacity, especially with increasing population pressures. The festive period is the busiest time of year for LUCS, with recent festive demand exceeding that seen pre-pandemic.

- 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. Delayed discharges remain above the local target of 173, with an average of 217 delays in the month of December. Despite delayed discharges being below the two-year average, management data in January shows fluctuation in the position, with highs of 163 delayed discharges at the RIE site on 12 January as a recent example. More detail on the improvement work with Edinburgh HSCP on reducing delays was shared at the January 2024 Healthcare Governance Committee. NHS Lothian in November 2023 accounted for approximately 11.4% 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.
- 3.4 In December, the average 4-hour % performance across Lothian was 59%, with performance at the Royal Infirmary of Edinburgh (RIE) remaining challenging at approximately 44%. The RIE continues to progress the 'RIE ED Improvement Programme Phase 2' with ongoing support from the external reviewers, with further details on the progress against recommendations included in the appendix. The SJH Front door teams continue to focus efforts on admission prevention, aligning with the Home First approach across West Lothian. Their Emergency Department admission rate remains under 20%, below the Scottish average and one of the lowest admission rates in the country. The strategy of admission prevention is positively reinforced by a 7-day readmission rate of 4.7% comparing with 4.9% nationally – evidencing appropriate redirection. Similarly, at the WGH a number of local improvements have been embedded with plans to expand those which have demonstrated a positive impact. These are detailed in appendix 1.
- 3.5 **Scheduled Care:** A significant programme of work is now underway to model the impact of stepping down all Capital Projects following the Scottish Government budget announcement in December 2023. Board members should recognise the loss of this future infrastructure will substantively and negatively impact on our ability to deliver compliant access to scheduled care for our population in coming years.

All additional scheduled care funding has been allocated to address long waits, and all available capacity at NHS Fife NTC, Golden Jubilee and external providers are being fully utilised within the resource available.

Most of our outpatient services continue to exceed planned activity levels, providing more people with access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits which accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in previous Board papers.

The latest Scottish Government target to have no outpatients waiting over 52 weeks by March 2023 remains unmet. There were 6,805 patients waiting over 52 weeks in December and this has increased each month since March 2023, with the highest numbers of patients waiting in Ophthalmology and Dermatology. Funding has been allocated for additional activity in both of these specialties. In December 2023, NHS Lothian had an 8.2% proportion of outpatients waiting over 52 weeks: slightly above the Scotland average of 8.0%.

¹ All delays at Census point - [Delayed discharges in NHSScotland monthly - Figures for November 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland](#)

The target to have no TTG patients waiting over 104 weeks by September 2022 remains unmet, with 745 patients waiting in December, although there continues to be an improving trend. In December 2023, NHS Lothian had a waiting list proportion of 3.1% of inpatients and day cases waiting over 104 weeks, lower than the Scotland average of 4.7%. The ring fencing of Orthopaedic capacity at the Royal Infirmary continues and plans are on track to have Theatre 24 fully open delivering ten sessions per week by the end of January 2024. Further improvement work has been included in the appendix.

- 3.5.1 NHS Lothian performance exceeded Scotland's 62-day performance by over 11%, with 80.2% in November 2023 vs 69% across Scotland. However, NHS Lothian 62-day cancer performance remained below the local trajectory of 82.9% and the 95% national standard. 31-day cancer performance met the 95% standard and exceeded the 90.9% local trajectory agreed, with 95.1% performance in November 2023. There is significant assurance provided to meet the local trajectories during this financial year in our improvement actions as noted in appendix 1 of this report for 31-day performance, however limited assurance remains for the delivery of 62-day performance.
- 3.6 **Public Health:** Smoking cessation numbers for Q1 2023-24 showed a slight increase on numbers for Q1 2022-23 but is still under 50% of quarterly target. However, there is a marked difference in performance between pharmacy and non-pharmacy elements of the service with improvement actions summarised in the appendix.
- 3.7 **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. The overall performance for the LDP standard is at 80.7% 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. Improvement continues in the longest waiting cohort of patients (52+ weeks) which has reduced by ~30% from September 2023 (110) to December 2023 (77).

Across all CAMHS Lothian, the overall performance for the LDP standard was at 77% in December 2023; this is an increase from 64.4% in the previous submission (end Sept 2023). In CAMHS, the number of patients who have been waiting more than 52 weeks for treatment is currently seventy-nine at the end of December 2023, an increase from 19 in the previous submission (Sept 2023); due to the patients that have been re-instated to the waiting list following the incorrect removals when using a private provider.

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.

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Head of Performance & Business Unit
25/01/2024
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List of Appendices

Appendix 1: Performance Metrics Appendix



NHS LOTHIAN BOARD PERFORMANCE

February 2024

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	42.6%	95%	Not Met	Limited	Dec-23
Treatment Time Guarantee <i>(Local Delivery Plan (LDP) Standard)</i>	4	5185 – Access to Treatment	57.5%	100%	Not Met	Limited	Dec-23
18 Weeks Referral to Treatment <i>(Local Delivery Plan (LDP) Standard)</i>	5	5185 – Access to Treatment	70.3%	90%	Not Met	Limited	Dec-23
31 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	6	5185 – Access to Treatment	92.1%	95%	Not Met / Met Local Trajectory	Limited – National Significant - Local	Nov-23
62 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	7	5185 – Access to Treatment	71.2%	95%	Not Met/ Not Met Local Trajectory	Limited – National Limited - Local	Nov-23
Accident and Emergency 4 Hour Performance <i>(Local Delivery Plan (LDP) Standard)</i>	8	5186 – 4 Hours Emergency Access Target	59%	95%	Not Met/Not Met Local Trajectory	Limited	Dec-23
Delayed Discharges <i>(Internal Target)</i>	9	3726 – Hospital Bed Occupancy	217	173	Not Met	Moderate	Dec-23
IVF Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	10	N/A	100%	90%	Met	Significant	Dec-23
Early Access to Antenatal Services <i>(Local Delivery Plan (LDP) Standard)</i>	11	N/A	93%	80%	Met	Significant	Dec-23
Psychological Therapies Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	12	N/A	80.7%	90%	Not Met	Moderate	Dec-23
CAMHS Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	13	N/A	77%	90%	Not Met	Moderate	Dec-23
Smoking Cessation Performance <i>(Local Delivery Plan (LDP) Standard)</i>	14	N/A	48%	(100%) 295 per quarter	N/A	Moderate	Jun-23
General Practice Activity Measures <i>(Internal Target)</i>	15-16	3829 - Sustainability of Model of General Practice	-	N/A	N/A	N/A	Jan-24

12 WEEKS FIRST OUTPATIENT APPOINTMENT

Reporting Month:	December 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.

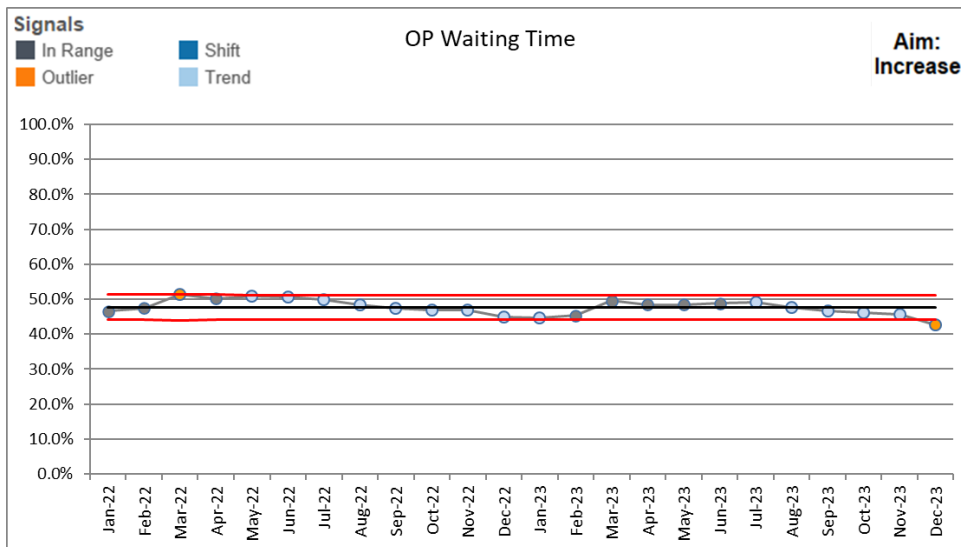
Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (Dec 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).	42.6%	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 having no patients waiting over 52 weeks by March 2023 remains unmet. In December 2023 there were 6805 patients waiting over 52 weeks with the biggest challenges remaining in Ophthalmology and Dermatology.
- Compared to 2022, there has been an increase of 17.2% (4,006 patients) in urgent suspicion of cancer demand across all new outpatient referrals in 2023. This has resulted in conversion of routine capacity which could have been available for long waits.
- USOC & urgent activity delivered in the last three months of 2023 was 6.2% (1,420 patients) higher than the same quarter in 2022.
- At end December, NHS Lothian had 8.2% of outpatients waiting over 52 weeks, slightly above the Scotland average of 8.0%.

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

- All additional Scheduled Care funding has been allocated. This includes a further 490 cataract See & Treat patients and 1500 Dermatology outpatients to be seen between January and March 2024.
- Waiting list validation continues with a further 521 patients removed as they no longer need to be sent an appointment. A digital system has been funded and should be live in March 24.
- Patient focused booking and text reminders have supported a reduction in new outpatient DNAs from 8.7% in December 2022 to 6.8% in December 2023.



TREATMENT TIME GUARANTEE (TTG)

Reporting Month:	December 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.

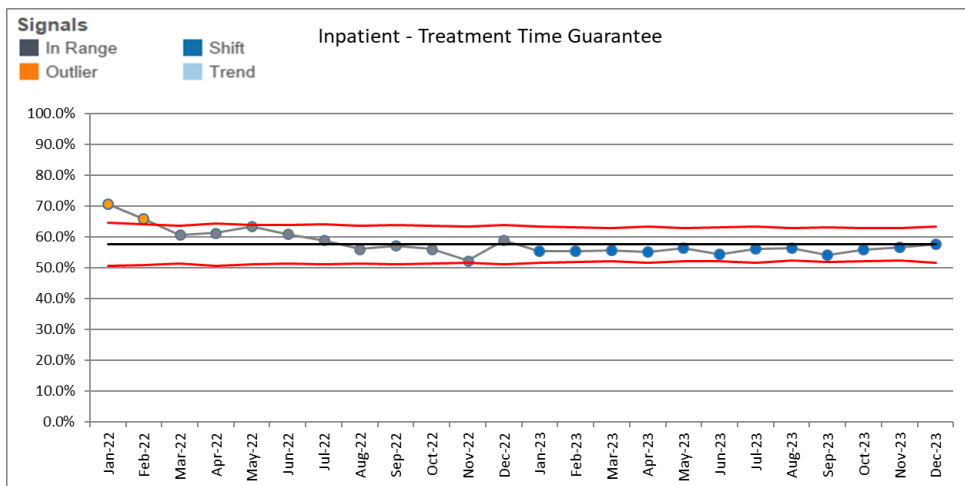
Background, what the data is telling us, underlying issues and risks:

- For inpatients, there is an ongoing focus on cancer, urgent and long waiting patients.
- Services continue to increase activity, with 21.9% (increase of 1,959) more inpatient activity delivered in the last three months of 2023 compared to the same quarter in 2022.
- The target to have no patients waiting over 104 weeks by September 2022 is not being met, with 745 in December, although there continues to be an improving trend.
- At the end December 2023, NHS Lothian had 3.1% of inpatients and day cases waiting over 104 weeks, whilst the Scotland average was 4.7%.

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (Dec 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).	57.5%	Internal Management	Limited

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

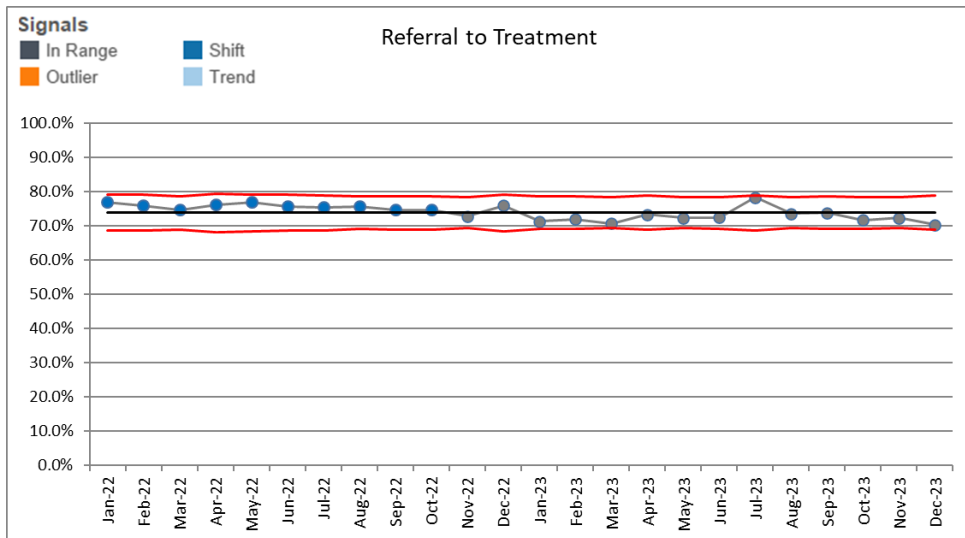
- All additional Scheduled Care funding has been allocated to address long waits, this includes funding for both additional activity such as 330 Urology inpatients but also support functions such as the expansion of the Infix theatre scheduling tool.
- The ring fencing of Orthopaedic capacity at the Royal Infirmary continues and plans are on track to have Theatre 24 fully open delivery 10 sessions per week by the end of January 2024.
- All available capacity at Fife NTC, Golden Jubilee and external providers is being fully utilised with a further 420 Orthopaedics patients planned prior to March 24.
- Two consultants have now carried out bilateral cataract lists in Ophthalmology with discussions ongoing to extend these lists to other Consultants.



18 WEEKS REFERRAL TO TREATMENT (RTT)

Reporting Month:	December 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.	70.3%	Internal Management	Limited



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

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

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

- Radiology continue to focus on long waiting patients over 26 weeks. As at 18 January 2024 there were:
 - CT – <10 cases over 26 weeks (improved position)
 - MRI – <10 cases over 26 weeks (maintaining position)
 - General US – <15 cases over 26 weeks (improved position)
- An increase in referrals is being demonstrated across all modalities.
- Current trends indicate 2023/24 activity to be in excess of 2022/23 activity levels.

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

- Direction of longest waiting CT Cardiograms to GJNH as necessary, although less reliance on this recently and more ability to manage in house.
- Continued but reduced use of Locum Sonographer to maintain stability in ultrasound OP waiting list.
- Continued but reduced external NHS and commercial MR support.
- SCRБ approval granted for expansion of MR rotas over 7 days to increase scanning capacity – planning in progress to commence from April 2024.

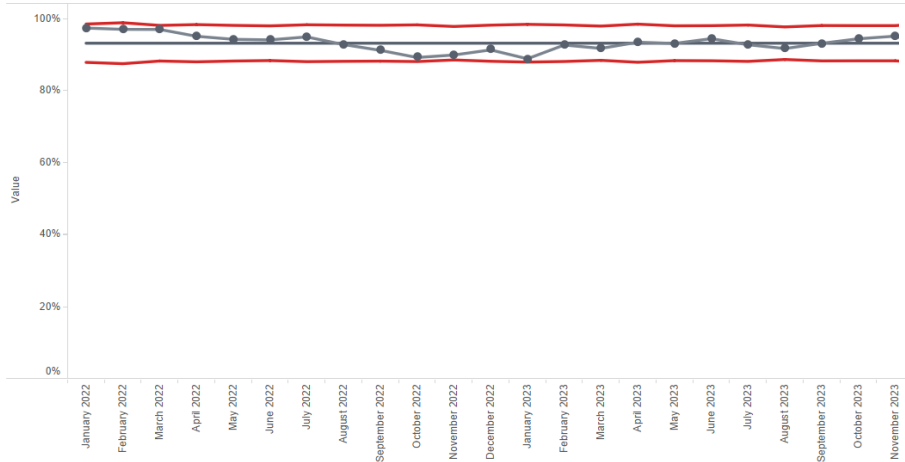
CANCER WAITING TIME PERFORMANCE – 31 DAY

Reporting Month:	November 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 (Nov 2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	95.1%	Internal Management	Limited
Met	90.5% Local Trajectory	95.1%	Internal Management	Significant

Signals 31 ■ In Range

Cancer 31 Day
Target: 95% - Aim: Increase



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

- NHS Lothian performance of 95.1% in November 2023, which met the 95% standard and is above the local trajectory of 90.5%.
- This exceeded the Scotland November 2023 performance which was 93.8%.

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 SCRB to increase capacity by expanding core workforce. New Urology Consultant in post as of December 2023.
- Ongoing review of Theatre utilisation and capacity, which is impacting Urology, Breast and Colorectal patient waits.
- 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 Q2 2024.

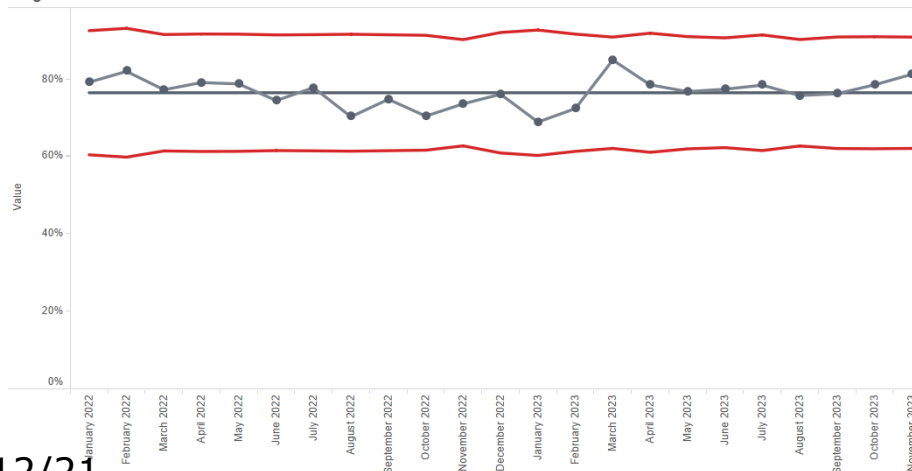
CANCER WAITING TIME PERFORMANCE – 62 DAY

Reporting Month:	November 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 (Nov 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not met	95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	80.6%	Internal Management	Limited
Not met	82.7% Local Trajectory	80.6%	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 80.6% in November 2023 which remains below the local trajectory of 82.7% and below the 95% standard.
- This exceeded the Scotland November 2023 performance which was 69%.
- 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 and Upper GI diagnostic times. Average waits for Endoscopic procedures improved significantly in January 2024 which will positively impact patients going forward.
- 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:

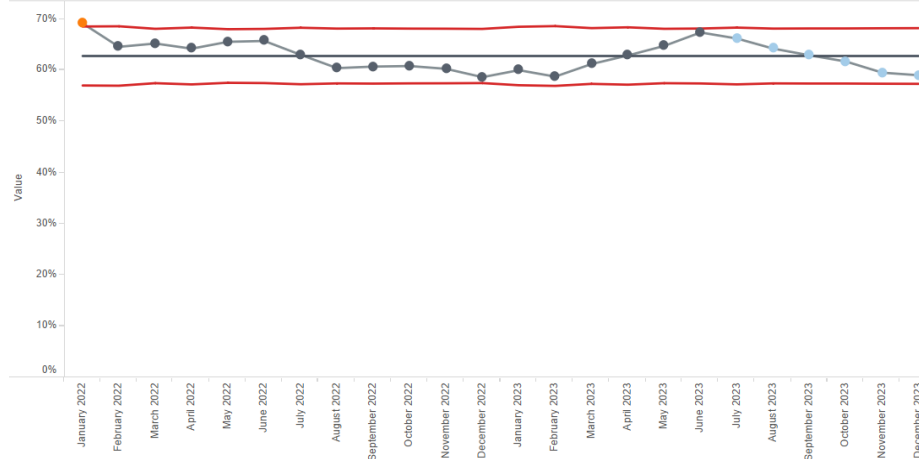
- Ongoing recruitment and capacity strategy in Endoscopy.
- Funding agreed in August to support Urology to reduce surgical backlog. Additional funding allocated at SCRБ to increase capacity by expanding core workforce. New Urology Consultant in post as of December 2023.
- Ongoing review of Theatre utilisation and capacity, which is impacting Urology, Breast and Colorectal patient waits.
- Implementation of the Framework for Effective Cancer Management (FECМ) is ongoing and managed by the Cancer Recovery Board. Individual actions within FECМ 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 H2 2024.

A&E 4 HOUR PERFORMANCE

Reporting Month:	December 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 (Dec 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%.	59%	Internal Management	Limited	
Not met	70%+ (local trajectory) - RIE	44.1%	Internal Management	Limited	

Signals ■ In Range ■ Outlier ■ Trend

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



RIE

- An external review team was commissioned to support the RIE Emergency Access Standard Programme Board (EAS PB). The team made 29 recommendations which were accepted in full by RIE and NHS Lothian.
- The workstreams that constitute the improvement project have evolved over time and the current workstreams are; Discharge, Safe and effective patient flow, Emergency Department Pathways

To date the following progress has been made against recommendations including:

- Operational management of Flowthian
- Discharge Lounge processes and utilisation
- Delivery of remaining actions from HIS visit
- Site and Capacity roles and responsibilities
- Reprovision of Interface Service away from ED
- Opening of additional capacity via expansion of Vanguard Unit

Data Interpretation:

- Over the last 6 weeks, 4-hour performance has seen a variance of -5.73%
- While the admitted performance has mostly stayed stable, non-admitted has gone down by 8.62%
- Overall presentations have gone down by ~100
- While ED time to triage has improved over the last 6 weeks, time to first assessment has gone up
- 8- and 12- hour breaches have mostly stayed unchanged
- The average front door LoS has seen an increase while admission from front door and admission conversion rate has improved over the last six weeks

SJH

- Front door teams continue to focus efforts on admission prevention, aligning with the Home First approach across West Lothian.
- ED admission rate remains under 20%, below the Scottish average and one of the lowest ED admission rates in the country.
- The strategy of admission prevention is positively reinforced by a 7-day readmission rate of 4.7% comparing with 4.9% nationally – evidencing appropriate redirection.

WGH

- RACU (formerly SDEC) continues including expansion of pathways for whole system support including the SAS Chest Pain Direct Pathway.
- In addition, implementation of Rapid Assessment and Triage or Re-Direction (RAToR) has improved triage time and streamlined patient pathways by rapidly identifying appropriate patients for RACU or elsewhere (GP/Community Pharmacy) and reducing overcrowding. Evaluation of these changes are underway.
- Flowthian at the WGH has also undertaken a 6-week test of change with early moves to General Medicine and Medicine of the Elderly. This has been robustly evaluated and is working well, with a plan to continue the current arrangement in place to allow for assessment on whether this could be expanded across the site.

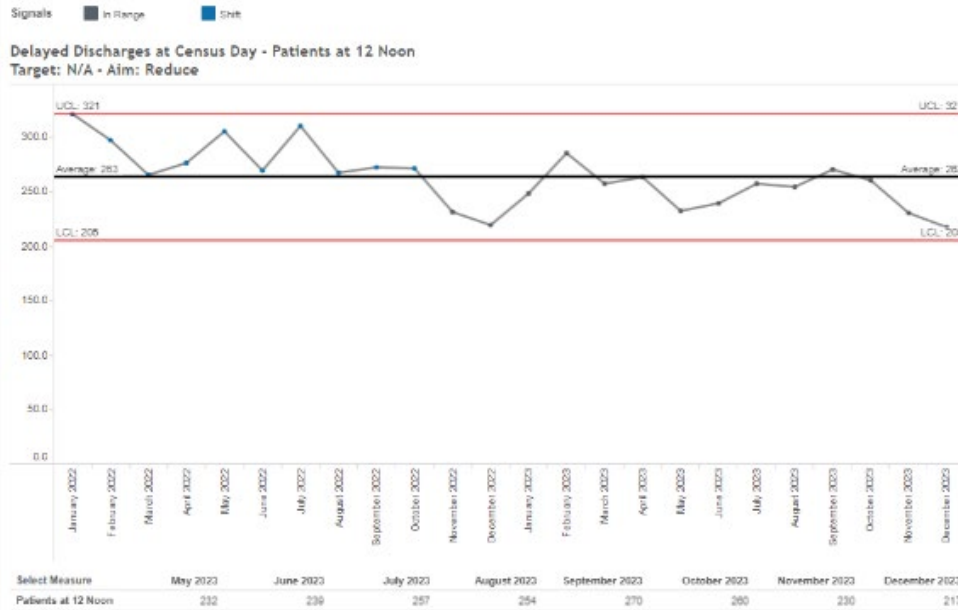
DELAYED DISCHARGES

Reporting Month:	December 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 (Dec 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	173 by March 2024	217	Internal Management	Moderate

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.
- During 2023 reductions in the number of delayed discharges for both RIE and WGH have been noted. There has been an increase however at SJH. It should however be noted that more recent internal management data from early January shows significant deterioration; for example on 12 January the RIE had 163 delayed discharges on the site.
- 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 after some reduction at the beginning of 2023 ended the year high.



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 continuing their efforts to improve discharge processes across the system which is being progressed through the Discharge without Delay Lothian Group (March 2024).
- In line with the agreed Lothian Discharge Principles, collaborative work continues at the RIE with Health and Social Care teams working on identifying patients suitable for an early supported discharge that focuses on expediting the discharge of medically fit patients within the first 72hrs of patient attendance (March 2024).

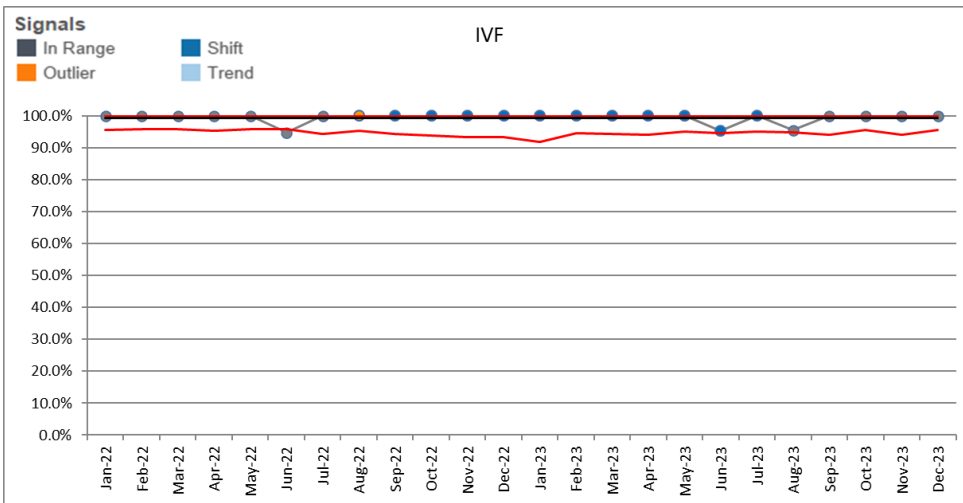
IVF WAITING TIMES PERFORMANCE

Reporting Month:	Dec 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 95.3% being achieved in June 2023.
- Whilst there are no currently identified risks to this service, regular reviews of the waiting list continue to take place to ensure compliance.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Dec2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	100.0%	Tableau	Significant



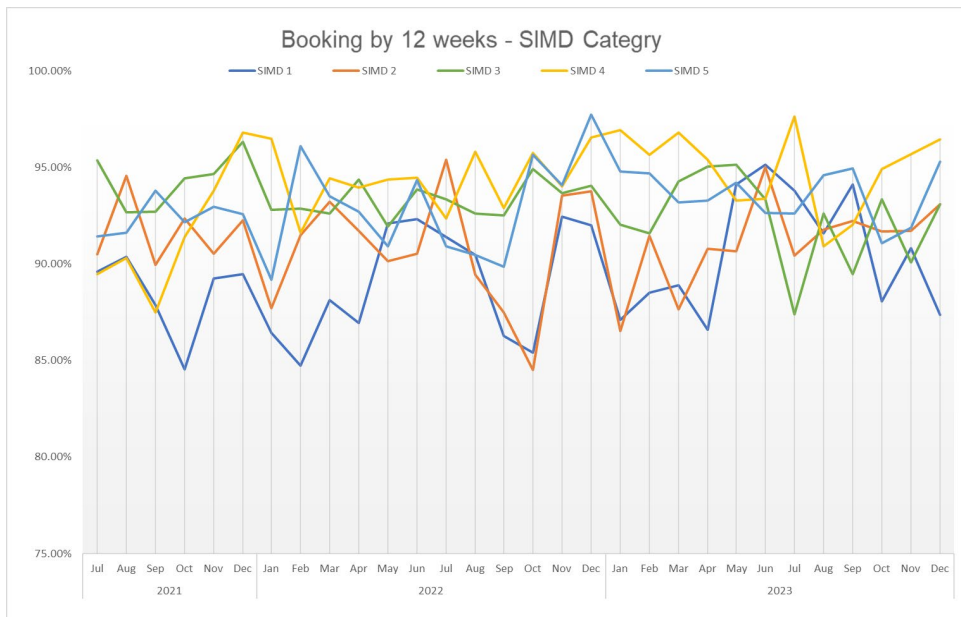
EARLY ACCESS TO ANTENATAL SERVICES

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

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

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Dec2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.	93.6%	Trak	Significant



PSYCHOLOGICAL THERAPIES

Reporting Month:	December 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

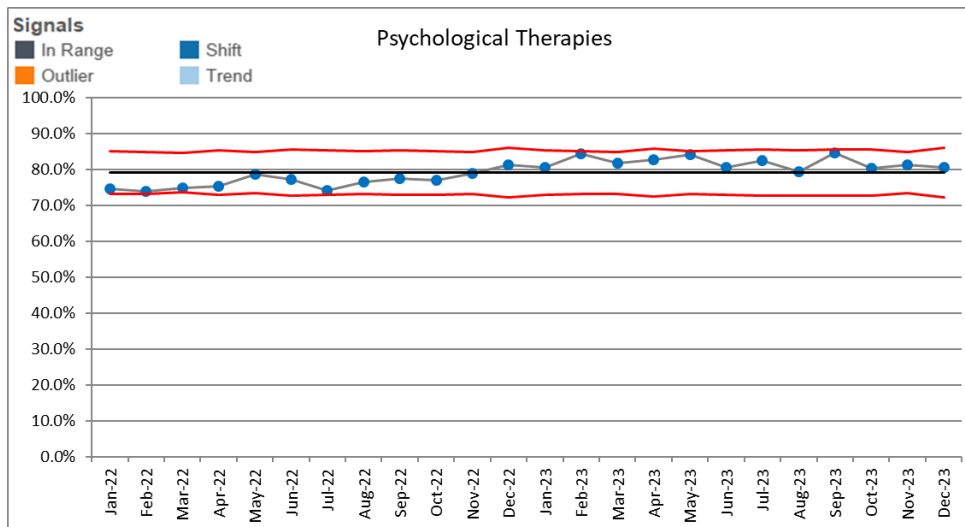
Background, what the data is telling us, underlying issues and risks:

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 80.7% 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 continued to decrease from the previous submission of 3,810 (end of Sept 2023) to 3,655 (end of December 2023). Of the 3,655 waiting; 2,750 are waiting <18 weeks (75%) and 905 (25%) are waiting >18 weeks. The number of patients waiting >52 weeks has continued to decrease from 110 (end Sept 2023) to 77 (end of Dec 2023).

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Dec 2023)	Data Source	Assurance Level – Delivery by July 2025
Not Met	90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	80.7%	Internal Management	Moderate

Staffing levels have increased during September and October as recruited posts are filled and there are a number of staff at the onboarding stage and who will begin post in January 2024. At the end of December 2023, the WTE vacancies was 19.0 WTE across the AMH service teams; which is a decrease from 34.4 WTE at the end of October 2023. 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.

In December 2023, the actual demand on AMH services was lower than the prediction and the number of new patient bookings was higher than what was predicted.



CAMHS

Reporting Month:	December 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 (Dec- 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.	77%	Internal Management	Moderate

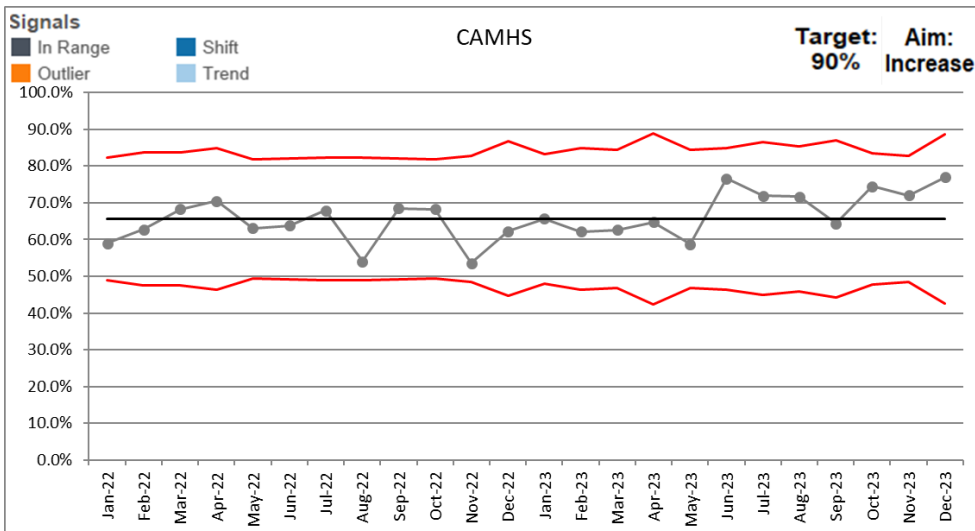
Background, what the data is telling us, underlying issues and risks:

Across all CAMHS Lothian, the overall performance for the LDP standard is at 77% (end Dec position); this is an increase from 64.4% in the previous submission (end Sept 2023). The treatment waiting list has increased from 1,663 (end Sept 2023) to 2,084 (end Dec 2023), since the previous submission. This is an increase of 25%. Of the 2,084 patients on the waiting list, 1,529 (73%) have waited <18 weeks, and 555 (27%) were waiting >18 weeks. In March 2021 the number of patients who waited more than 18 weeks was 2,161; a reduction of 73%.

The number of patients who have been waiting more than 52 weeks for treatment is currently 79 at the end of December 2023, and increase from 19 in the previous submission (Sept 2023); due to the patients that have been re-instated to the waiting list following the incorrect removals when using a private provider.

August and September 2023 were particularly challenging months, with a number of staff leaving CAMHS, however, this has slowed down over October and November 2023. Feedback from staff has found that the implementation of CAPA model is challenging, including the job planning and managing performance. Recruitment and retention continue to be a priority for CAMHS and there have been a number of successful posts recruited for which have either already commenced in post or are due to begin in the next few months.

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:	April- June 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 Q1 2023-24 showed a slight increase on numbers for Q1 2022-23 but still under 50% of quarterly target. However, there is a marked difference in performance between pharmacy and non-pharmacy elements of the service.

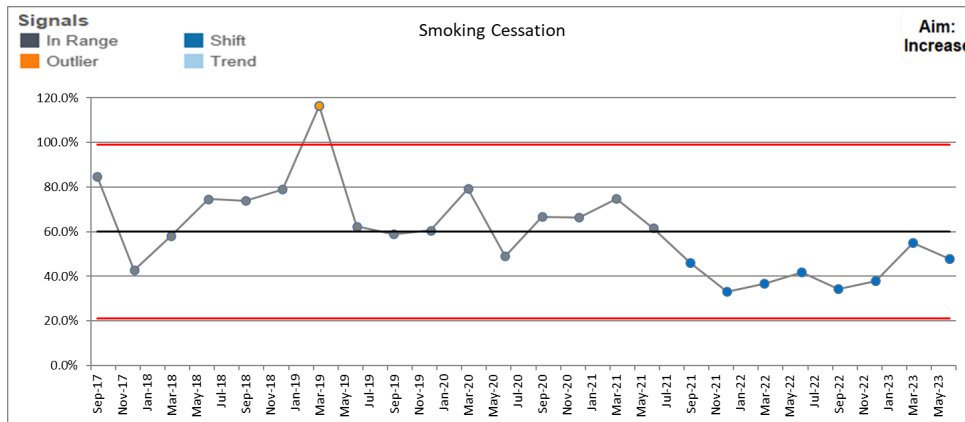
The non-pharmacy QYW service achieved 70% of its quarterly target. Only three other mainland NHS Boards performed better for this aspect of the service during Q1.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (2023/24)	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).	48% of target quit attempts 141 Quit Attempts	PHS	Moderate

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

- 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 to improve administrative functions and support for smoking cessation – actions in place by end March 2024.
- Referral to Quit Your Way from community settings via SCI-Gateway is now operational.

Q3 2017 to Q1 2023-24 NHS Lothian Performance %



PRIMARY CARE

Reporting Month:	January 2024	Oversight Mechanism:	Primary Care Joint Management Group		
Responsible Director(s):	Jenny Long	Relevant Papers:	Healthcare Governance Committee May 2023 'Sustainability of Model of General Practice – Risk Mitigation Plan'		
Corporate Risk Grading:	High	Corporate Risk(s):	Risk 3829 - Sustainability of the model of general practice		
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance ()	Data Source	Assurance Level – Delivery by 2023/24	
N/A	Estimated General Practice (in hours) activity	N/A	DataLoch	N/A	
N/A	General Practice Out-of-Hours (LUCS) activity	N/A	Adastra	N/A	

Note: Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 32 GP practices. Please note this sample represents only approx. 29% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level of activity.

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

- Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) direct patient activity across Lothian based upon a sample of 32 practices where data reporting is robust. This data is now available in a weekly format and shows that for w/c 8 January there were an estimated 115,206 patient consultations across the 116 General Practices in Lothian, the equivalent of 23,000 consultations a day. This week is one of the busiest weeks of the year following the festive public holidays and the chart clearly shows the seasonal fluctuations and impact of public holidays.
- 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 and show the inverse of in-hours General Practice activity. For w/c 25 December LUCS managed 4,142 patient consultations compared with an average weekly number of patient consultations of 2,525. The festive period is the busiest time of year for LUCS, with recent festive demand exceeding that seen pre-pandemic.

PRIMARY CARE (2)

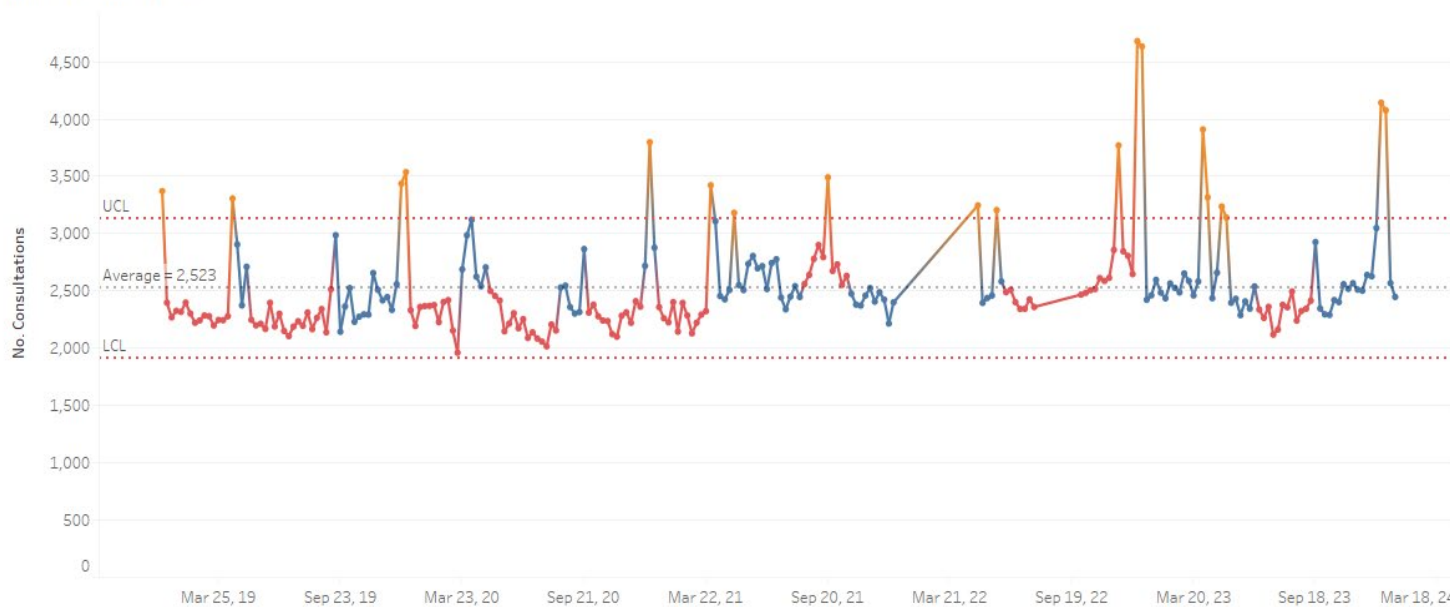
ESTIMATE Weekly number of direct general practice encounters in Lothian

A



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.

**ROYAL INFIRMARY EDINBURGH
EMERGENCY ACCESS STANDARD PROGRAMME BOARD UPDATE**

1 Purpose of the Report

- 1.1 The purpose of this report is to update The Board on the progress of the Royal Infirmary of Edinburgh (RIE) Emergency Access Standard Programme Board (EASPB).
- 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 Note progress to date implementing recommendations recently provided to the Board from the appointed External Review team.
 - 2.1.1 Accept that the recommendation made by the External Review team, relating to the provision of 24/7 consultant cover in RIE's Emergency Department (ED), is not currently deliverable. This recommendation is not supported by the ED Consultant team, under both the current definition of how that might be achieved and current national Terms and Conditions.

3 Discussion of Key Issues

- 3.1 The RIE EASPB was originally constituted in February 2023 and refreshed in August 2023. The purpose of the project board is to drive improvement in the RIE's 4-hour emergency access performance, sustainably achieving 70% against the Emergency Access Standard (EAS), as well as to significantly reduce the number of 4-, 8- and 12-hour breaches occurring in RIE's ED.

Workstreams

- 3.2 The Project Board has constituted Workstreams which meet weekly and discuss, prepare, and implement changes to practice with a view to contributing to the aims of the Project Board.
- 3.3 These Workstreams have changed over time. For example, a previous Workstream focussing specifically on delivery of an expanded Vanguard unit was stood down on completion of this task.

- 3.4 The Workstreams as constituted on 12 January 2024 are:
- Discharge
 - Safe and Effective Patient Flow
 - Emergency Department
 - Pathways
- 3.5 Each Workstream has a multi-disciplinary membership, a nominated Chair and nominated General Manager sponsor.

Key Performance Indicators (KPIs)

- 3.6 KPIs monitored via the EAS PB include those listed below.
- Performance against EAS (%)
 - Patients waiting over 4hrs
 - Patients waiting over 8rs
 - Patients waiting over 12hrs
- 3.7 The full suite of KPIs is detailed in Appendix 2.

Performance Summary

- 3.8 While the RIE have not seen the improvements we would hope, in actual performance against EAS, it is important to highlight the pressures experienced nationally at this time of the year.
- 3.9 The 4-hour EAS performance remains low at a ~59% average across all NHS Lothian emergency departments in December 2023, however the challenges in meeting the standard are not unique to NHS Lothian. For week ending 7th January 2024, the proportion of ED attendance across Scotland meeting the standard was 59.4%, with NHS Lothian performance 9th out of 14 Health Boards in Scotland with 61.1%.

External Review

- 3.10 An External Review Team was commissioned to support the RIE EAS PB. This team consists of colleagues from North of England Care System Support (NECS) and NHS England and includes managerial, clinical, and administrative colleagues.
- 3.11 The review team made 29 recommendations which were accepted in full by NHS Lothian. The review team remain engaged with EAS PB to support the implementation of these recommendations.
- 3.12 A document detailing progress of those recommendations and any outstanding actions carried over from the previous workplan is attached as Appendix 1.
- 3.12.1 Included within appendix 1 (no. 19) is the recommendation made by the External Review team, relating to the provision of 24/7 consultant cover in RIE's ED. This is not currently deliverable as it is not supported by the ED Consultant team, under both the current definition of how that might be achieved and current national Terms and Conditions.
- 3.12.2 Understanding the implications of this will be taken forward by the EAS PB.

4 Progress to date

- 4.1 Significant progress has been made since the onset of the PB, with some key achievements described below:
- Introduction and operational management of 'Flowthian'
 - Discharge Lounge processes and utilisation
 - Delivery of actions from Healthcare Improvement Scotland (HIS), Safe Delivery of Care Inspection at The Royal Infirmary of Edinburgh, as per latest report shared at January HCG
 - Enhanced Site and Capacity roles and responsibilities
 - Opening of additional capacity via expansion of Vanguard Unit

5 Current Priorities

- 5.1 Key priority actions for the EAS PB as set out by the External review team include:
- Development of RIE Clinical Leadership Forum
 - EAS Performance reporting arrangements
 - Revision of RIE Escalation Framework (and feeding into wider revision of NHSL Escalation Framework)
 - Relocation of the General Practice (GP) Interface service from POD D in the ED to Out-patient Department 5 (OPD5)
 - Review of ED Operational Delivery Model to maximise the opportunity to reduce demand at ED front door.
- 5.2 A second set of priority actions has also been identified:
- Review the function, purpose, and operating model of AMU.
 - Review of internal emergency care pathways
 - Ownership of patients in the ED with a decision to admit.

Progress against all priority actions can be seen in Appendix 1

6 Key Risks

Key risks attached to the recommendations in this paper.

- 6.1 There is a risk of delay to progress against EAS PB actions.
- 6.2 EAS PB holds its own risk register and risks are escalated to the RIE Risk Register as required for support or further escalation to Acute and CMT level.
- 6.3 Performance monitoring, core prevent and detection controls, including but not limited to the actions under the RIE EAS Improvement board workstream, are in place as controls to tackle the key risk mentioned above.
- 6.4 The current risk grade on the RIE Risk Register, considering all the controls that are in place is 25, which mirrors the risk grade in the corporate risk register for delivery of the Emergency Access Standard.

7 Risk Register

- 7.1 This paper updates on EAS PB progress to improve the RIE's 4-hour emergency access performance which forms part of NHS Lothian's overall measures to manage corporate risk [ID 5186] 4 Hours Emergency Access Standard: 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. [Current risk grade 25, Very High, December 2023.]

8 Impact on Inequality, Including Health Inequalities

- 8.1 An impact assessment has not been carried out.

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

- 9.1 This paper is not proposing strategies, policies or service change and requirement to comply with this duty to be confirmed.

10 Resource Implications

- 10.1 The resource implications are picked up via appropriate governance structures with financial responsibilities.

Aris Tyrothoulakis

Site Director

26/01/2024

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List of Appendices

Appendix 1: EAS PB Progress Update

Appendix 2: EAS PB Performance Report

	External Review Recommendation	Recommendation Owner/Workstream	Current Progress	Impact to date/Intended Impact where action not complete	Expected completion date
1	Embed a clinical leadership forum to facilitate decision making. Enabling concerns to be raised in an open forum and the opportunity for medics to shape the operational policies. The senior leadership team must challenge and ensure that professional standards are maintained when teams are interacting	Performance and Governance	Partially complete – schedule of meetings to be agreed with first meeting 12 March 24 Extraordinary meeting to be set up for February	Where appropriate a forward programme should be agreed.	February 29, 2024
2	Revise the EAS performance report to track and monitor the impact of any improvements	Performance and Governance	Complete	EASPB Performance Report remains an iterative document that is revised frequently based on stakeholder feedback. Most recent revisions made w/c 22/01/24.	N/A
3	Review and revise the organisations escalation framework with clearly defined role and responsibility at each level of escalation.	Safe and Effective Patient Flow	Partially complete – the framework is not embedded across the organisation.	Complete although there will be internal reviews of the roles and responsibilities as the other workflows will require modification to support. Further work is required to communicate the revised escalation framework across the organisation	February 29, 2024
4	The GP directed patients should be assessed in an alternative location to create capacity for ambulatory patients.	ED	Partially complete – further work is required to ensure all eligible patients go direct to the Interface Service rather than via ED. Risk assessment to be completed	• Right patient, right place, right time – including SAS attendances.	February 14, 2024
5	Operational Delivery Model - A task and finish group should review how this work stream could be operationalised and resourced, understanding the requirement for an appropriate clinical area. Considerations to	ED	Started - in progress	<ul style="list-style-type: none"> • Right patient, right place, right time • Optimise Non-Admitted Pathway performance • Improve patient safety 	Paper to PSOB – February 9, 2024

First 5 - High Priorities

		include major and minor areas, GP interface re-location, area for ambulatory patients. Include EPIC and NPIC				
6	Second set of high priorities	Site Director and Associate Medical/Nursing Directors to review current AMU function and purpose – SBAR drafted with input from the CfSD.	Pathways	Started - in progress	Proposal to adhere to a 48 hour stay in AMU and admission rights need to be agreed and communicated across the organisation.	March 31, 2024
7		To develop the proposed AMU operating model and agree timescale for delivery.	Pathways	Started - in progress	A framework of assessment criteria is in development – to be presented at the CES SLWG.	March 31, 2024
8		A task and finish group should review all emergency care pathways with the appropriate services and ensure sign off at the appropriate level to facilitate accountability.	Pathways	Started - in progress	Admission to AMU pathways have been summarised and are out to comment by clinical directors. An Action Tracker has been developed to review pathways – first tranche includes nine pathways including AMU admission criteria.	February 29, 2024
9		There should be ownership of the patient by the parent specialty at a defined point after DTA. The ED team would still be responsible for any deteriorating patient.	ED Workstream/Pathways Workstream	Partially complete – process needs to be communicated and embedded across the organisation	When a patient is requiring a specialty review whilst in the Emergency Department, there is an expectation that the specialty will see the patient within 60 mins of this referral. Audit the number of patients who are seen within 60 minutes	February 29, 2024
10		Mandate the timely utilisation of TRAK across the organisation hold staff to account for completion – build into staff objectives – go live 1 st November.	Safe and Effective Patient Flow	Started – in progress	3-week review of the RIE TRAK status at RIE with report out expected 2 nd week in February.	February 23, 2024
11	Redefine role and responsibility of site capacity team with delegated authority to lead patient flow across the organisation.	Safe and Effective Patient Flow	Partially complete – role and function to be embedded across the organisation	Complete although there will be internal reviews of the roles and responsibilities as the other workflows will require modification to support.	February 29, 2024	
12	Daily huddles – review roles, responsibility and function - Site and capacity to chair the meeting.	Safe and Effective Patient Flow	Complete	Capacity and site now chair all Pan Lothian teleconference calls and all RIE flow and safety huddle meetings, Capacity and Site now calculate and	N/A	

				share site and whole system St Rep by email, Text and Intranet.	
13	Development of a control centre - consider best practice Bradford.	Safe and Effective Patient Flow	Started - in progress	<p>Visit undertaken in December last year expected report and recommendations expected 29.1.2024.</p> <p>Medical Director responsible for Bradford Command Centre is expected to join EAS Programme Board on 14th February – awaiting confirmation.</p>	March 29, 2024
14	Reduce routine senior input at 'huddles' enabling staff to act accordingly to their level of seniority.	Safe and Effective Patient Flow	Partially complete – process around chairing the meetings needs to be embedded with Site and Capacity given autonomy to act	Site and Capacity now chair teleconference with identified Flow managers for each site in attendance.	February 29, 2024
15	Review of EAS programme governance to strengthen approach – Tranche one documentation presented and agreed 16th October.	Performance and Governance Workstream	Partially complete – programme discipline is not fully embedded	Further work is required to ensure all teams follow programme governance and there is sufficient scrutiny afforded within EAS Programme Board to review items that are off track and require escalation.	February 12, 2024
16	Incorporate the key priorities that will have a direct impact on patient safety and improving EAS compliance.	Performance and Governance Workstream	Complete	EASPB refreshed incorporating key priorities as highlighted by External Review recommendations into EASPB Workstreams.	N/A
17	Identify a lead ED clinician to liaise and be a point of contact with the flow centre team to support governance and continuous improvement across redirected pathways.	ED Workstream	Partially complete – ED lead has not been identified	<ul style="list-style-type: none"> Flow Centre will have access to Senior Clinical Decision Maker in ED - EPIC. <p>Sharing of information will allow learning and improvement – ED lead is required to liaise with Flow Centre to support appropriate re-direction.²⁶</p>	February 26, 2024

18	The Emergency Department at the RIE should have a minimum of 2 band 7 nurses on the shop floor 24/7. For enhanced navigation, a minimum of 3 band 7s would be required.	ED Workstream	Started - in progress	The ED will be safely staffed with adequate numbers of senior nurses on duty across day and night shift - This will be done in line with the national workforce and workload tool run and aligned to national benchmarking.	February 29, 2024
19	The RIE Emergency Department should have 24/7 Consultant shop floor presence, which will substantially enhance the safety of the care provided and will provide significant reassurance to nursing and junior doctor'	ED Workstream	Not started	This is not currently deliverable. Implications to be taken forward by EASPB.	Review date March 2024.
20	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. In the short term provide agency nurses with ED competencies.	ED Workstream	Started - In progress	<ul style="list-style-type: none"> The ED will be safely staffed with adequate numbers of senior nurses on duty across day and night shift Draft package sent to Clinical Education Chief Nurse for comparison with NHSL Organisational strategy – as instructed by Nurse Director (Acute) 	February 29, 2024
21	Agreement of the maximum number of patients who can be safely accommodated on a trolley or bed out with the defined cubicles.	ED Workstream	Complete	<p>The ED has been assessed as safe for 52 patients in line with Emergency Fire Evacuation Protocol.</p> <p>Note: The breakdown of safe patient numbers is as advised by the Fire Officer is as follows</p> <ul style="list-style-type: none"> 16 patients across Pods A&B, 16 patients across Pods C, D, Obs/Iso/ Triage Resus and waiting room is not counted Pod E have 12 cubicles safe to have a further 8 placed across the ED, outside of cubicles bringing This brings us to a max of 52 (44 in cubicles and 8 outside cubicles) 	N/A

22	eObs roll-out that is available to ward areas should be prioritised within the Emergency Department, considering the current number of medical patients waiting long periods for beds.	ED Workstream	Partially complete – trial completed in Jan 2024	<ul style="list-style-type: none"> • Patients who are at risk of or who deteriorate whilst in the ED will be managed appropriately 	Trial of RIE ED Obs date TBC if Investment required for software to support
23	Navigation / re-direction - A rapid review of the pathways currently in place by the Emergency Department team. A senior nurse should navigate patients, ideally a band 7.	ED Workstream	Partially complete – this work is linked to revision and approval of revised ED clinical model	<ul style="list-style-type: none"> • Right patient, right place, right time • EPIC available to FC for advice <ul style="list-style-type: none"> • Redirection in place at Triage as appropriate 	February 29, 2024
24	A small group should review how 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.	ED Workstream	Started - in progress	Non-Admitted Pathways – optimise performance, reduce number of breaches	February 22, 2024
25	A task and finish group should be set up to review the governance processes, the meeting structures and the roles and responsibilities within the (ED) department.	ED Workstream	Complete	<ul style="list-style-type: none"> • Action completed – weekly clinical governance meeting is open to all clinical staff Role Cards refreshed post HIS inspection	N/A
26	A task and finish group should develop a wellbeing strategy to support all members of the team with specific opportunities to check the psychological wellbeing of the more junior members of the team.	ED Workstream	Complete	Wellbeing group in place and well established	N/A
27	An education package should be developed to support new and existing members of the team. This should include a clearly defined education package which will encourage retention and an ability to grow a skilled and experienced workforce.	ED Workstream	Started - in progress	<ul style="list-style-type: none"> • Draft package sent to Clinical Education Chief Nurse for comparison with NHSL Organisational strategy – as instructed by Nurse Director (Acute) 	January 30, 2024
28	Review and clarify roles and responsibilities of senior leaders across all disciplines – empower staff to lead.	Performance and Governance	Partially complete	Weekly Senior Leadership meetings in place with a revised agenda.	February 29, 2024

				Team development session to be re-scheduled – cancelled due to site pressures.	
29	Site executive team meetings to take place to discuss operational issues affording a voice to all members of the team.	Aris Tyrothoulakis	Complete	RIE Site Executive Leadership Team (ELT) meetings have been constituted and happen weekly.	N/A
30	Create opportunities to communicate changes within the organisation.	Aris Tyrothoulakis	Started – in progress	EASPB continues to communicate relevant outputs, information, changes etc to relevant stakeholders including NHSL Board and wider RIE/Acute Services colleagues.	N/A
31	Expedite pathways that can be safely delivered via the SDEC facility at the Western General.		Started - in progress	<ul style="list-style-type: none"> • Successful ToC undertaken to divert all referred DVT patients to RACU at WGH -change now embedded • Data demonstrates <ul style="list-style-type: none"> ○ Increase in number of RIE DVT patients seen at RACU WGH ○ Consistent decrease in the number of DVT patients being seen at RIE Ambulatory care unit, releasing capacity for support to RIE ED <p>Business case outlining a pan-Lothian RACU model is progressing – completion planned for March 2024. Underpinned by DCAQ which demonstrates potential impact of pathway expansion and patient re-direction on ED patient flow.</p>	April 2025
32	Support and where possible expedite implementation of the Flow Centre strategic plan to implement changes to strengthen the clinical model including increasing the clinical assessment service triage and navigation.	Gillian Cunningham	Started - In progress	<ul style="list-style-type: none"> • A phased plan for development of the Clinical Model – <ul style="list-style-type: none"> ○ aims to deliver Advanced Clinical Decision making 08.00-20.00 7/7 to optimise alternatives to Front Door presentation 	September 2025

				<ul style="list-style-type: none"> ○ owing to the challenge in recruiting qualified ANPs, the FNC is investing in training 2 ANPs (Expected Completion Date September 2025) ○ to expedite the model, the WGH and RIE have been approached to support with a qualified ANP but this resource has not been forthcoming. ● The role of the Navigator is being developed through the Lead and Trainee ANPs ● Early indications from data show an improvement in navigation to alternatives to Front Door presentation (up to 27% from target baseline of 20% when 2 Navigators are assigned to the Urgent Care workstream). <p>Recurring Funding to deliver a fully functioning FNC has not been confirmed for 2024-25 and beyond, which will impact on service delivery.</p>	
33	Incorporate the Flow Centre programme of work into the EAS workstream governance to ensure timely delivery	Gillian Cunningham	Complete	Flow Centre work remains separate to RIE's Emergency Access Programme Board as it is out with RIE's area of responsibility. Flow Centre representatives attend EASPB and update on progress of Flow Centre work.	N/A

Emergency Access Standard Programme Board Performance Report

Appendix 2

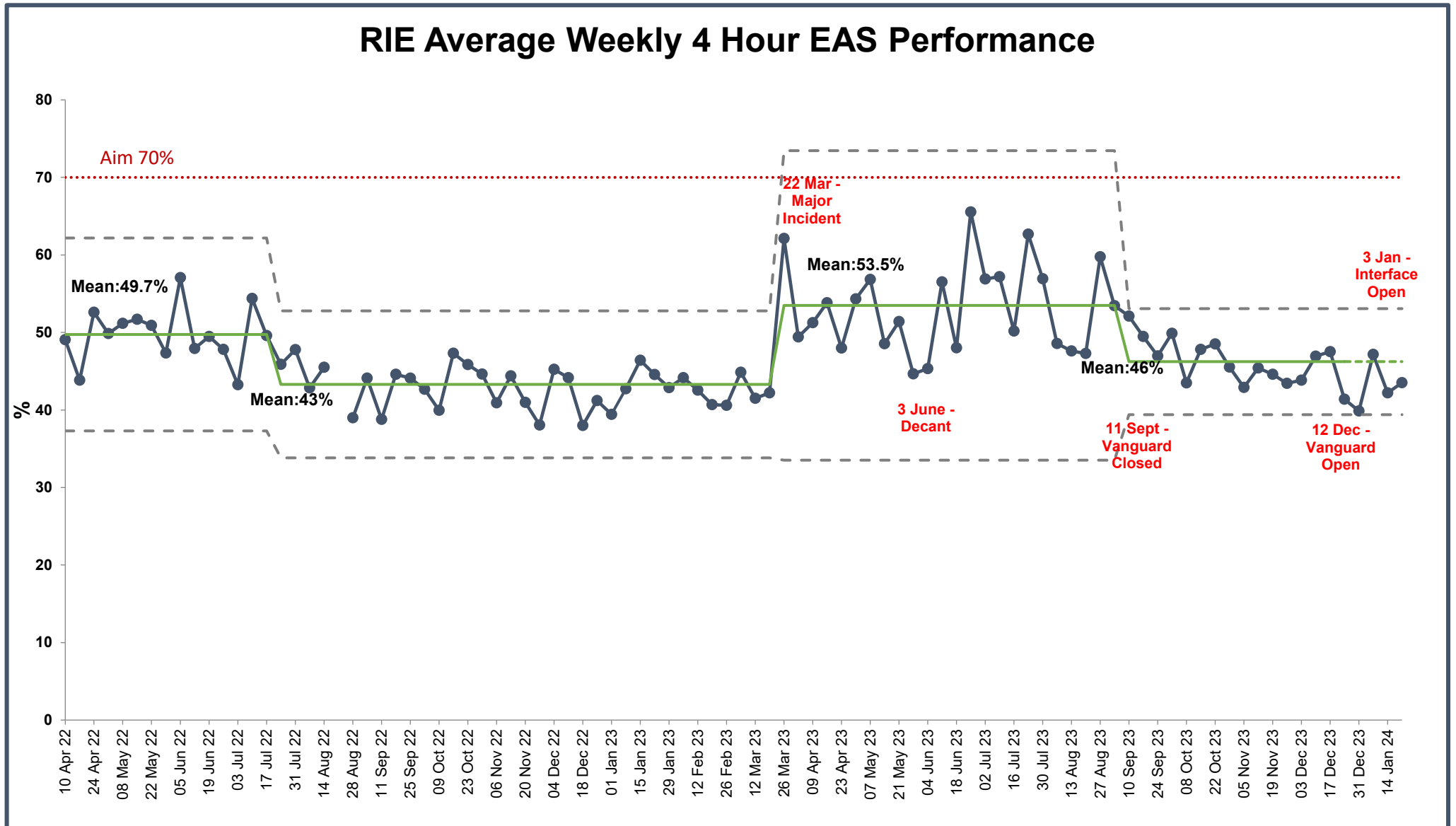
Report Date:	21 Jan 2024
Data Period:	04 April 2022 to 21 Jan 2024

6 Week Summary	May-19	AIM	Weekly Tolerance Levels		Week Ended										6 Week Variance		
					17 Dec 23		24 Dec 23		31 Dec 23		07 Jan 24		14 Jan 24			21 Jan 2024	
4 Hour EAS Performance RIE	81.97%	70.00%	3.00%	-3.00%	47.53%	0.59%	41.81%	-5.72%	38.88%	-2.93%	47.16%	8.28%	41.21%	-5.95%	43.52%	2.31%	-4.01%
Emergency Department	77.46%	70.00%	3.00%	-3.00%	33.58%	1.42%	28.99%	-4.59%	27.24%	-1.75%	35.44%	8.20%	26.47%	-8.97%	29.58%	3.11%	-4.00%
Minor Injuries Unit	92.23%	95.00%	3.00%	-3.00%	97.02%	0.20%	93.14%	-3.88%	95.24%	2.10%	95.30%	0.06%	91.97%	-3.33%	94.21%	2.24%	-2.81%
GP Interface Service			3.00%	3.00%	-	-	-	-	-	-	32.88%	-	36.28%	3.40%	32.47%	-3.81%	-
Surgical Obs Unit	92.17%	95.00%	3.00%	-3.00%	85.95%	1.84%	87.76%	1.81%	89.66%	1.90%	92.66%	3.00%	84.47%	-8.19%	85.00%	0.53%	-0.95%
Admitted Performance %	69.04%		3.00%	-3.00%	18.69%	0.57%	22.20%	3.51%	18.83%	-3.37%	24.84%	6.01%	18.46%	-6.38%	23.43%	4.97%	4.74%
Non Admitted Performance %	87.17%		3.00%	-3.00%	56.68%	-0.90%	49.16%	-7.52%	48.79%	-0.37%	56.14%	7.35%	48.96%	-7.18%	49.88%	0.92%	-6.80%
Presentations	10856		-50	50	2287	-14	2198	-89	2124	-74	2146	22	2196	50	2254	58	-33
Emergency Department	7539		-40	40	1763	9	1749	-14	1722	-27	1645	-77	1594	-51	1677	83	-86
Minor Injuries Unit	2819		-20	20	403	-37	350	-53	315	-35	319	4	386	67	380	-6	-23
GP Interface Service			-10	-10	-	-	-	-	-	-	73	-	133	60	77	-56	-
Surgical Obs Unit	498		-10	10	121	14	98	-23	87	-11	109	22	103	-6	120	17	-1
Admitted Presentations					551	-67	599	48	632	33	616	-16	578	-38	542	-36	-9
Non Admitted Presentations					1736	53	1599	-137	1492	-107	1530	38	1638	108	1712	74	-24
ED Time to Triage					46.76	-0.01	45.14	-1.62	44.49	-0.65	48.15	3.66	38.73	-9.42	53.64	14.91	6.88
ED Time to 1st Assess.					126.32	-11.09	144.95	18.63	160.39	15.44	121.41	-38.98	154.64	33.23	153.64	-1.00	27.32
8 Hour Breaches	165	<140	-10	10	544	56	541	-3	580	39	498	-82	585	87	584	-1	40
Emergency Department	163	140	-10	10	539	53	536	-3	578	42	498	-80	572	74	576	4	37
Minor Injuries Unit	2	0	-1	1	3	1	5	2	2	-3	0	-2	4	4	2	-2	-1
GP Interface Service					-	-	-	-	-	-	0	-	3	3	3	-	-
Surgical Obs Unit	0	0	-1	1	2	2	0	-2	0	-	0	-	6	6	3	-3	1
12 Hour Breaches	27	0	-10	10	342	70	277	-65	300	23	331	31	373	42	378	5	36
Emergency Department	27	0	-10	10	339	68	276	-63	300	24	330	30	370	40	377	7	38
Minor Injuries Unit	0	0	0	0	2	1	1	-1	0	-1	0	-	2	2	0	-2	-2
GP Interface Service					-	-	-	-	-	-	0	-	1	1	1	-	-
Surgical Obs Unit	0	0	0	0	1	1	0	-1	0	-	0	-	0	-	0	-	-1
Average Front Door LOS	190.09	240.00	-15.00	15.00	392.94	27.51	386.67	-6.27	407.88	21.21	385.69	-22.19	420.31	34.62	451.10	30.79	58.16
Admission from Front Door	3114		-25	25	551	-67	599	48	632	33	616	-16	578	-38	542	-36	-9
Admission Conversion %	28.68%	30.00%	2.50%	-2.50%	24.09%	-2.77%	27.25%	3.16%	29.76%	2.51%	28.70%	-1.06%	26.32%	-2.38%	24.05%	-2.27%	-0.04%

6 Week Summary

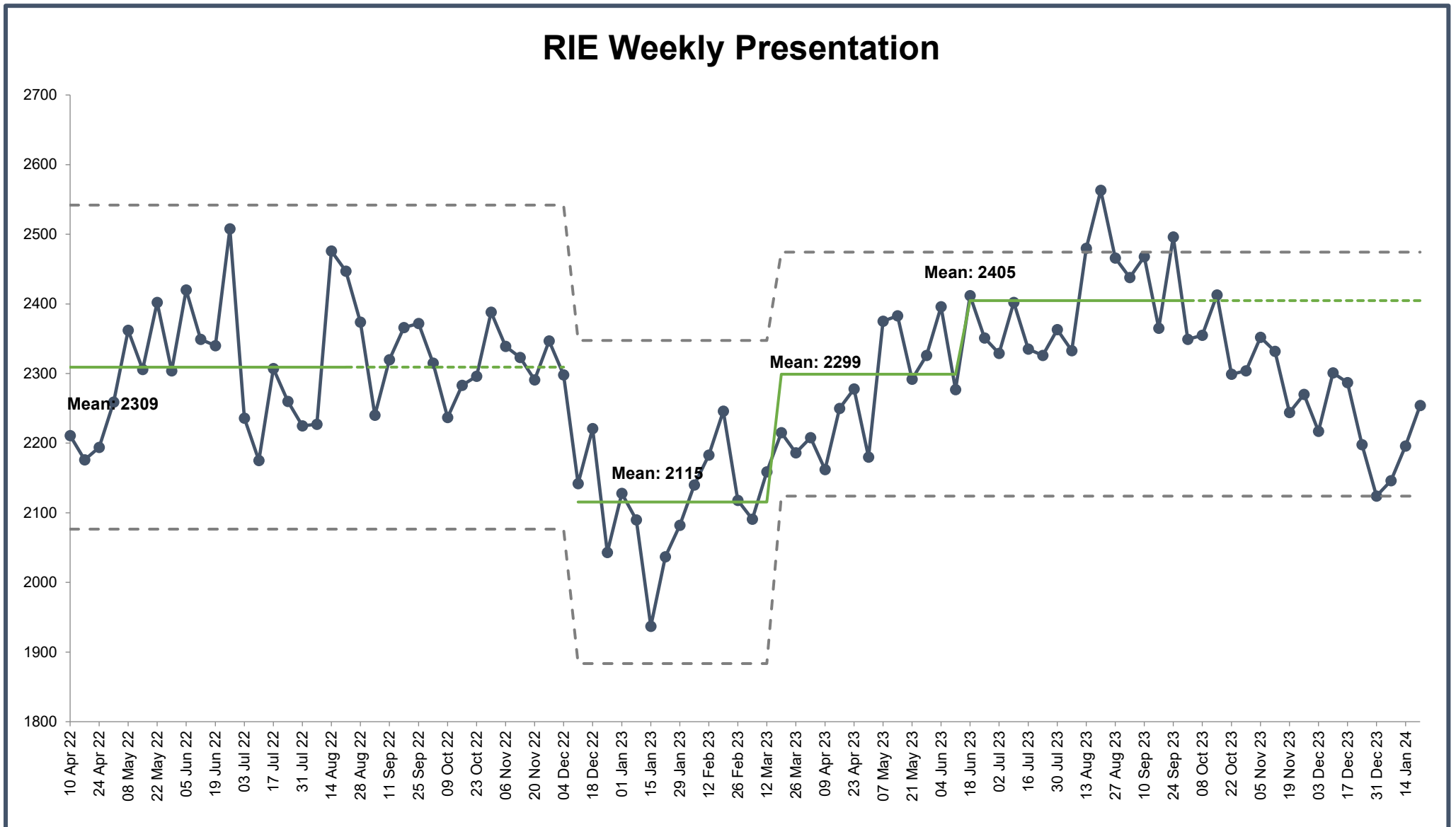
	May-19	AIM	Weekly Tolerance Levels		Week Ended										6 Week Variance		
					17 Dec 23		24 Dec 23		31 Dec 23		07 Jan 24		14 Jan 24			21 Jan 2024	
Total Discharges	4015	>800	15	-15	741	37	859	118	642	-217	681	39	755	74	685	-70	-56
Pre 12 Discharges	942		10	-10	168	26	185	17	130	-55	120	-10	149	29	145	-4	-23
% Pre 12 Discharges	23%	25%	2.00%	-2.00%	22.67%	2.50%	21.54%	-1.14%	20.25%	-1.29%	17.62%	-2.63%	19.74%	2.11%	21.17%	1.43%	-1.50%
Discharge Via Lounge	517		10	-10	107	2	103	-4	63	-40	68	5	108	40	113	5	6
% Discharges via Lounge	12.88%	35.00%	2.50%	-2.50%	14.44%	-0.47%	11.99%	-2.45%	9.81%	-2.18%	9.99%	0.17%	14.30%	4.32%	16.50%	2.19%	2.06%
Average Delayed Discharges	91	<100	-5	5	128	-10	123	-5	117	-6	157	40	180	23	<i>Reported 1 week behind</i>		52

Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

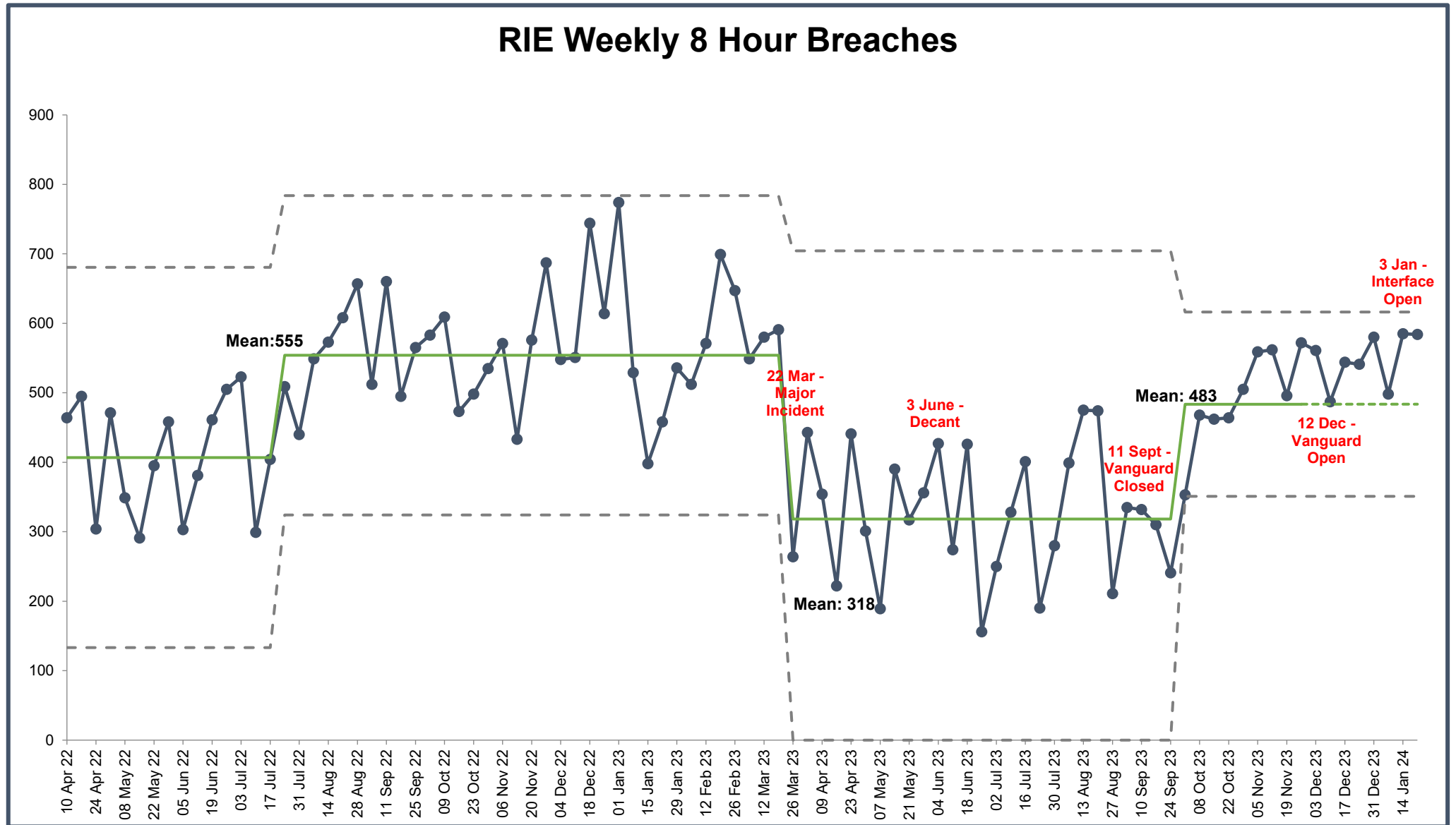


Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

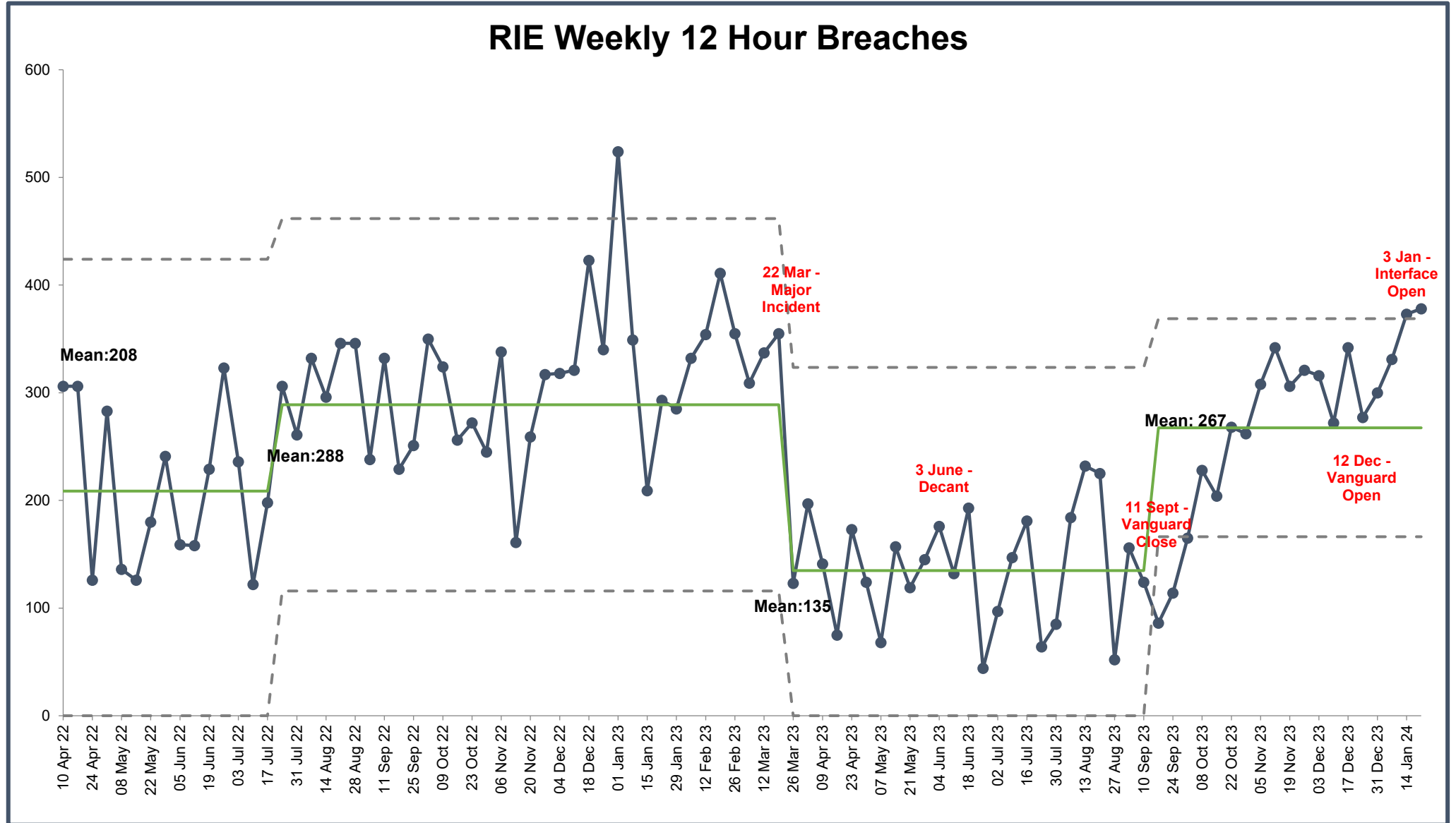
RIE Weekly Presentation



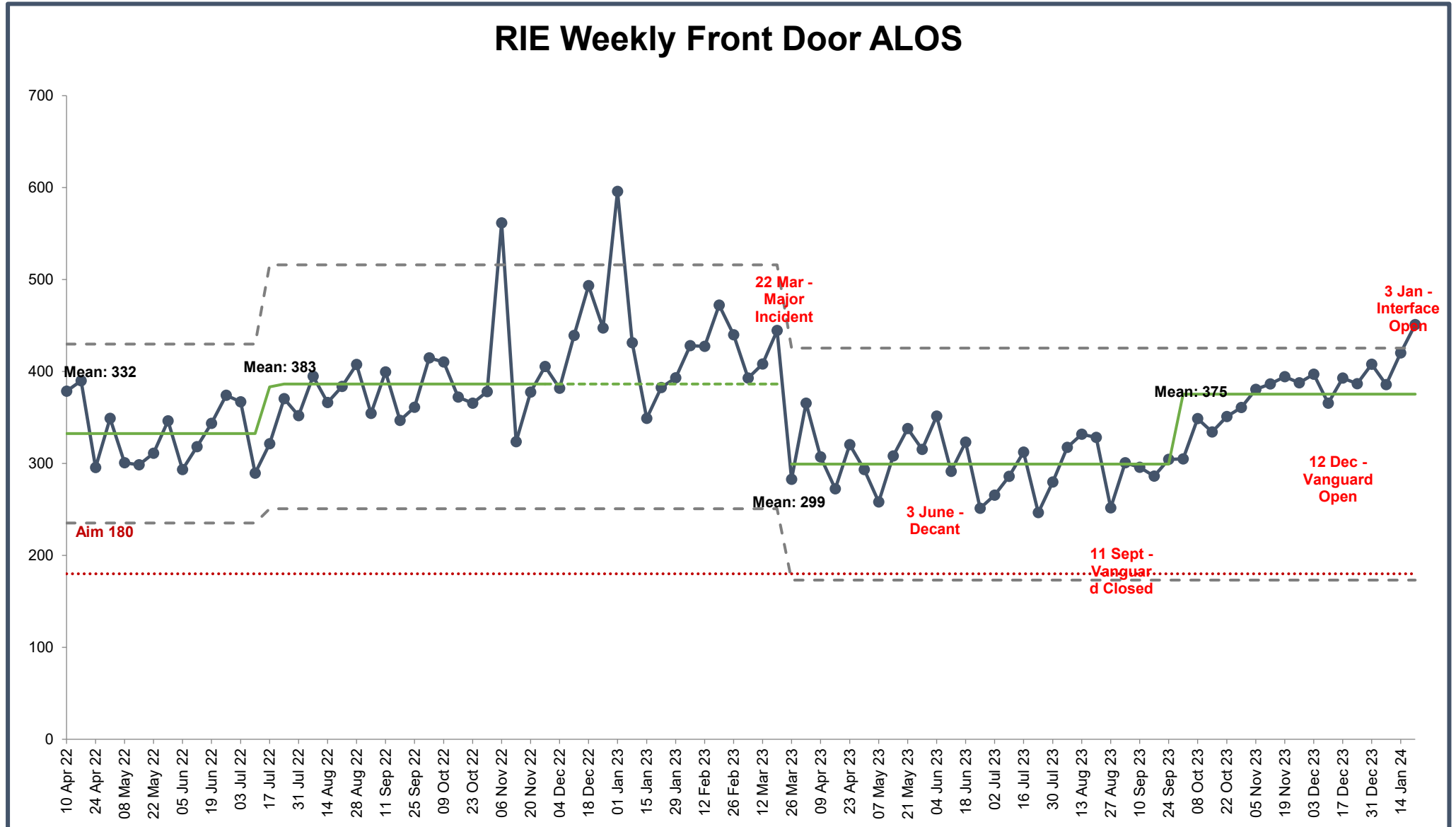
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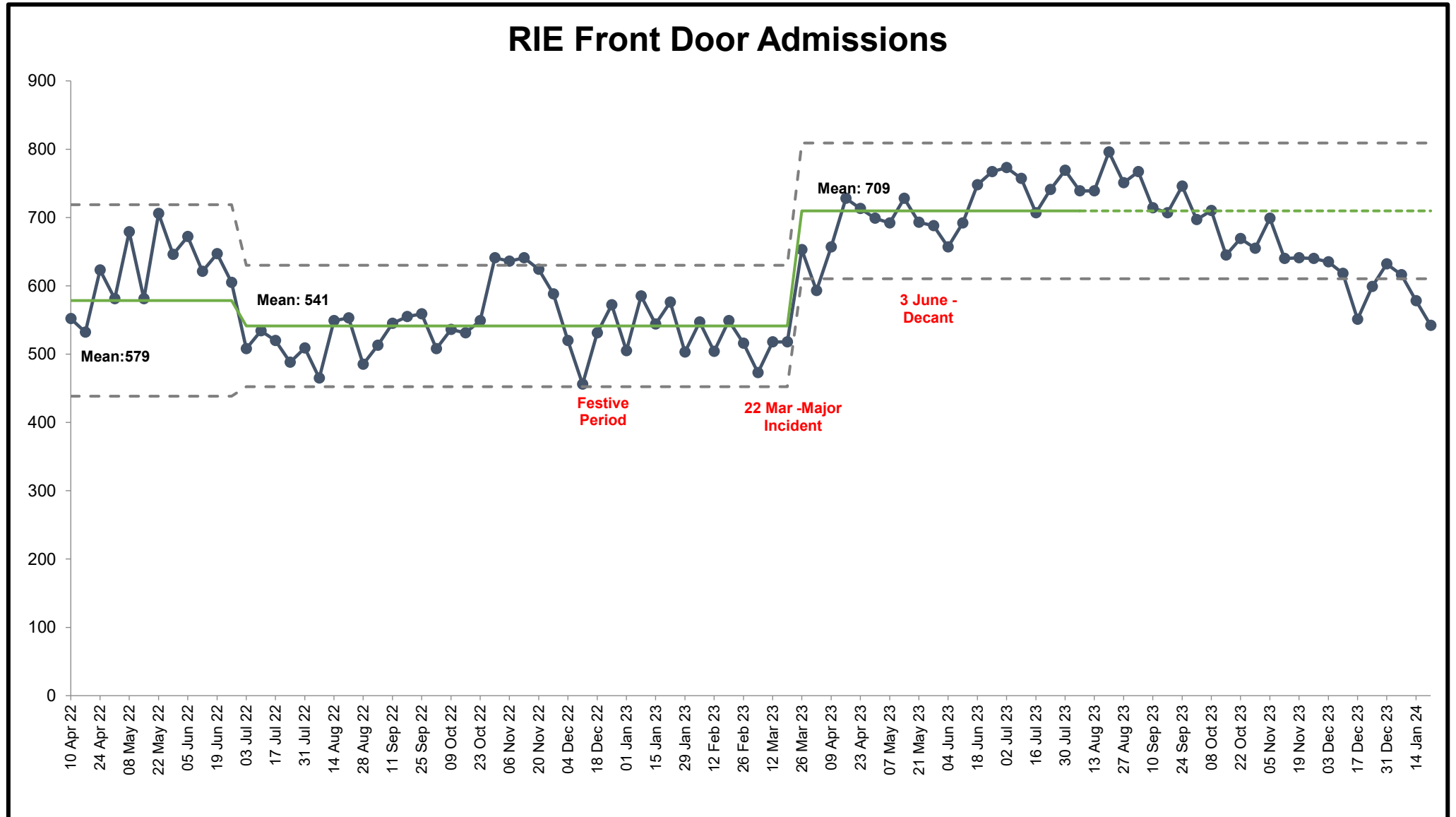
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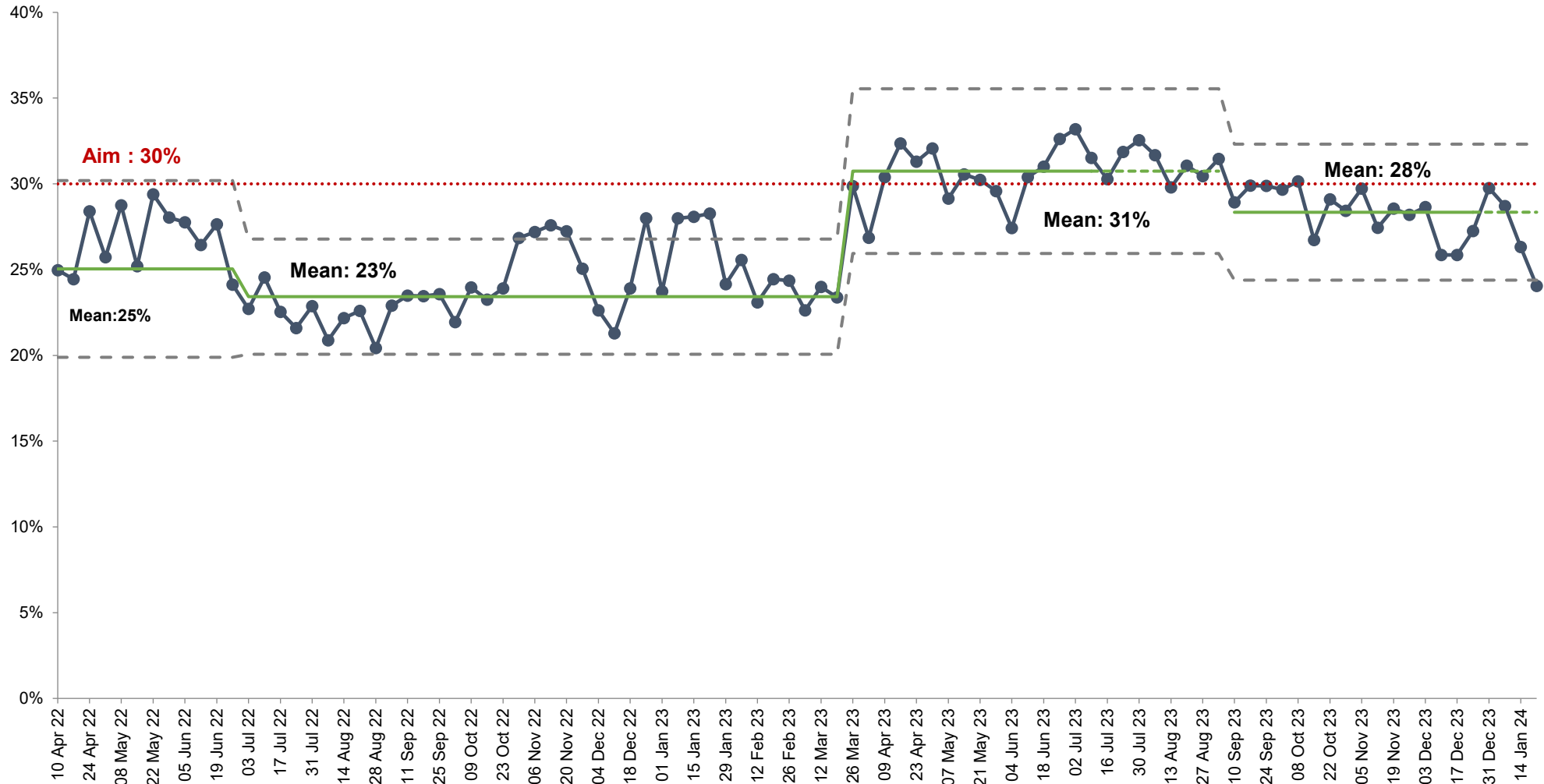


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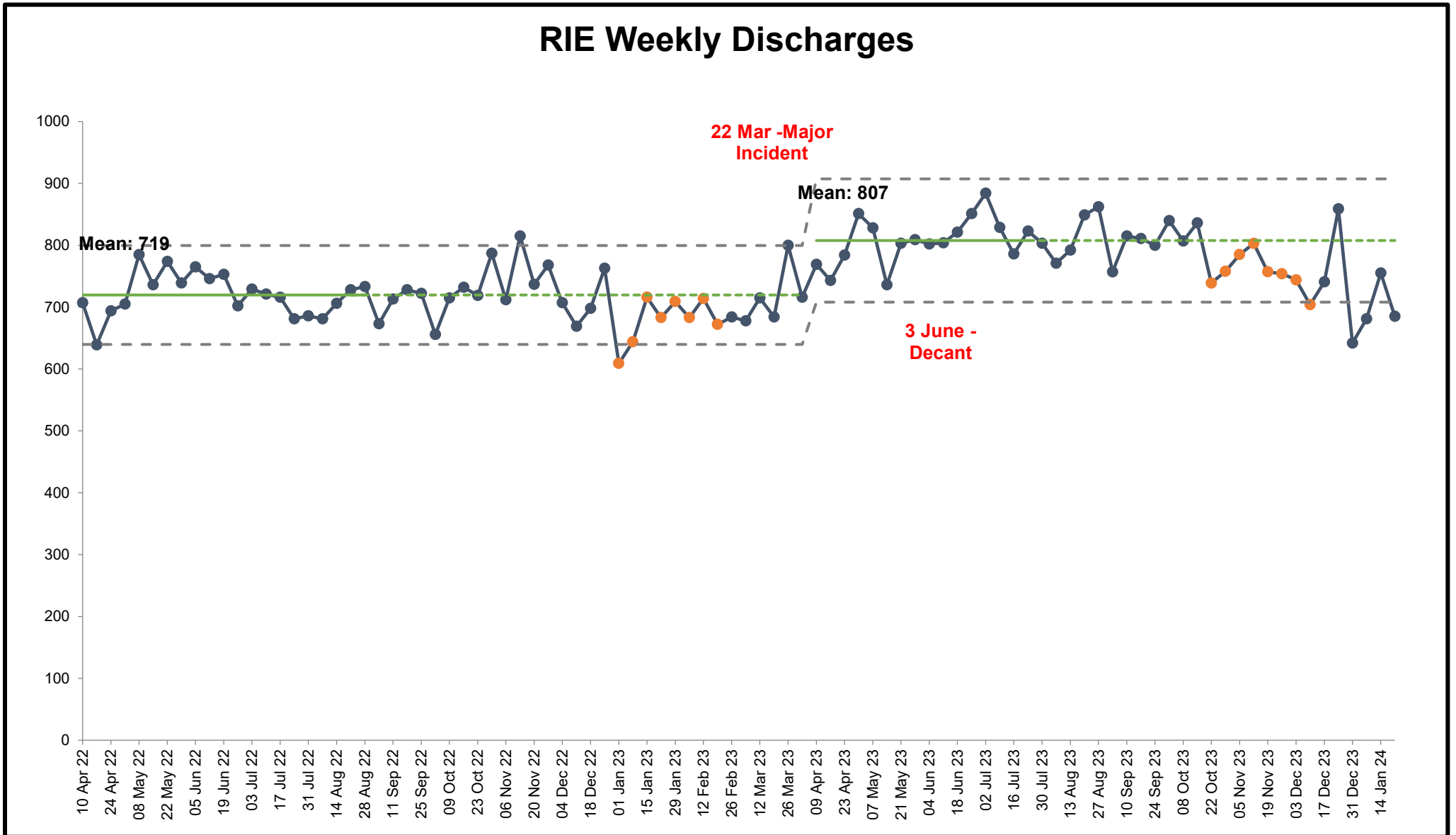
Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

RIE Admission Conversion % from Front Door



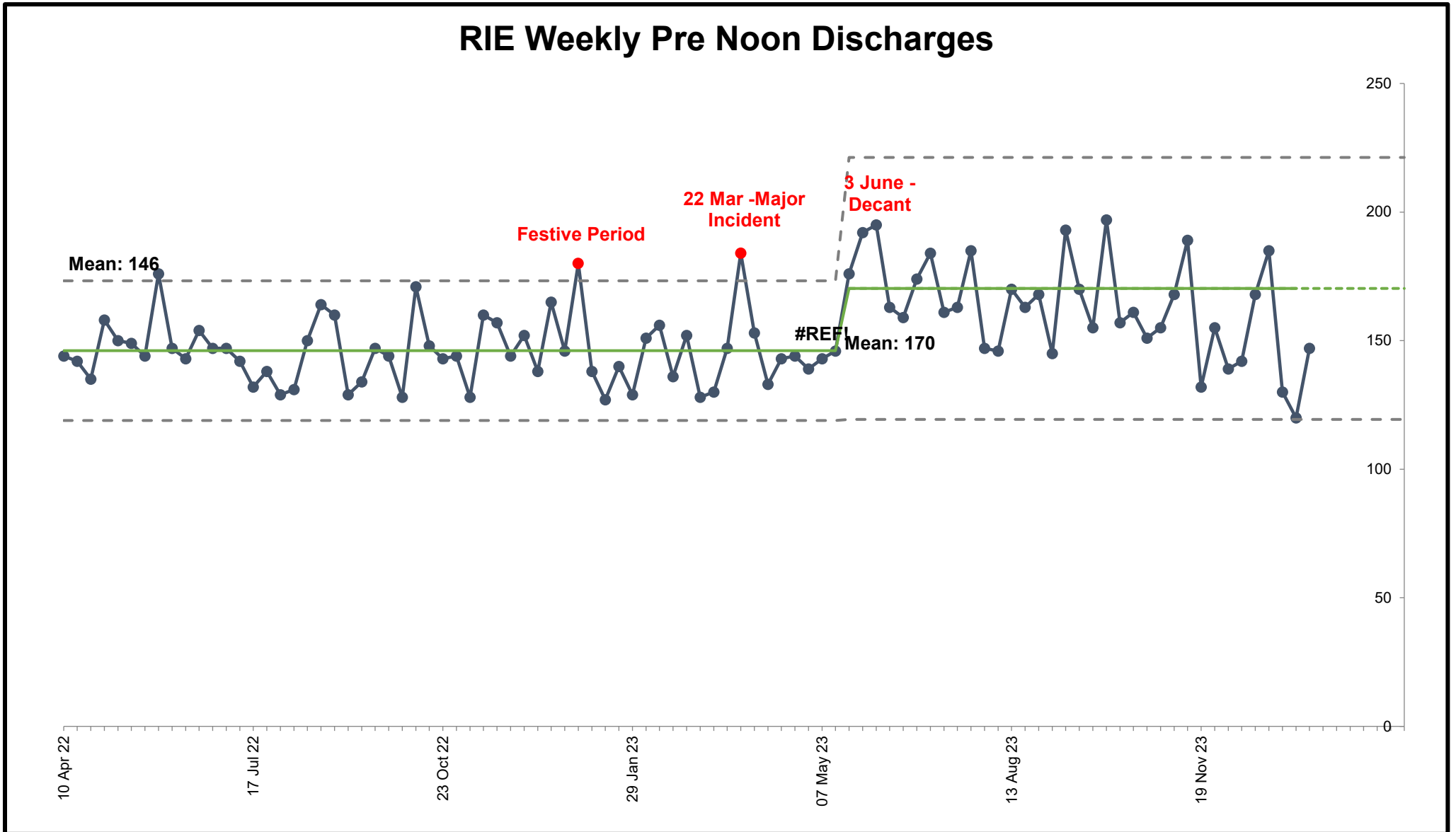
Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

RIE Weekly Discharges

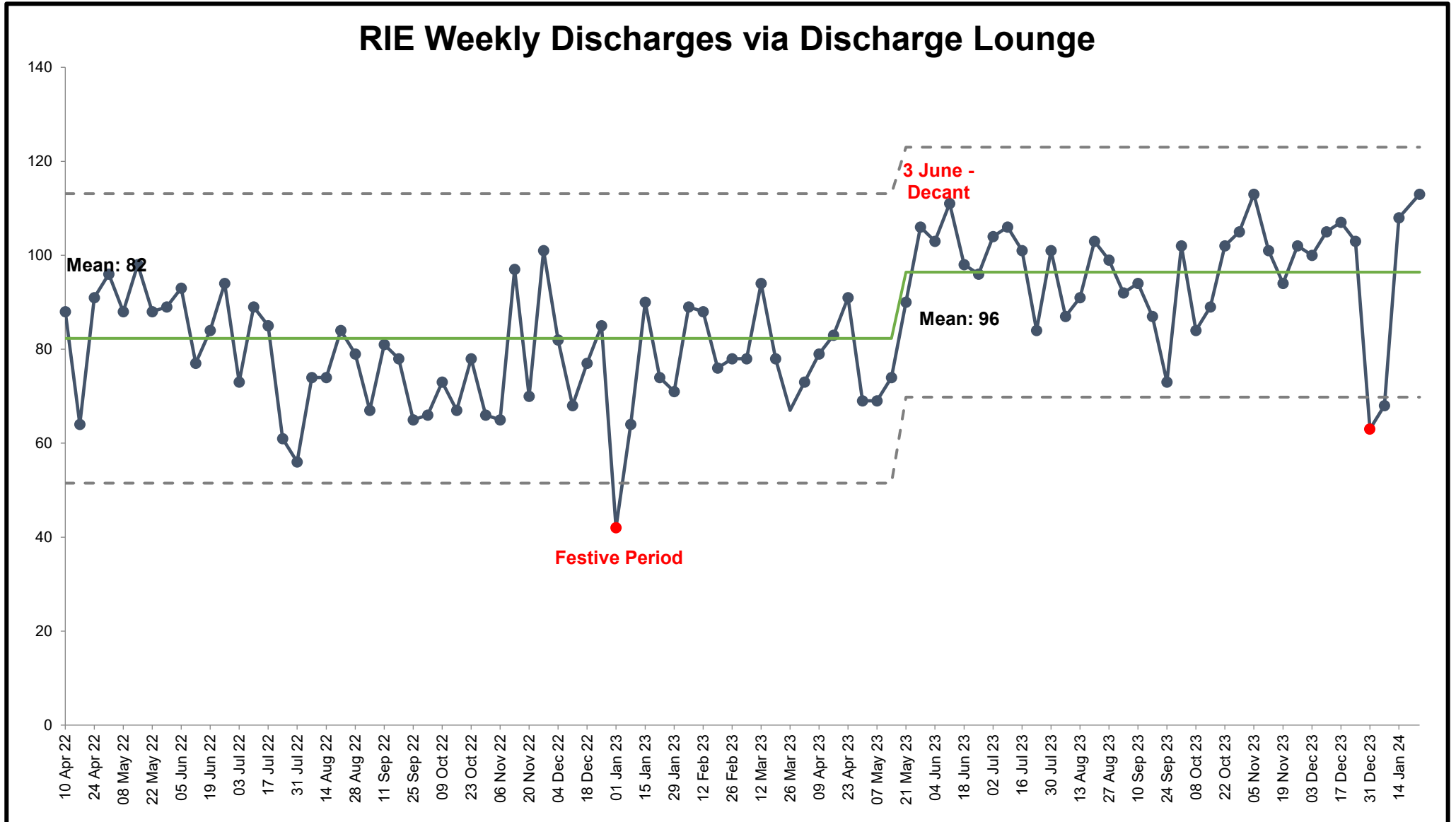


Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

RIE Weekly Pre Noon Discharges

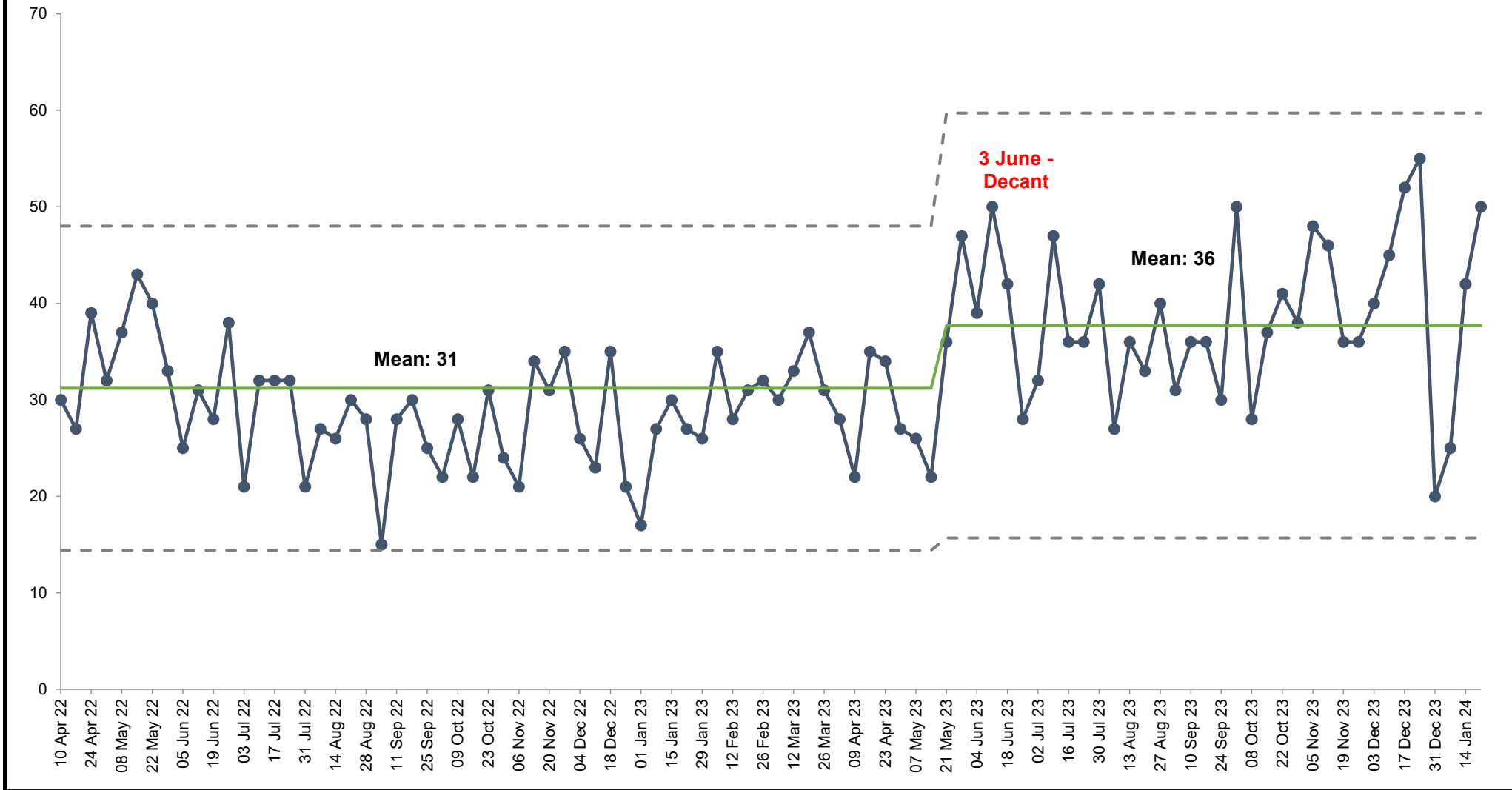


Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

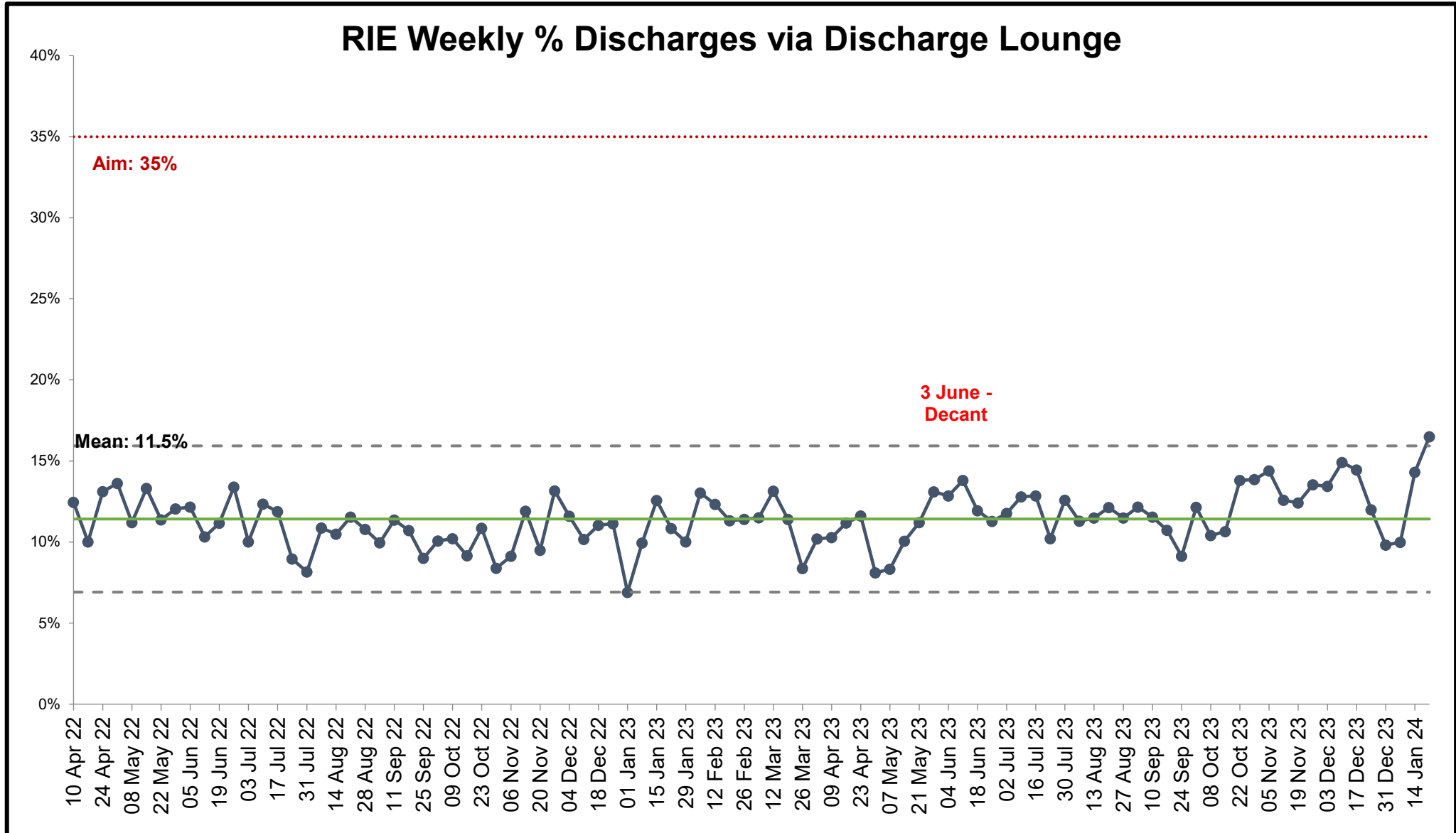


Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024

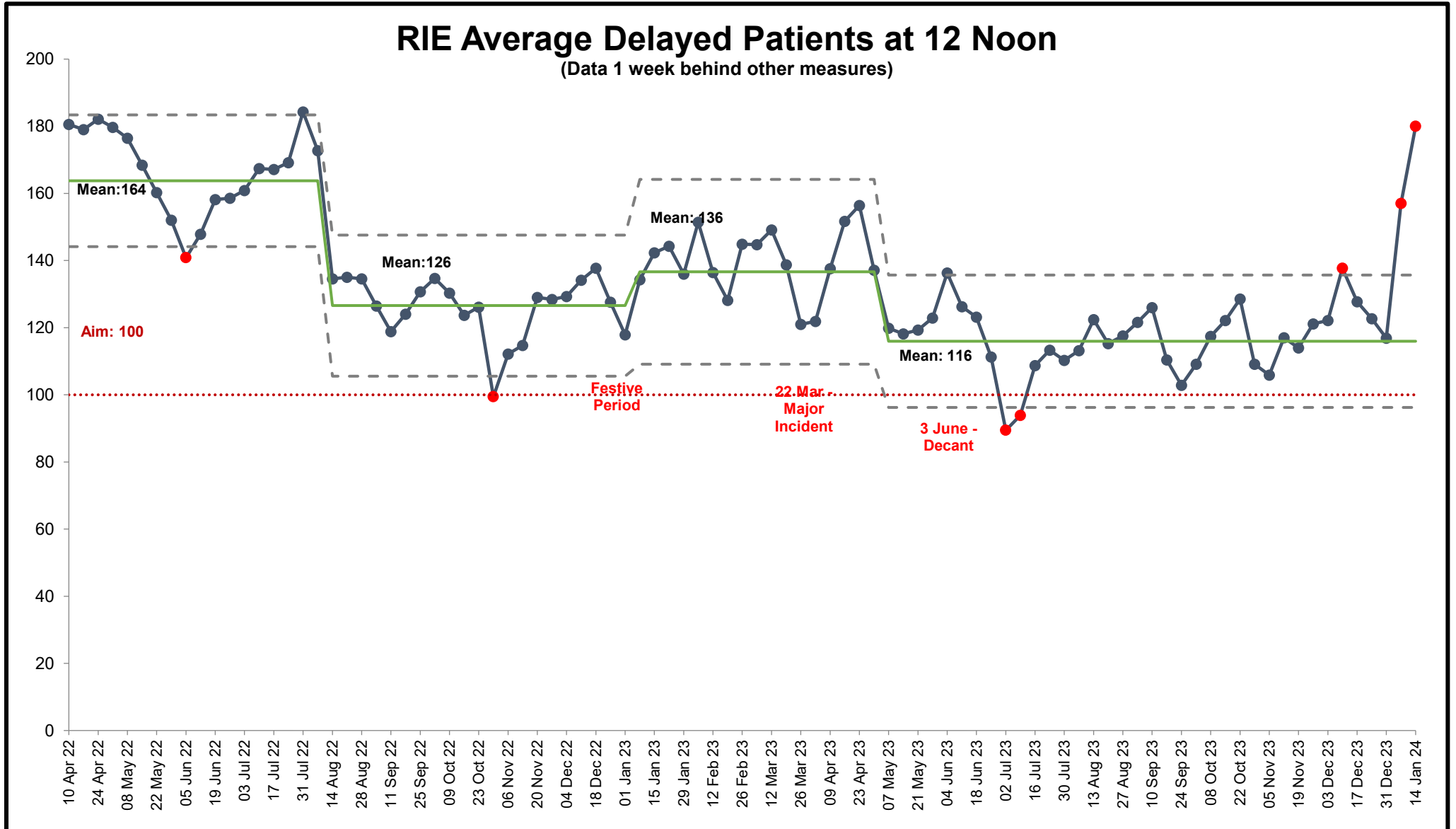
RIE Weekly Pre Noon Discharges via Discharge Lounge



Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024



Report Date:	21 Jan 2024
Data Period:	04 April 2023 to 21 Jan 2024



NHS Lothian

Board Meeting
07 February 2024

Medical Director

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 Committee is recommended to:

- 2.1. Review the November/December 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.

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

32.1. 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.

32.2. 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 table 1 below.

Table 1

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	Dec. 23	
3600 - Finance	20	20	20	20	25	25	25	25	25	25	25	25	
5186 - 4 Hours Emergency Access Target	20	20	20	16	20	20	20	25	25	25	25	25	
3726 - Hospital Bed Occupancy	20	20	20	15	20	20	20	25	25	25	25	25	
3829 - Sustainability of GP	20	20	12	12	12	12	12	12	12	12	12	12	
5185 - Access to Treatment	20	20	20	20	20	20	20	25	25	25	25	25	
5388 - HSDU Capacity				20	20	20	20	20	20	20	20	20	
3828 - Nursing Workforce	20	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	12	
5189 - RIE Facilities	15	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	15	
3328 - Roadways/Traffic Man.	12	12	12	12	12	12	12	12	12	12	12	12	
1076 – Healthcare Acquired Infection	16	16	16	16	16	16	16	16	16	16	16	16	
5322 - Cyber Security		12	12	12	12	12	12	12	12	12	12	12	
5510 - Royal Edinburgh Bed Occupancy							25	25	25	25	25	25	
5687 Inappropriate and Inadequate Accommodation in the Secure Estate							New risk approved by Board August 2023				25	25	
5187 - Access to Psychological Therapies	20	20	20	20	20	20	20	16	16	16		Risk Closed	
5188 - Access to CAMHS	20	20	20	20	20	20	20	16	16	16		Risk Closed	
5360 - Public Health (Covid-19) (previously 4984)		20	15	15	15	15	15	15	15	15		Risk Closed	
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	
5737 – Royal Infirmary of Edinburgh Fire Safety												New risk approved by Board December 2023	20

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

23rd January 2024

jill.gillies@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Risk Assurance Table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
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>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. • Delays in receiving GP prescribing data from NSS is impacting on the reporting of the year-to-date financial position and forecasting. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> • Mid-year review now complete.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Original plan forecast deficit £52m, at QT 1 this reduced to £27m, and at MYR has subsequently reduced to £22m forecast deficit. • Work continues on reviewing all opportunities for financial flexibility and delivery of 3% efficiency programmes for 23/24, to support an improved outturn position. • The Scottish Government have recently written to all boards to emphasise the requirement to deliver an improved year end outturn position to ensure that the Health Portfolio can break even in 23/24. • Following the autumn statement, it is clear that the financial challenge will escalate in 24/25. • The Director of Finance has written to all budget holders to ensure they are putting in place robust plans for delivery of 3% efficiency schemes in 24/25. • Further clarity on the availability of capital is still outstanding and this is putting at jeopardy the continuation of the 3 key capital projects: NTC, Eye Pavilion and the Edinburgh Cancer Centre. • The Scottish Budget on 19th December will confirm the capital and revenue challenges facing the Board in 24/25. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	Very High 25
5186	<p>4 Hours Emergency Access Target</p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care.</p> <ul style="list-style-type: none"> • November 2020 - HGC accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED • Unscheduled Care Winter Plan, May 2021 HGC accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021 • Scheduled for review as part of acute service report at November 2022 meeting • May 2023 - HGC accepted limited assurance in relation to robustness of risk mitigation plans and likelihood of significant immediate impact. • November 2023 – HGC accepted limited assurance in relation to the robustness of the risk mitigation plans and likelihood of significant immediate impact. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • June 2021 – Board agreed downgrade of risk from very high to high. • December 2021 – Board agreed upgrading from high to very high. • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • September 2022 - Limited assurance accepted. • Paper to May meeting of SPPC to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25) deferred from March due to critical incident. • 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>September/October 2023</u></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 Supportoversight 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. <p><u>November/December 2023</u></p> <ul style="list-style-type: none"> • No request at the HGC meeting for any further update before the next Acute Services annual report next November. 6-monthly updates via SPPC will continue (May 2024)

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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 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. NHS Lothian will implement all of the external reviewers recommendations, as agreed at the Board. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	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. September 2023 – HGC accepted limited assurance on Edinburgh risk mitigation plan to manage their component of this corporate risk . November 2023 – HGC accepted limited assurance in relation to the robustness of the risk mitigation plans and likelihood of significant immediate impact. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<p data-bbox="974 261 1720 288"><u>Strategic Planning and Performance Committee – Performance</u></p> <ul data-bbox="974 331 2018 624" 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 data-bbox="974 667 1487 694"><u>Outcome of Executive Lead Discussions</u></p> <p data-bbox="974 730 1384 758"><u>September/October 2023 update</u></p> <ul data-bbox="974 767 1995 1098" 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. • 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. <p data-bbox="974 1134 1308 1161"><u>November/December 2023</u></p> <ul data-bbox="974 1171 2018 1378" style="list-style-type: none"> • No request at the HGC meeting for any further update before the next Acute Services annual report next November. 6-monthly updates via SPPC will continue (May 2024) • 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> The RIE continues to progress the 'RIE ED Improvement Programme Phase 2' with ongoing support from the external reviewers described in the previous 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. NHS Lothian will implement all of the external reviewers recommendations, as agreed at the Board. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	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. <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>September/October 2023 Update</u></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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> PCIP trackers (version 6.5) submitted to SG end November 2023 – remain ‘on track’ within available funding envelope. SG have confirmed they will not change PCIF funding mechanism and this will remain allocated via NRAC (GMS global sum is allocated via which is meant to better support patient need), therefore Lothian remains under-resourced. Strategic IA for GMS/PMS premises infrastructure, including design statement, which sets out our prioritised capital investment plan was submitted to Scottish Government on 13 October 2023. No response received yet. The NHSL prioritised capital plan is going to the December Board. Weekly winter pressure reporting to SG in place as of 21 November 2023. Five practices currently have closed lists to new patients. 	
	Risk Grading:	CMT October 2023	CMT December 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</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>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>	<ul style="list-style-type: none"> • 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. • October 2023 – HGC accepted limited assurance in relation to the robustness of the risk mitigation plans and likelihood of significant immediate impact. <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • October 2020 – Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. • September 2022 – paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. • November 2022 – levels of assurance agreed by service as noted in previous papers • Paper will go to May SPPC meeting to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25). Paper was deferred by the March SPPC due to the critical incident • May 2023 - SPPC provided limited assurance to HGC on performance aspects of this risk. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • August update remains relevant. • 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. • 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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> No request at the HGC meeting for any further update before the next Acute Services annual report next November on any of the risks. 6-monthly updates via SPPC will continue (May 2024). No confirmation from the Scottish Government on approval for 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 current and future population needs for both scheduled care and oncology services. Board Members will note the current challenges in reducing our backlog of patients waiting for outpatient services as well as inpatient and day case treatment. 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. The latest Scottish Government target to have no outpatients waiting over 52 weeks by March 2023 remains unmet, as does the target to have no TTG patients waiting over 104 weeks by September 2022. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
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. • Verbal updated provided in October 2023. <p><u>Outcome of Executive Lead Discussions</u></p> <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. • 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. <p><u>November/December 2023 update</u></p> <ul style="list-style-type: none"> • Paper drafted for 20 December Finance and Resource Committee. • There are no significant updates on this action following the previously advised position. NHS Lothian remain a priority, nationally, for HSDU reprovision accepting we remain the only Board in Scotland that has initiated the formal business case process for a new, purpose built, unit. • There has been no confirmation of capital funding from Scottish Government on this project to enable this to progress. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
3828	<p>Nursing Workforce</p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. • Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. • October 2020 – verbal update provided no new level of assurance agreed. • December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. • May 2021 – Staff Governance accepted grading reduced from very high to high. • Paper went to Private Board August 2021 and agreed to increase grading from high to very high. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 2023 meeting. • February 2023 - moderate assurance accepted. • July 2023 - moderate assurance accepted. • Verbal report given to October meeting and paper will be submitted to December 2023 meeting <p><u>Outcome of Executive Lead Discussions</u></p> <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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • 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 c90wte 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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> • A paper will be submitted to December Staff Governance Committee proposing moderate assurance for all aspects of this risk • All mitigation actions continue and are monitored through Nursing and Midwifery Programme Board • Newly qualified registered nurse recruitment has been very successful. Non-registered applications have also increased. • There have been 538 nurses starting in posts September & October and a further 283 are due to start between December and January • There has been a good response to ‘business as usual’ recruitment with over 1,000 appointments across all grades • Retention of nursing staff is improving – the number of leavers is on a downward trajectory and the overall recruitment versus leavers was +350. The proportion of retained NQRNs in St John’s and REAS was higher than previous years at >85% • A key risk to delivery of the full mitigation plan is available finance. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5020	<p>Water Safety and Quality</p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</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. 11th October 2023 – limited assurance accepted. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> Verbal update to be given to Staff Governance Committee on 13th December 2023. The review of water safety control systems, governance and compliance with SHTMs/policy continues. Deputy Chief Executive will take over the chair role at the Lothian Water Safety Committee from 2024. A plan is in place to refresh the corporate risk entry in Q4 of 23/24 following approval by the Staff Governance Committee. 	
	Risk Grading:	CMT October 2023 High 12	CMT December 2023 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Wire Safety <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p>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. 	
	<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>November/December 2023 update</u></p> <ul style="list-style-type: none"> • Paper due to finance and Resource Committee in February 2024 • Revision of the risk description and risk mitigation plan required, following the removal of the Fire Safety component. • No significant updates on the risk mitigation plan. 		
Risk Grading:		CMT October 2023	CMT December 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,</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>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>	<ul style="list-style-type: none"> • 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. • Verbal update to Oct meeting <p><u>Outcome of Executive Lead Discussions</u></p> <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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Training framework to be presented Staff Governance (December 2023) with a supplementary paper to Audit and Risk Committee (November 2023). <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> • A paper which will include the training strategy will be submitted to December Staff Governance Committee proposing moderate assurance • All actions to mitigate risk are included in the improvement plan, which is monitored through the V&A Programme Board chaired by Deputy Nurse Director • Audit & Risk Committee accepted a paper outlining internal assurance and reporting arrangements for V&A • Further internal audit to review progress is planned for summer 2024. 	
	Risk Grading:	CMT October 2023	CMT December 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. • October 2023 – limited assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> No changes to the grading or assurance level since last Staff Governance Update in October Verbal update to be given to Staff Governance Committee on 13th December 2023. Funding 2024/25 to be confirmed in Q4 2023/24 for mitigations at the Little France Campus including the staff shuttle bus. 	
	Risk Grading:	CMT October 2023	CMT December 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • The risk mitigation plan is to report to HGC in the new year (23), with routine HAI reporting continuing to take place as per schedule. • Risk mitigation paper to go to HGC in March 23. • Next paper to HGC planned for April 23 as part of routine reporting. • Risk mitigation paper to go to the May HGC Committee. • May 2023 HGC moderate assurance accepted. • October 2023 HGC moderate assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <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 <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> • IPCT staffing remains fragile with an increased turnover of staff and limited availability of subject matter expertise • Impacts on capacity to provide education, clinical advice as well as limiting audit and surveillance activity and ability to risk assess emerging threats • Additional surveillance practitioners and analyst resource with associated robust, high quality data is allowing issues to be detected earlier; workplan has been revised to prioritise 	
	Risk Grading:	CMT October 2023	CMT December 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>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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> • Risk mitigation plans as presented to private session of the Board in August 2023 continue to be implemented

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Submission deadline for next NIS audit is 15th April 2024 and interim report due w/c 10th June 2024 	
	Risk Grading:	CMT October 2023	CMT December 2023
		High 12	High 12
5510	<p>Royal Edinburgh Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.</p> <p>New risk approved by Board December 2022.</p> <p>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. Mitigation plans will be presented to January 2024 meeting for assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> St Johns IPCU (7 beds) will be closed for 3 weeks at the end of November for essential backlog maintenance. Edinburgh HSCP recovery plan will be submitted to the Performance Support & Oversight Board at the beginning of December. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	Very High 25
5687	<p>Inappropriate and Inadequate Accommodation in the Secure Estate</p> <p>There is a risk that female patients who require high secure accommodation or any patient requiring low secure accommodation will be inappropriately placed because there is a lack of female high secure accommodation in Scotland and a lack of low secure accommodation for any patient in Lothian. This could potentially lead to harm to patients themselves, other patients, and 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>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> Mitigation plans will be presented to January 2024 meeting for assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>November/December 2023 Update</u></p> <ul style="list-style-type: none"> Meeting with Scottish Government has now taken place. The Chief Executive of the State Hospital has been asked to lead the development of a business case to meet the needs of high secure females in Scotland. There are currently no patients who meet high secure criteria in the Orchard clinic. Feedback is awaited on NHS Lothian business case for low secure accommodation from Scottish Government. Recommendation to CMT to reduce grading from very high to high based on above updates. 	
	Risk Grading:	CMT October 2023	CMT December 2023
		Very High 25	Very High 25
Datix ID	Risk Title and Description	Committee Assurance/Review Date	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5737	<p>Royal Infirmery of Edinburgh Fire Safety</p> <p>Two components:</p> <ol style="list-style-type: none"> 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 Infirmery of Edinburgh (RIE) following the recent identification of risks and issues. <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>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>New risk approved by Board December 2023.</p> <p>Executive Lead: Calum Campbell</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • Update due February 2024 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>November/December Update 2023</u></p> <ul style="list-style-type: none"> • New Corporate Risk approved by the Board on 6 December 2023. • Detail included in most recent Corporate Risk Summary Board paper – efforts continue to move at pace to complete actions within NHS Lothian’s areas of responsibility. • Principal oversight committee is Staff Governance Committee with the first update due in February. • Finance and Resource Committee will receive a brief update on the mitigation plan relating to the PFI Provider dependent actions on 20 December. 	
		Risk Grading:	CMT December 2023
			Very High 20

Risks removed and rationale 2022/23 - Corporate Risk

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	Waste Management	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
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.

Risk ID	Opened	Risk Title	Recommendation	Rationale
5034	29/06/2020	Care Homes	Board approved closing the risk 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HGC setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.
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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.
5188	23/06/2021	Access to CAMHS	Board approved closing the risk 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.
5360	06/04/2022	Public Health (Covid-19)	Board approved closing the risk 23 August 2023 Board Corporate Register Paper	It was agreed to stand down the COVID risk in line with national, UK and global direction. In May 2023, the WHO declared an end to COVID-19 as a global health emergency. The WHO noted that the pandemic had been on a downward trend over 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.