NHS Lothian Board

Wed 24 April 2024, 09:30 - 12:30

Carrington Room, Inverleith Building, Western General Hospital, EH4 2LF

Agenda

09:30 - 09:32
2 min

1. Welcome

Verbal *John Connaghan*

09:32 - 09:33
1 min

2. Apologies for Absence

Verbal *John Connaghan*

09:33 - 09:34
1 min

3. Declaration of Interests

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 loth.corporategovernanceteam@nhs.scot

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

09:34 - 09:39
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *John Connaghan*

4.1. Minutes of Previous Board Meeting - 07 February 2024

For Approval *John Connaghan*

4.1 07-02-24 Public Board Minutes (draft to meeting).pdf (9 pages)

4.2. Staff Governance Committee Minutes - 13 December 2023

For Noting *Val de Souza*

4.2 Staff Governance Committee Minutes 13-12-23 (Final).pdf (11 pages)

4.3. Healthcare Governance Committee Minutes - 23 January 2024

For Noting *Fiona Ireland*

4.3 Healthcare Governance Committee Minutes 23-01-2024 (Final).pdf (6 pages)

4.4. Audit & Risk Committee Minutes - 20 November 2023

For Noting *Martin Connor*

4.4 Audit & Risk Committee Minutes 20-11-2023 (Final).pdf (6 pages)

4.5. Finance & Resources Committee Minutes - 14 February 2024

For Noting *Angus McCann*

Due to meeting schedules, the minutes for 25.10.23 & 20.12.23 F&R meetings were not approved in time for formal submission to the Board meetings in December 2023 and February 2024. However, these are available and accessible within the relevant AdminControl folders.

4.5 Finance & Resources Committee Minutes 14-02-24 (Final).pdf (4 pages)

4.6. West Lothian Integration Joint Board Minutes - 18 January 2024

For Noting *Martin Connor*

4.6 West Lothian IJB Minutes 18-01-2024.pdf (8 pages)

4.7. East Lothian Integration Joint Board Minutes - 14 December 2023

For Noting *Shamin Akhtar*

4.7 East Lothian IJB Minutes 14-12-2023.pdf (8 pages)

4.8. Edinburgh Integration Joint Board Minutes - 12 December 2023 & 09 February 2024

For Noting *Katharina Kasper*

4.8 Edinburgh IJB Minutes 12-12-2023.pdf (5 pages)
4.8 (a) Edinburgh IJB Minutes 09-02-2024.pdf (8 pages)

4.9. Midlothian Integration Joint Board Minutes - 21 December 2023

For Noting *Val de Souza*

4.9 Midlothian IJB Minutes 21-12-2023.pdf (16 pages)

4.10. NHS Lothian Pharmaceutical Care Services Plan - Annual Update April 2024

For Noting *Dona Milne*

4.10 NHS Lothian Pharmaceutical Care Services Plan - Annual Update April 2024.pdf (6 pages)

4.11. Pharmacy Practices Committee Annual Report 2023/24

For Noting *Jenny Long*

4.11 Pharmacy Practices Committee Annual Report 2023-24 (Inc. Appendices).pdf (11 pages)

4.12. NHS Lothian Annual Climate Emergency and Sustainability Report 2022-2023

For Noting *Jim Crombie*

4.12 NHSL Annual Climate Emergency & Sustainability Report 22-23 (Inc. Appendix).pdf (46 pages)

4.13. Board Skills and Experience Audit Report 2024

Information *Darren Thompson*

4.13 Board Skills and Experience Audit Report (2024-04-24).pdf (4 pages)

4.14. Appointments of Members to Committees & Integration Joint Boards

For Approval *Darren Thompson*

4.14 Appointments of Members to Committees & Integration Joint Boards (2024-04-24).pdf (3 pages)

4.15. National Whistleblowing Standards: Quarter 3 Whistleblowing Performance Report (Oct– Dec 2023)

For Noting *Janis Butler*

4.15 National Whistleblowing Standards – Q3 Whistleblowing Performance Report (Oct– Dec2023)(Inc. Appendix).pdf (17 pages)

Items for Discussion

09:39 - 09:44
5 min

5. Board Chair's Report - April 2024

Verbal *John Connaghan*

09:44 - 09:54
10 min

6. Board Executive Team Report - April 2024

Discussion *Calum Campbell*

6. Board Executive Team Report - April 2024.pdf (13 pages)

09:54 - 09:59
5 min

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

Verbal *John Connaghan*

09:59 - 10:04
5 min

8. February 2023 Financial Position and Year-End Forecast Update

Discussion *Craig Marriott*

8. February 2024 Financial Position & Year End Forecast Update (Final).pdf (3 pages)

10:04 - 10:34
30 min

9. NHS Lothian 5-Year Financial Outlook and Outline Plan 2024/25

Discussion *Craig Marriott*

9. NHS Lothian 5-Year Financial Outlook and Outline Plan 2024-25 (Inc. Appendices).pdf (17 pages)

10:34 - 10:44
10 min

10. Capital Prioritisation Update

Discussion *Craig Marriott & Colin Briggs*

10. Capital Prioritisation Update (240424).pdf (7 pages)

10:44 - 10:49
5 min

11. Annual Delivery Plan

Verbal Update *Colin Briggs*

10:49 - 10:59
10 min

12. Corporate Objectives 2024/25

Discussion *Colin Briggs*

12. Board Corporate Objectives 2024-25 (2024-04-24)(Inc. Appendix).pdf (4 pages)

10:59 - 11:09
10 min

BREAK

11:09 - 11:24
15 min

13. NHS Lothian Board Performance Paper

Discussion *Calum Campbell*

13. NHS Lothian Board Performance Paper (Inc. Appendix).pdf (21 pages)

11:24 - 11:34
10 min

14. Corporate Risk Register

Discussion *Tracey Gillies*

14. Board Corporate Risk Register Paper 24 April 2024 (Final Inc. Appendix).pdf (29 pages)

11:34 - 11:54
20 min

15. Quality Strategy Implementation Plan

Discussion *Tracey Gillies*

15. NHS Lothian Quality Strategy Implementation Plan (Final Inc. Appendix).pdf (18 pages)

11:54 - 12:04
10 min

16. Director of Public Health Annual Report

Discussion *Dona Milne*

16. Director of Public Health Annual Report 2023 (Inc. Appendix)(2024-04-24).pdf (34 pages)

12:04 - 12:24
20 min

17. A Strengthened Approach to Prevention Across the Lothian Health & Care System

Discussion *Dona Milne*

17. Board Prevention Paper (2024-04-24).pdf (50 pages)

12:24 - 12:27
3 min

18. Any Other Business

Verbal *John Connaghan*

12:27 - 12:29
2 min

19. Reflections on the Meeting

Verbal *John Connaghan*

12:29 - 12:30
1 min

20. Date of Next Meeting

For Noting *John Connaghan*

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

LOTHIAN NHS BOARD **4.1**

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 07 February 2024 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Mr A. Fleming (Vice Chair); Cllr S. Akhtar; Ms N. Akta; Mr P. Allenby; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Prof J. Innes (until 12:25pm); Miss F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Prof A. Khan; Mr A. McCann; Ms T. A. Miller; 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 F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Mr S. Chandran (Non-Executive Board Member); Mr P. Knight (Non-Executive Board Member); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Mr P. Togher (Chief Officer, Edinburgh IJB).

72. Welcome & Declaration of Interests

72.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Board welcomed three new Non-Executive colleagues – Dr Patricia Cantley, Professor Amjad Khan and Mr Jonathan Blazeby. The Chair asked colleagues to introduce themselves.

72.2 The Chair asked members to 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.

72.3 Miss Fiona Ireland - The Chair noted that this would be Miss Ireland's final Board Meeting before stepping down from the Board at the end of April. Miss Ireland was appointed to the Board as Area Clinical Forum Chair in September 2016 and had chaired the Board's Healthcare Governance Committee since April 2021. Miss Ireland also chaired the Board's Dental Appeals Panel since August 2018, was chair of the Organ Donation Subgroup between June 2018 and April 2021 and was into her third term on the East Lothian IJB.

73.1 The Chair thanked Miss Ireland for her professionalism and contribution to the Board throughout her term and wished her well for future endeavours.

72.4 Annual Accountability Review 2022/23 - The Board also noted that there had been a revised date received for the Board's Annual Accountability Review 2022/23 with Scottish Government, this was Monday 11 March 2024. Further details would be issued to board members in due course.

ITEMS FOR APPROVAL OR NOTING

73. Items proposed for Approval or Noting without further discussion

73.1 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.

73.2 Minutes of Previous Board Meeting held on 06 December 2023 – Minutes were approved.

73.3 Staff Governance Committee Minutes – 11 October 2023 – Minutes were noted.

73.3 Healthcare Governance Committee Minutes – 28 November 2023 – Minutes were noted.

73.4 West Lothian Integration Joint Board Minutes – 09 November 2023 – Minutes were noted.

73.5 East Lothian Integration Joint Board Minutes – 26 October 2023 – Minutes were noted.

73.6 Edinburgh Integration Joint Board Minutes – 16 November 2023 – Minutes were noted.

73.7 Midlothian Integration Joint Board Minutes – 21 September 2023 – Minutes were noted.

73.8 National Whistleblowing Standards - Performance Report Quarter 2, 2023/24 – Report was noted.

73.9 Pharmacy Practices Committee Outcomes Quarter 3 2023/24 – The Report was noted.

73.10 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:

- **Noted** 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.
- **Approved** the appointment of Andrew Cogan as Chair of the Healthcare Governance Committee, with effect from 1 May 2024.
- **Approved** 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.
- **Approved** 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.
- **Approved** the appointment of Dr Patricia Cantley as a voting member of the East Lothian Integration Joint Board, with effect from 7 February 2024.
- **Approved** the appointment of Prof Amjad Khan as a voting member of the West Lothian Integration Joint Board, with effect from 7 February 2024.
- **Approved** 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.
- **Approved** 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.

ITEMS FOR DISCUSSION

74. Board Chair's Report – February 2024

74.1 The Chair updated the Board on the following:

- Chief Executive Recruitment – The process was ongoing, and members would be updated as appropriate.

- Area Clinical Forum Chair –Mr Eddie Balfour had been elected as the next Chair of the Area Clinical Forum (ACF), from 1 May 2024. Mr Balfour was expected to become a non-executive board member, pending formal approval by the Cabinet Secretary.

- Digital Awareness–a Board Development Session was being planned for Board Members to be held later in 2024.

- Aspiring Chair's Programme –Mr Innes would participate in the NHS Scotland Aspiring Chair's Programme, hosted by NHS Education for Scotland.

- Territorial Board Sponsorship Guidance – a Framework document was currently being prepared by Scottish Government to provide clarity on Sponsorship arrangements.

75. Board Executive Team (BET) Report – February 2024

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

- Measles – The Board noted the significant rise in the number of cases reported in England and acknowledged the need for a proportionate approach in Scotland. Public Health Scotland was seeking to improve vaccination uptake in Scotland by writing to all school head teachers and to all families where children had not yet had two vaccination doses. Vaccination clinic opening hours would be extended and all staff were reminded of how to identify measles and of the correct actions to take if and when cases presented. It was noted that the recommended uptake for herd immunity is 95% and that the figure across Lothian was currently between 92-94%, with Edinburgh City slightly lower. As a result, efforts were focused here, as well as in areas of known deprivation.

- Fire Safety RIE - The Board noted that this item had been on the agenda for the recent MPs/MSPs meeting. It was noted that no particular issues had been raised in discussion. The Board still awaited receipt of a Scottish Fire and Rescue Service (SFRS) Enforcement Notice following recent discussions.

- Capital Projects – There was discussion on whether it was likely that any of the National Treatment Centre projects may be amalgamated once funding becomes available again. The Director of Finance commented that at this stage focus was on the impact of the Scottish Government Budget announcement and on winding down of projects. Moving forward a whole system review of the totality of investment would be needed but the two-year stopping of projects was a concern. The curation of business cases was also discussed. There was work being undertaken around the best place to stop/pause projects to ensure the most benefit when these restarted.

  There was also discussion about impact of any write offs in relation to capital projects. The Director of Finance explained ongoing discussion with Scottish Government around this and could discuss this further with Mr Blazeby outside the meeting. There was also discussion on the communications strategy for staff and public on the reality of the

current financial position and the need to have an open and transparent plan linking with the clear principles and framework as outlined in the Lothian Strategic Development Framework and Annual Delivery Plan. The Board recognised that it was also important to share information with IJBs and HSCPs as this challenge was not just an NHS one.

- Bed Occupancy REH - The Board noted that this issue was challenge but was being managed well and was being discussed explicitly thorough Healthcare Governance Committee and the Corporate Risk Register.

- Innovation - There was discussion on the use of innovation to help address the financial challenge. The Board noted the huge opportunities that the BioQuarter and Data Loch could provide, whilst acknowledging that development of innovative and novel products was resource intensive and there was a balance to be found. It was important that an appropriate innovation infrastructure was in place to fully respond to the challenges and opportunities ahead.

- Population Growth – There was discussion on the expected population growth in the Lothians over the next and previous ten years. The Board noted that there had been awareness raised with Scottish Government around the capital and revenue perspective and this would continue as opportunities arise.

- Nursing Workforce – The Board noted the 588 resignations since August. The Executive Nurse Director highlighted the reduction in numbers of registered nurses retiring, the improvement in retire and return numbers, staff coming back on lesser hours and the importance of having career conversations with staff.

- Centre for Sustainable Delivery (CfSD) – The Board received an update on the current position of the CfSD work with NHS Lothian. Work continues 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.

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

76.1 No items were highlighted.

77. Finance

77.1 Financial and Capital Resourcing Challenge

77.1.1 The Director of Finance introduced the report updating the Board on the impact of the Scottish Government's recent Budget announcement for NHS Lothian Revenue & Capital financial positions.

77.1.2 Members noted the Board's proud history of achieving financial balance and delivering a breakeven position but recognised that the current financial challenge was one of the tightest financial situations the Board had faced. The Director of Finance confirmed that as a result of the Scottish Government's Budget, announced on 19 December 2023, there had been a reset of the Board's financial plan, moving from 3% savings of the overall budget to 7%, which equated to £133M. However, this position could continue to move up.

77.1.3 The Director of Finance added that, in effect, there was a zero percent uplift in funding for the Board which would mean no new money in areas such as new drugs, demographic growth, and additional procedures.

77.1.4 The Board noted the key points of the budget impacting on the 2024/25 Financial Plan as outlined in the paper and in particular points around NRAC funding and 2024/25 Pay Awards. In relation to NRAC funding (the distribution formula for funding across Scotland driven by population) it was noted that there would be a slight increase and benefit to the Board, but the Board remained relatively disadvantaged and outwith NRAC parity which meant missing out on around £16M. For the 2024/25 Pay Awards, the assumption was that these would be fully funded by Scottish Government.

77.1.5 The Board also noted the key points of the budget impacting on the Capital position within the report, noting that the formula capital allocation of £25M, used for areas such as maintaining estate and keeping services going, would now remain a flat allocation rather than doubling by 2025/26 as previously expected. This would mean spreading this allocation much further across the organisation.

77.1.6 The Director of Finance made the point that the required £133M saving could not be delivered through recurring efficiencies or small-scale projects alone. Instead, choices would be to be taken about the scale and extent of service provision that would have an inevitable, impact on performance.

77.1.7 There would be no new capital projects, this included the National Treatment Centre, Edinburgh Cancer Centre, and Eye Pavilion projects. These projects had now been stopped for at least the next two years. There would be no new business cases over the next two years, and it was not clear yet what would happen after this time or when spending may resume. However, by making efforts to maintain and achieve financial balance now, it was hoped that the Board would be in the best position to progress these projects when funding next became available.

77.1.8 The Director of Finance then outlined the proposed route to achieving financial balance in 2024/25. The Board noted the development of a programme of work with clear workstreams around bridging actions, corporate controls, stopping & assessing service capacity and treatment options, permanent choices, and the extension of current efficiency programmes. Engagement with national workstreams and the ongoing delivery of the Lothian Strategic Development Framework were also part of this approach.

77.1.9 The Board recognised this was a position never experienced before, noting that on average with a 3% efficiency target, 2-2.5% would be achieved and the requirement is now for 7%. The road to balance would be very difficult and complex and there was a high probability of detrimental impact on patient care and services, though the Board would wish to ensure that patients safety was prioritised. The timeline for development of an approach was critical, with only ten weeks in which to develop a financial recovery plan.

77.1.10 The approach to financial recovery would be reflected within the 2024/25 Board's Annual Delivery Plan and both would be discussed further by the Strategy, Planning & Performance Committee in March and presented to the Board for formal approval in April.

77.1.11 Board members wished to understand what potential responses were being discussed at a national level, with other NHS boards and with Scottish Government, to ensure best value, collaboration, and consistency in approach. The Chief Executive explained that he and other members of the Executive Leadership Team were engaged closely with their counterparts at other Boards and with Scottish Government officials. However, he noted that both appetite and pace of delivery might vary across boards. NHS Lothian had a statutory duty to deliver financial balance and could not afford to wait for others in developing the proposals required to achieve this. He reiterated that these proposals would include unpalatable choices for the Board and therefore ensuring adequate time for their consideration was critical.

77.1.12 Board members raised and discussed a range of factors relevant to the anticipated 2024/25 financial position, including:

- The need to apply robust clinical risk assessment processes in all decisions related to service delivery. In response, the Executive Medical Director provided the example of work underway to understand and assess the use of medicines of low clinical value.
- The ongoing work to identify and maximise opportunities for seeking and receiving developer contributions for healthcare, particularly for Primary Care. A Working Group had been established within NHS Lothian to support this aim.
- The need to ensure that any options for the use of land related to the now paused capital developments were protected and retained, in anticipation of future capital funding becoming available.
- The need to maximise the savings available from non-clinical areas, including those which were considered to be ringfenced.
- The acknowledgement that a reduction in the size of the workforce, which had grown since Covid, was inevitable in helping to meet cost savings. Reductions would be achieved through tighter vacancy and recruitment controls and natural turnover.

77.1.13 The Board accepted the recommendations within the paper and:

- Acknowledged that, based on the latest information following the Scottish Government budget, the significance of NHS Lothian's current financial gap, estimated at £133m now required a level of financial recovery savings beyond 3% (7%).
- Endorsed 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.
- Acknowledged that following the budget announcement, key capital projects would now move to an immediate pause for a minimum of two years.

77.1.14 Out with the meeting, the Director of Finance would take new non-executive colleagues through the overview presentation given at the last SPPC session.

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

77.2.1 The Director of Finance introduced the report updating the Board on the financial position for NHS Lothian as at the end of November 2023 (Month 8). The Month 9 position would be received by the Finance and Resources Committee next week. The current position was a £15.4M overspend, down from the forecast deficit of £52M at the start of the year. There remained key pressure areas around GP prescribing, acute drugs, medical and dental costs, inflation and PFI costs. The year end forecast was reviewed on a quarterly basis and quarter three would also go to the next Finance and Resources Committee.

77.2.2 The Board noted that for 2023/24, the targeted savings had been for £48M with £44M planned. However, for next year the target would be £133M. In line with the paper's recommendations, the Board:

- Accepted the current year end forecast of a projected £22m overspend.
- Accepted 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.

78. NHS Lothian Board Performance Report

78.1 The Deputy Chief Executive presented the Board Performance Report, giving some background context to the report for new non-executive colleagues, noting that this was a whole system performance paper, the format of which was agreed ahead of the next financial year to allow for consistency of reporting and comparison of the current and previous year's performance. There were prompts taken for the format, from the Blueprint for Good Governance. The Chief Executive suggested that the format for next year's reporting had to be smarter around national targets, the Board position, the target and where the Board thinks it is going to be. National targets were not always something the Board could commit to delivering.

78.2 The Deputy Chief Executive highlighted some key messages, around NRAC, population growth, and the Board's Annual Delivery Plan (current and 2024/25 development).

78.3 Board Members noted the current performance position and acknowledged that the performance report indicated a system remaining under pressure during this financial year. Emergency Department front door performance against the 4hr Standard and Scottish Performance was noted as were the improved admission rates at St John's Hospital that continued through fruitful discussions between Acute Services, community and social care partners.

78.4 Occupancy in Acute and Mental Health Services continued to be a focus of oversight, with a corporate risk for bed occupancy being in place. There was a significant upgrading programme taking place at the Royal Edinburgh Hospital cutting capacity by around thirty beds. These upgrades take an average ten weeks per ward and should be complete in four years however there would be challenges around decant for specialty wards (Renal, Critical Care).

78.5 The Board noted the Scheduled Care performance position and trend performance for outpatients and the Treatment Time Guarantee (TTG). There was an inherent pressure with the outpatient position with a deterioration in time bands. Outpatient activity had however, increased beyond baseline (the year prior to Covid) and the issues around demand continued to be investigated. There had been prior discussion at SPPC about the Outpatient Modernisation Programme and how an increase in activity translated across to In Patient waiting lists.

78.6 The Board noted that the Scottish Government 104-week TTG Target had not been met, however the ringfencing of scheduled elective orthopaedic beds had provided protected access to routine operations. This had been a hugely complex achievement to manage and sustain and further detail around increased access and throughput would be brought to the next SPPC meeting.

78.7 The Deputy Chief Executive emphasised this was a system under pressure with a number of additional challenges. Engagement continued with Finance Directorate colleagues and others on what 2024/25 would look like and what the format of the next Board Performance Report would be. The default approach would be to maintain consistency and to structure the report in order to ensure Board members' awareness of the current position, expected issues and responses.

78.8 In relation to cancer performance, this was below the 62-day target, but 31-day was performing relatively well, at above 90%. The Board noted that there was ongoing work to recognise opportunities that would make an impact on TTG and waiting performance. A number of scenarios around deployment of resources were being developed and the Board would receive a briefing on these in March or April. Emerging financial restrictions were expected to impact negatively on 2024/25 performance and work would continue to mitigate

this impact as much as possible. The Chair suggested that it would be useful to look in more detail at the cancer diagnosis pathways and waiting times at the next SPPC meeting.

78.9 The Board noted that the performance report included reference to the RIE ED Improvement Programme and the improvement actions underway. There was the expectation that when the Annual Delivery Plan was presented to the Board in April this would stitch together improvement plans against the financial position backdrop. The Chair made the point that the Annual Delivery Plan document had to serve several audiences, internal (staff) and external (Scottish Government and members of the public/patients).

78.10 Board members reflected upon a system under significant ongoing pressure which was facing the additional challenge of securing unprecedented levels of financial savings in 2024/25, as well as the reality of no investment in capital infrastructure for at least two years. It was acknowledged that the Lothian Strategic Development Framework (LSDF) continued to describe and communicate the Board's ambitions whilst providing the necessary structures and principles to achieve them. However, it was becoming increasingly clear that the original five-year delivery timeline for the LSDF would have to be reconsidered and that, due to resource and capital restrictions and severe service pressures, a ten-year delivery timeline may be more realistic. Work was already underway within Strategic Planning and the Communication Teams to replot trajectories and to ensure that messages were communicated openly with staff and the public.

78.11 Based on the recommendations in the paper, the Board:

- Acknowledged the performance across NHS Lothian in relation to the metrics provided.
- Noted the assurance levels for expected delivery against key national standards or local trajectories by the end of 2023/24.
- Acknowledged that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks would be addressed via existing governance channels and designated board sub-committees.

79. RIE Emergency Access Programme Board Update

79.1 The Chief Officer for Acute Services updated the Board on the work of the RIE Emergency Access Standard Programme Board.

79.2 The Board acknowledged the twenty-nine recommendations made by the external review team, all of which were accepted in full by NHS Lothian; and the moving of three outstanding actions from the Health Improvement Scotland report over to the management of acute as well as oversight from the Healthcare Governance Committee.

79.3 The Board discussed the recommendation from the external review team relating to the provision of 24/7 consultant cover in RIE's ED. The Chief Officer for Acute Services explained that this was not currently deliverable as it was not supported by the ED Consultant team, under both the current definition of how that might be achieved and current national Terms and Conditions.

79.4 The Board noted that 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 the week ending 7 January 2024, the proportion of ED attendance across Scotland meeting the standard was 59.4%, with NHS Lothian performance ninth out of 14 Health Boards in Scotland with 61.1%.

79.5 The Chair asked about ensuring adequate delivery against the actions. The Chief Officer for Acute Services outlined ongoing work to deliver and secure support for the required level of organisational change by ensuring effective staff engagement at all levels and providing supportive leadership. There was also involvement from the Organisational Development

Team with further staff sessions scheduled. Teams were being engaged to help develop pathways and sign up for different ways of working and interacting with each other, but it was recognised that this would take time.

79.6 The fire safety arrangements for the RIE ED were also discussed and it was acknowledged that the HIS RIE Action Plan had identified key areas of concern on the entire campus, not just ED and these issues were being addressed through a range of actions. In the meantime, the issue had been escalated on to the Corporate Risk Register, to ensure oversight and awareness at the highest level of governance.

79.7 The Board Noted the progress to date in implementing the recommendations of the External Review Team and accept that the recommendation to provide 24/7 consultant cover in the RIE ED cannot be delivered in the current circumstances. *

** The Board agreed in December to accept the External Review Team's recommendations in full and that any deviation from those would require approval from the Board.*

80. Corporate Risk Register

80.1 The Board received the circulated paper, noting that there were several risks current graded at "Very High" with nowhere to progress to in the case of any further deterioration. The Executive Medical Director referred to Risk #3829 Sustainability of Model of General Practice, confirming this referred to the model of delivery and not number of practices. The Board noted there would be further review of this risk by the Healthcare Governance Committee in May.

81. Any Other Business

81.1 No other items of competent business were identified.

82. Reflections on the Meeting

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

83. Date of Next Board Meeting

- 24 April 2024

Chair's Signature ……
Date ……

Prof. John Connaghan CBE
Chair – Lothian NHS Board

NHS LOTHIAN **4.2**

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 13 December 2023 via Microsoft Teams.

Present:
Mr W. McQueen, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Ms K. Kasper**, Non-Executive Board Member; **Ms N. Akta,** Non-Executive Board Member and **Ms H. Fitzgerald,** Partnership Representative

In Attendance:
Mr J. Crombie, Deputy Chief Executive; **Mrs R. Kelly,** Deputy HR Director; **Mrs A. MacDonald,** Executive Nurse Director; **Mr D. Thompson,** Board Secretary; **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe,** Consultant, Occupational Health; **Mrs N. Clancy,** Head of Employee Relations (Item 2); **Ms H. Monaghan,** Speak Up Ambassador (Item 5.4) ; **Mr S. Haddow,** Head of Medical Workforce Planning (Item 5.5); **Ms F. Ireland,** Deputy Director Nursing Item 6.1.1 and 6.1.2); **Mr D. Collins,** Head of Health and Safety (Item 6.2); **Mr S. Edgar,** Director of Medical Education (Item 6.3) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:
Ms J. Mundy, Advanced Practitioner, Clinical Education Critical Care; **Mr G. Garvie,** Network Team Leader, eHealth**; Mr J. Macdonald-Liddell**, Clinical Nurse Manager, REAS Management Office**; Ms S. Bagnall,** Programme Manager, Midlothian MCHP; **Ms T. Burrows,** Clinical Services Manager, Royal Edinburgh & Associated Services.

Apologies:
Ms L. Cunningham, Partnership Representative; **Ms T. Miller**, Employee Director; **Mr C. Campbell,** Chief Executive; **Miss T. Gillies,** Executive Medical Director; **Mrs M. Carr,** Chief Officer, Acute Services and **Mr S. Chandran,** Non-Executive Board Member.

CHAIR'S WELCOME AND INTRODUCTIONS

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

52. Declaration of Conflicts of Interest

52.1 No interests were declared.

53. Implementation of Once for Scotland Workforce Policies Presentation

53.1 The Head of Employee Relations presented the workforce policy programme, Once for Scotland. She highlighted that the work started before Covid but was halted during the pandemic; the first phase was published alongside the foundation policies in March 2020. The second phase will cover areas including work-life balance, flexible work schedules, and retirement and return.

53.2 The aim of the programme was to promote greater consistency amongst boards in meeting staff governance standards by developing standard, person-centred policies that could be easily adopted. Employees could access the policies digitally and from a single online location.

53.3 The Committee noted that NHS Lothian was closely engaged and active in this Programme, alongside other boards. As a result of this engagement, Lothian's innovative approach to providing adoption leave for kinship carers has influenced a joint Scotland approach.

53.4 The next phase of the work was underway focusing on equality and human rights, facilities and labour agreements, personal development, fixed-term contracts, secondment, and redeployment. The public consultation will begin on 8 February 2024 and end on 8 March 2024.

53.5 The Committee commended the Head of Employee Relations for her leadership of the policy work and emphasised the importance that the Board places on this work to improve people management and ensure effective and person-centred policies.

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

54.1 The Minutes of the previous meeting were approved as an accurate record.

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

55. Matters Arising

55.1 No matters arising.

STAFF EXPERIENCE

56. Advancing Equalities Action Plan 2023/24

56.1 The Deputy Director of HR provided an update on the 2023/24 Advancing Equalities Action Plan, confirming that the majority of the objectives had been met this year.

56.2 The Deputy Director of HR confirmed that the Carer's Passport was launched in November to coincide with Carer's Rights Day, and the Disability Passport was launched in December. A small working group has been set up to begin planning the Annual Equality and Diversity Conference, which was scheduled for 28 February, with save the dates to be announced soon. Members noted that the leaflets on sexuality and gender identity were behind schedule, but they hoped to have them ready for the conference with all network members participating.

56.3 The survey for career progression for BME staff had been completed, and discussions with staff would follow. A session was planned for the Nurse Directors' Forum on 9 February, with implementation to be included in the 2024/25 action plan.

56.4 It was confirmed that the development of the 2024/25 action plan was underway, with a focus on the key actions that can be delivered within the year; this would be shared in with the Committee at their meeting in May 2024.

56.5 The Chair requested that the Committee be kept up to date on the Conference's schedule, as this developed. The Deputy Director of HR confirmed that more information on the program would follow in January.

57 Disability and Carers Passports

57.1 The Deputy Director of HR provided an update on the Disability and Carer's Passports, confirming that both had been launched as part of the actions through the Advancing Equalities Action Plan.

57.2 Participation by staff in both schemes was voluntary, with the Carer's Passport intended to assist staff with caring responsibilities in managing their work and caring responsibilities. The Disability Passport was intended to support better conversations between staff and line managers, to help reduce barriers and enable employees to thrive in their roles. The passports were regularly documented, saved, and reviewed, and could be discussed with a new manager and in a new role, if necessary.

57.3 Members noted that both passports would be highlighted in recruitment packs and be made available via HR Online. Managers update sessions will take place for both passports and a roadshow will take place for the Carers Passport with a regular programme of promotion linked to equalities work. Developments in this area would help strengthen the Board's application for Disability Confident Leader Status in 2024.

57.4 The Chair inquired as to the current level of interest in the passports. The Deputy Director of HR confirmed that it was too early to predict how many people will sign up, but there would be a better sense of this through the networks.

57.5 The Committee noted the update on the Disability and Carer's Passports, as well as the steps being taken to put this work into action as part of the Advancing Equality Action Plans.

58 Whistleblowing Report

58.1 The Committee received the Whistleblowing Report, which included the quarterly performance and monitoring data as well as a summary of recent learning and improvement activity related to whistleblowing investigations. The Director of HR and OD set out some highlights from the Report, including:

- One new Stage Two case had been received since the last report.
- Decisions on two cases currently sitting with the INWO were expected in December and January, respectively.
- Meeting the required investigation and decision timelines remained challenging due to a lack of dedicated investigators.
- A dedicated investigator's network was being launched the following day, covering investigations required for a range of processes, including whistleblowing. Around 300 staff had indicated an interest in being involved.
- A successful programme of events had been held during Speak Up Week in October.

58.2 The Committee discussed the challenges in meeting the 20-day deadline for closing cases. The Director of HR and OD explained that 20 days was not a realistic expectation, given the complex nature of many of the issues raised. The challenges appeared to be understood and accepted by the INWO. Where deadlines were not expected to be met, the whistle-blower was kept up to date regularly. In the next 12 months, the standards would be reviewed and the issue of timescales will be raised again through the INWO.

58.3 Committee members sought to understand whether a business case for a full-time investigator post could be developed to reduce timeframes. In response the Director of HR and OD advised that, given the current financial situation, this would not be feasible.

58.4 It was noted that employees who raise whistleblowing concerns generally prioritise the thoroughness of the investigation over compliance with the 20-day timescale. The investigation steps were documented in a way that helped to set expectations around timescales. As a result, whistle-blowers now have a better understanding of the process from the outset, which has relieved stress and reduced anxiety.

58.5 The Committee accepted Moderate Assurance that appropriate systems and processes were in place to ensure that staff had confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised would be acted upon.

58.6 The Committee approved the draft Q2 2023/24 Whistleblowing Performance Report, prior to its intended presentation to the Board on 7 February 2024.

59 Speak Up Report

59.1 The Committee received a paper providing an update on the activity of the Speak Up Initiative during Q1 and Q2 of 2023/24. A number of highlights were brought to the attention of the Committee, including:

- A decrease in the number of appointed Speak Up Advocates due to retirals, staff changes and the general pressures of core roles.
- Contacts received were broadly consistent in both volume and type with the same period in the previous year.
- Face-to-face training had resumed, bringing benefits for team building.
- The escalation of one concern to Stage 2 of the Whistleblowing Policy.

59.2 The Committee noted the indication in the Report that Speak Up and Whistleblowing routes, in some cases, still appear to be preferred by staff over raising the concerns via the original service route. To try and improve levels of confidence in this route, a list of frequently asked questions (FAQs) has been added to the intranet page. Ongoing work would seek to drive a greater collective commitment to addressing concerns at source whilst reducing the perceived stigma of whistleblowing.

59.3 The Speak Up Ambassador remarked on the positive turnout at the recent National Speak Up Conference, which took place at the end of September, with territorial boards, the Scottish Government, and independent agencies attending in person and online.

59.4 The Chair thanked the Speak Up Ambassador for providing such a thorough update. He highlighted the difficulty in learning from the concerns expressed in the feedback. The Speak Up Ambassador emphasised the opportunity next year with the high level of interest in the investigator network training.

59.5 The Director of HR and OD also commended the work of the Speak Up Ambassadors, highlighting their support in ensuring that those raising concerns are kept regularly updated on progress and outcomes.

59.6 The Committee noted the ongoing delivery and promotion of the Speak Up Service and its work to identify and address barriers to individuals raising concerns.

60 National Health and Social Care Staff Experience Survey Report

60.1 The Head of Medical Workforce Planning provided a detailed breakdown of the national report, which is part of the wider National Health and Social Care Staff Experience Survey Report.

60.2 The Lothian response rate of 58% was compared to the national average of 59%. Lothian's EEI score was 77%, which was the same as the national average, and the completion rate average was 50% for Lothian and 55% nationally. Overall, more work was needed to ensure the completion of action plans, but the Board's position was good, relative to the national picture .

60.3 The Head of Medical Workforce Planning confirmed that incremental progression had been consistent, and this work was continuing, with a proposed timetable for 2024. Based on feedback from HSCPs and Facilities, their cohort surveys would be separated over the summer, rather than a combined cohort.

60.4 The Committee questioned the 50% completion rate for Action Plans and asked what the Board needed to do to achieve a higher completion rate. . In response, the Head of Medical Workforce Planning highlighted the ongoing efforts to encourage line managers to receive training on action plans and to understand their role in completing these plans.

60.5 Members queried whether the completion of iMatter action plans should be more explicitly referenced as a line management responsibility. The Director of HR and OD explained that this was a leadership responsibility and it was necessary to do more to create the right conditions for action plans to be completed. She commented that people management expectations were clearly referenced in managers' job descriptions and highlighted that there had been an improvement in performance from last year, with an increase from 42% to 50%.

60.6 Members noted that training events for business managers would be held next year to address performance in each directorate, and that more meaningful discussions between general managers and direct reports would be encouraged.

60.7 The Director of HR and OD reaffirmed that the iMatter work was progressing with support from partnerships, highlighting improvements in the five areas across the Staff Governance Standards.

60.8 The Chair proposed that the iMatter data be shared with non-executive board members in order for them to understand the organisation's position. The Director of HR and OD and the Head of Medical Workforce Planning agreed to share this information and would include a covering paper. **JB & SH**

ASSURANCE AND SCRUTINY

61 Corporate Risk Register

61.1 3455 – Management of Violence and Aggression

61.1.2 The Deputy Director of Nursing provided an 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 the report provided an update on the internal audit report and work undertaken for the last two years.

61.1.3 The Deputy Director of Nursing confirmed the main issue was the training strategy, which was approved on 14 November. She explained that actions to mitigate the identified risks had taken longer than expected. The risk would be rephrased so that it focused on all areas of training rather than just the high-risk areas that had been the focus for the last two years.

61.1.4 Members noted that the risk had been reported through the Audit and Risk Committee, and that all actions had been completed, but the Programme Board would continue with the Audit and Risk Committee's intention to conduct a follow-up audit of the V&A issue in 2024/25.

61.1.5 The Committee sought to understand whether there had been in increase in V&A incidents reported. In response, the Deputy Nurse Director confirmed there an increase of five points above the mean for moderate harm and a focus on training in three high-risk areas. There had been an increase in specific patients with multiple incidents, but the Violence and Aggression team was assisting areas in managing local strategies. The expansion of training to all areas should deliver a positive impact.

61.1.6 The Committee commended the extensive work that had been undertaken during the last two years to address significant vulnerabilities. Members considered that this work should continue to be an area of focus as new processes and changes are implemented.

61.1.7 The Committee accepted moderate assurance in relation to the progress achieved against the six workstreams. It was noted that the overall risk rating remained High and would likely do so until the changes were fully embedded.

61.2 3828 – Nurse Workforce – Safe Staffing Levels

61.2.1 The Deputy Director of Nursing provided an update on the risk mitigation plan for managing the nursing and midwifery staffing risk on the Corporate Risk Register. She explained that the risk remained high and actions were being taken to achieve a net increase in staffing numbers, with the number of leavers decreasing from 2022.

61.2.2 Additional support and mechanisms were currently in place for newly qualified nurses with a positive outcome from the universities, with a campaign underway for next year. Nurses in their final year of university had been offered a one-day-a-week contract, and progress had been made towards meeting the national directive to eliminate off-contract nurses with a consistent supply from the Staff Bank.

61.2.3 The Chair asked if closing down the contract provided an opportunity for Lothian to employ more nurses. In response, the Deputy Director of Nursing stated that she did not believe the work had progressed that far at this time, but the off-and-on contracts require a Scotland-

wide approach. Staff had transitioned from off-contract to the staff bank, but she wasn't sure if there was a desire to move to substantive positions.

61.2.4 The Committee noted that the particular challenges in neonatal, St. John's Hospital (SJH), and mental health. Whilst staff could be moved to make things safer at SJH, there were not enough staff coming through mental health training, and neonatal was a niche area and an area of concern. There would be closer working with international recruitment in this area.

61.2.5 The Committee approved the paper and associated Risk Mitigation Plan with a moderate level of assurance.

61.3 5020 – Water Safety

61.3.1 The Deputy Chief Executive confirmed that, as reported previously, lead responsibility for the water safety risk had transferred to him from the Medical Director.

61.3.2 The Committee noted that the Deputy Chief Executive would chair the Water Safety Group beginning in January, with membership changes and a revised report and area of focus to be presented to this Committee.

61.3.3 Members noted that there were no IMT or PAGS related to water safety at the moment, and there were no service impacts.

61.4 3328 – Traffic Management

61.4.1 The Deputy Chief Executive provided an update on the traffic management risk and confirmed that the problems with congestion and traffic control at Royal Edinburgh Hospital (REH) had improved as a result of Edinburgh City Council implementing traffic control restrictions. The Scottish Fire and Rescue Service (SFRS), which had previously raised concerns about access had not expressed any concerns in the last year, but the additional parking at REH had helped move this risk from a red to an orange grade.

61.4.2 Whitburn Health Centre would begin turning circle work this month, changing the risk from red to orange. East Lothian Community Hospital traffic management was currently considering options for parking and traffic, resulting in traffic bottlenecks.

61.5 New Risk for Staff Governance Committee - RIE Fire Safety

61.5.1 The Deputy Chief Executive briefed members on the RIE fire safety risk, reminding them that the risk had been accepted on to the Corporate Risk Register by the Board and this would therefore be escalated from the critical systems risk register.

61.5.2 To ensure appropriate governance arrangements, different Board committees would receive assurance information in future on different aspects of the risk.

61.5.3 The Staff Governance Committee would receive assurance on the implementation of agreed mitigation plans relating to NHS Lothian's responsibilities as building occupiers, following oversight from the relevant Health & Safety committee. Any associated clinical risks would also be considered through the appropriate governance routes.

61.5.4 The Finance and Resources Committee would receive assurance separately on the key measures relating to the building owner and infrastructure mitigation plans.

61.5.5 The Director of HR & OD explained that the new fire safety risk would be added to the Committee's work plan in due course.

62 Health and Safety Assurance Report

62.1 The Head of Health and Safety provided an update on behalf of the Medical Director. He requested that the Committee concentrate on the associated assurance for quarterly risk and the key risks listed in Appendix 3.

62.2 The Head of Health and Safety confirmed that as part of the existing assurance approach, 12 key risks had been identified; the overall areas of identified risk had remained unchanged for over ten years. A paper was provided alongside the Assurance Report, setting out the intended approach to reviewing current key risks in order to ensure that they remain the rights areas of focus within NHS Lothian and across each service and local committee.

62.5 The Chair inquired as to who would sign off on the outcome of this work and any revised approach. The Head of Health and Safety confirmed that the procedure would be scrutinised and recommended by the Health & Safety Committee, for approval by Staff Governance Committee.

62.6 The Committee accepted the current key risks and acknowledged the progress to date with reviewing the key health and safety risks.

63 Medical Education Annual Report

63.1 The Director of Medical Education provided an update on the Medical Education Annual Report. The report included an annual summary from the GMC of all Local Education Providers (LEPs) in the UK, the educational quality control activities currently taking place within NHS Lothian, and responses to surveys and actions taken by the DME team and clinical team as part of the education governance process.

63.2 The Director of Medical Education highlighted and confirmed the contents of each of the appendices. Appendix 1 covered the workplace experience, key themes from doctors, and a comparison against other boards across the UK. Appendices 2 and 3 contained the postgraduate and undergraduate DME reports for 2023.

63.3 It was noted that Appendix 1 indicated concerns about skill building. However, NHS Lothian had robust processes and was leading on this area with learning and training centres for the international medical cohort. These individuals were trained outside of the UK and came to Scotland for their first place of work and were well embedded.

63.4 Members noted that GPST experience and data had improved over the previous year, but the report also highlighted dissatisfaction amongst postgraduates and challenges with work demand, capacity to do the work, and prioritising of patient workflow.

63.5 The Director of Medical Education commented that the information within the report is not surprising but had highlighted three areas of focus: being good or better at work, being more innovative with work, and including sustainability and value (S&V). This would lead to people doing the right work and a greater sense of belonging for doctors moving between boards.

63.6 The Chair inquired whether the influx of doctors coming into the organisation was manageable, and whether the service was detecting a shift in that position that differs from other boards. In response, the Director of Medical Education stated this is concerning, but it's

not different from other boards. Work-related stress and burnout were prevalent in all workplaces and linked to both long- and short-term absence. He confirmed that training numbers had returned to pre-Covid levels and assured the Committee that staff would revisit training when required.

63.7 The Director of HD and OD was supportive of the systems in place for capacity but emphasised a UK-wide resource issue. She highlighted the agreement for junior doctors, including contract terms that had been in place for 20 years. This would be reviewed next year and needs to be linked to wellbeing work.

63.8 The Chair inquired about the availability of hot food and whether the NHS Charity is able to assist during out-of-hours. The Director of HD and OD confirmed that hot food vending was trialled during the pandemic at RIE, but there wasn't sufficient footfall, it wasn't financially viable, and it wouldn't meet the criteria for support from the NHS Lothian Charity.

63.9 The Chair highlighted the lower-than-expected numbers of undergraduates and postgraduates and asked whether there were any concerns about training delivery. The Director of Medical Education confirmed there were some concerns, but also plans in place and a Scottish Government policy for 500 additional medical students and 300 in the six medical schools.

63.10 The Director of Medical Education highlighted the challenges, but the service was assisting colleagues, setting expectations, and focusing on building capacity in Midlothian, East Lothian, and at the Astley Ainslie Hospital (AAH) for consultant time. Each trainee had one hour of development time and the ability to train staff as part of their job plans, which included a rigorous training plan. Although the numbers of trainees would not increase, the numbers of foundation doctors would.

63.11 The Committee accepted the recommendations detailed in the 2023 Director of Medical Education Report, as well as moderate assurance about future areas of focus.

64 Remuneration Committee Annual Report

64.1 The Committee noted the Remuneration Committee Annual Report.

64.2 Members noted that the Staff Governance Annual Performance Report would be presented at the meeting in May.

SUSTAINABLE WORKFORCE

65 Workforce Report

65.1 The Deputy Director of HR presented the Workforce Report for November 2023, which included data on sickness absence and bullying and harassment across the organisation.

65.2 It was reported that sickness absence had increased since the last Committee update but bullying and harassment incidents had decreased. She explained that there were issues with gathering data on incidents bullying and harassment and recording this information, and more work was needed to improve how this information was presented.

65.3 The Chair highlighted the challenges in reducing sick leave in a post-Covid world. In response, the Director of HR and OD stated that the system was under pressure with an ageing workforce and establishment gaps. She explained that the board needed to provide

assurance that managers were consistently applying the policy for sickness absence, but highlighted that in comparison to other boards, the board was doing well.

65.4 The Committee noted the workforce update and agreed that a spotlight update on sickness absence would be provided at a future Committee.

66 Workforce Plan – update on Year 1 Actions

66.1 The Director of HR and OD provided an update on the Scottish Government's three-year workforce plan that started last year. She explained that the two-year action plan was approved at the last Committee but the progress against the Year 1 action plan had not been finalised at the time, but the Corporate Management Team (CMT) had now approved this progress.

66.2 The Committee noted the work completed in the action plan across the organisation, particularly in nursing and midwifery, as well as the high-risk and unstable workforce supply position. Members also commented that NHS Scotland lacked an investment strategy, in contrast to NHS England, which was recently published.

66.3 The Chair inquired as to whether the Workforce Plan included details on the corporate disciplines and the personnel in HR and finance. In response, the Director of HR and OD stated that while Lothian was in a competitive position and that the Board values hybrid working, it has had difficulties with recruiting to Band 2 and 3 administrative posts. To assist in placing people in employment, a recruiting facilitator for estates and facilities was recruited in the past year. The 'Project Search' and the employability policy would be integrated into the work anchors to elevate the recruitment process.

66.4 The Committee noted the Workforce Plan update and the progress reported against year-one actions.

FOR INFORMATION AND NOTING

67 Staff Engagement and Experience Framework 2023-26

67.1 The Committee noted the Staff Engagement and Experience Framework 2023-26

68 Staff Governance Work Plan 2023/24

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

69 Staff Governance Assurance Statement – 2023/24

69.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24 and agreed that the fire safety risk would be added to the Staff Governance Assurance Statement.

70. Any Other Competent Business

70.1 The Director of HR and OD highlighted that this would be the Chair's last meeting, prior to his departure from the NHS Lothian Board at the end of January 2024. She thanked him for the significant leadership he had provided to the Staff Governance Committee and the Board's

priorities in this area. She reflected in particular on the clear guidance, constructive challenge, and positive support he had offered, which had helped drive forward key strategy and policy developments.

70.2 The Chair thanked everyone and wished everyone the best going forward.

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REFLECTIONS ON THE MEETING

71 Matters to be highlighted at the next Board meeting

71.1 There were no matters that required to be highlighted to the Board

72 Matters to be highlighted to another Board Committee

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

73 Date of Next Meeting: Wednesday 13 December 2023

73.1 The next Committee meeting would be held on Wednesday 6 March 2024 at 9.30am

Signed by Chair 06/03/2024.

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 23 January 2024 by video conference.

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

In attendance: Mr C. Campbell, Chief Executive; Ms H. Cameron, Chief Allied Health Professional; Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Mr C. Marriott, Finance Director (observing); Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms A. MacDonald, Executive Nurse Director; Ms T. McKinley, Service Director, Royal Edinburgh Hospital and Associated Services; Ms D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Dr A. Page, Consultant Haematologist; Ms C. Palmer, Associate Nurse Director; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Ms M. Carr, Chief Officer, Acute Services; Ms S. Gibbs, Quality and Safety Assurance Lead; Dr Ashley Goodfellow, Deputy Director of Public Health; Ms J. Long, Director of Primary Care.

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.

66. Patient story

66.1 Ms McKigen read out feedback from Care Opinion by a patient who had been admitted as an inpatient to the Mother and Baby Unit at St John's Hospital with post partum psychosis. She gave positive feedback both for the care on the ward and aftercare at home with the community psychiatric team.

67. Committee Business

67.1 Minutes from Previous Meeting (28 November 2023)

67.1.1 The minutes from the meeting held on 28 November 2023 were approved as a correct record.

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

67.2 Assurance Framework for Safe Care

67.2.1 Ms T. Gillies presented the previously circulated paper. Mr Cogan and Mr Fleming had been involved in the discussions for development of the assurance framework. There would be a further update at the next meeting. **TG**

68. Mental Health Assurance Report

68.1 Ms McKigen presented the previously circulated paper. She noted that the four hour waiting times standard had been newly introduced for mental health admissions from the Emergency Department. There were small numbers of admissions but performance was high.

68.2 It was noted that the plan to improve facilities for rehabilitation and intellectual services had not gone ahead due to lack of funding. This was not included on the risk register as the risk was for the adult acute inpatient department which was already in a new building.

68.3 In response to a question about how assurance levels were drawn together for the diverse services under mental health, Ms McKigen advised that data from complaints, upheld complaints, incident reports, waiting times, bed occupancy, medication errors, staff sickness absence and requirements from internal and external investigations were used, as well as concerns raised through staff personal development meetings with line managers and by the patient council. Concerns raised were investigated. All these areas were summarised using a standard score card for each service which was overseen at the senior managers meeting, where concerns were also raised and discussed.

68.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance that governance structures were in place.

68.4 Bed Occupancy Risk Mitigation Plan

68.4.1 The risk mitigation plan had been circulated as appendix 1 to the Mental Health Assurance Report. Work was being done day to day to place patients, but occupancy remained above 100% and it had not been possible to close any of the contingency beds.

68.4.2 Ms McKigen advised that bed numbers agreed for the new inpatient building did not take into account population increase, and that patient numbers had increased in proportion to population increase.

68.4.3 The team was working closely with the Health and Social Care Partnerships, particularly Edinburgh. The work means using community services to support people who would otherwise be in inpatient acute care. This was challenging and there were different risks to consider and mitigate. The contingency beds could not be closed until there was a better position in community provision.

68.4.4 Members accepted limited assurance on the capacity risk.

68.5 REAS Accommodation Risk Mitigation Plan (risk 5687)

68.5.1 Ms McKigen presented the previously circulated paper. The new risk on the risk register referred to both high secure and low secure mental health provision. For high secure there was reliance on a national strategy. For low secure there had been a business case for provision which was now not going ahead due to the freeze on capital spending from the Scottish Government. There was an established process for out of area placements. Numbers were small for high secure but bigger for low secure.

68.5.2 As different mitigations were in place for high and low secure provision it was agreed that the risk should be split into two risks. Assurance levels for each would be recommended at the next meeting. **TMcK**

69. Safe Care

69.1 Healthcare Improvement Scotland (HIS) Royal Infirmary of Edinburgh follow up report

69.1.1 Ms MacDonald presented the previously circulated paper. In response to a question about assurance that the problems highlighted in the initial report would not happen again, Ms MacDonald advised that there was a programme of assurance visits in the department where criteria were assessed both from within the department and by external visitors from other areas of Lothian. Data was kept on these visits.

69.1.2 The paper submitted was an update on the feedback from the HIS visit in September 2023. A further report would be brought to the next meeting recommending an assurance level on mitigation of the 4 hour emergency access risk. **MC**

69.1.3 Actions from the recommendations made by HIS would be overseen by the Acute Clinical Management Group and an update would be included in the next annual Acute Assurance paper to the Healthcare Governance Committee, with any concerns brought to the Committee as they arose.

69.2 Healthcare Improvement Scotland (HIS) Edinburgh Health and Social Care Partnership Adult Support and Protection inspection – update on progress with actions

69.2.1 Mr Massaro-Mallinson presented the previously circulated paper. The joint inspectors for this report were the Care Inspectorate, Healthcare Improvement Scotland and the police regulatory board. Work was ongoing to address the recommendations made and the team was on track to meet these.

69.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance. The next update to the Committee on outcomes would be part of the annual assurance report from the Health and Social Care Partnership.

69.3 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan (risk 3726) update

69.3.1 Mr Massaro-Mallinson presented the previously circulated paper. Mr Knight noted that the Scottish Government had asked that one additional patient should be supported by the early discharge scheme per day, and that the HSCP was aiming to support and additional four patients per day, and asked how it would be assured that these patients were additional and not patients who would have had an early discharge anyway. Mr Massaro-Mallinson advised that tracking did not yet indicate whether the scheme was fully accessible or what impact it was having yet, but that data on patients discharged on the early discharge scheme would be compared to those who would be discharged within 72 hours anyway.

69.3.2 Ms J. Gillies advised that this scheme was in response to Scottish Government guidance as part of the three year delivery plan and modeling had been done by their strategic team.

69.3.3 Some of the dates on the risk mitigation plan could now be updated and this would be included in the next update.

69.3.4 There had been improvement in the last year in the situation with homecare providers, including external providers, and there was now more capacity for packages of care. Work on social work practice had also resulted in improvements with reduced number of people waiting for assessment from social work. Both these areas had improved the position on delayed discharge.

69.3.5 Members accepted the recommendations laid out in the paper and accepted limited assurance. It was agreed that there would be a further update at the meeting in May 2024 including data on the impact of the actions taken and the supported early discharge scheme. **PT**

69.4 Haemophilia Comprehensive Care Centre

69.4.1 Ms Ireland welcomed Dr Page to the meeting and he presented the previously circulated paper. Members noted the substantial amount of work done and accepted the recommendations laid out in the paper. The next update would be part of the annual acute assurance report. If there were any concerns from the Infected Blood Inquiry about current practice, this would be brought to the Committee earlier.

69.5 Patient Safety Annual Report

69.5.1 Ms J. Gillies presented the previously circulated paper. Ms T. Gillies noted that once the assurance framework had been implemented, this should show where each of the items in the Patient Safety Annual Report were discussed in the organisation and where more detailed data was reviewed and overseen.

69.5.2 There had been an increase in numbers of pressure ulcers from January 2021. Ms MacDonald advised that the LACAS standards would be used to monitor this and identify the areas where more education work was needed. The specialist tissue nurse team provided support, education and advice in clinical areas.

69.5.3 There had been an increase in the average incidents where restraint was used. Ms McKinley advised that overall restraints were monitored using departments score cards and were discussed at senior management team meetings. One or two patients who required multiple restraints could bring up the average for a specific time period. The overall aim was to reduce both restraint and medication for restraint as much as possible within safety limits using a continuous intervention policy.

69.5.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall, but limited assurance in terms of improvement on the position for pressure ulcers.

69.6 Hospital Standardised Mortality Report

69.6.1 Ms T. Gillies presented the previously circulated paper. She noted that patient acuity had changed over time as patients with lower acuity were now seen in outpatients or community services resulting in a higher percentage of hospital patients having high acuity.

69.6.2 In response to a question, Ms T. Gillies advised that the work done on this targeted group did highlight a decrease in quality of care due to delays in admission from the Emergency Department, but did not show an increase in adverse outcomes or mortality rate.

69.6.3 Ms T. Gillies advised that the detailed work done reviewing patient notes would identify any problems with coding if present.

69.6.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance. Further updates on the second and third workstreams would be brought to the meetings in March and May 2024. **TG**

70. Effective Care

70.1 Quality Report

70.1.1 Ms J. Gillies presented the previously circulated paper. It was noted that the Quality Strategy was aligned with the Lothian Strategic Development Framework and that it would be useful to demonstrate this. When discussing improvement work with departments, their priorities were informed by the Lothian Strategic Development Framework.

70.1.2 It was noted that there was good maturity in quality improvement skills at department level, but the focus should be targeted on those areas where there were risks and quality improvement work could have a high impact.

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

71. Exception Reporting Only – reports provided

Members noted the following previously circulated reports:

71.1 Out of Area Placements Monitoring Team Annual Report;
71.2 Tissue Governance Annual Report;
71.3 Tobacco Control Annual Report.

72. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

72.1 Area Drug and Therapeutics Committee, 4 August 2023, 6 October 2023;
72.2 Organ Donation Sub Group, 24 August 2023;
72.3 Public Protection Action Group, 16 August 2023;
72.4 Health and Safety Committee, 30 August 2023.

73. Corporate Risk Register

73.1 Ms T. Gillies presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

74. Reflection on the Meeting

74.1 This was Mr Murray's last meeting before the end of his term as Board member. Ms Ireland thanked him for his engagement and participation. Mr Murray thanked the Committee for their work in this complex, difficult and challenging area, and thanked officers for always dealing with his questions professionally.

75. Date of Next Meeting

75.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 26 March 2024** by video conference.

76. Further Meeting Dates

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

Signed by Chair 26/03/2024

NHS LOTHIAN **4.4**

AUDIT AND RISK COMMITTEE

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

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

In Attendance:
Ms. S, Bagnall, Talent Management Programme; Mr D. Boyd, Talent Management Programme; Ms. T Burrows, Talent Management Programme; Mr C. Campbell, Chief Executive; Mr S. Donaldson, Talent Management Programme; Mr G. Garvie, Talent Management Programme; Ms J. Gillies, ;Mr R. Hubert, Audit Scotland; Ms F. Ireland, Deputy Director - Corporate Nursing & Business Support; Mr M. Lee, Grant Thornton; Mr C. Marriott, Director of Finance; Mr S. McAllister, Observer; Mr A. McCreadie, Deputy Director of Finance; Ms A. Macdonald, Director of Nursing; Mr J. Macdonald - Liddell, Talent Management Programme; Ms E. Mayne, Grant Thornton; Ms O. Notman, ;Mr J. Old, Financial Controller; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: Mr J. Crombie, Deputy Chief Executive; Mr S. Nugent, Audit Scotland; Mr J. Fraser, Grant Thornton.

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

Welcomes and Introductions

The Chair welcomed Members to the November meeting of the Audit and Risk Committee. He extended specific welcome to the Mr McAllister and representatives from the Talent Management Programme to the meeting and provided a background the roles and responsibilities of the Audit and Risk Committee.

36. Minutes of the previous meeting held on 18 August 2023

36.1 The minutes of the meeting held on 18 August 2023 were accepted as an accurate record and approved.

37. Running Action Note

37.1 The Committee noted the actions marked complete or items on the agenda for further discussion and those that were not due for consideration detailed within the report.

37.2 Counter Fraud Services – Members expressed thanks to colleagues for discussion and work undertaken around the implementation of a civil litigation process.

37.2.1 It was noted that the communication piece relating to Counter Fraud Services was being developed within NHS Lothian's Communication Department. It was hoped that raising awareness of new processes would act as a deterrent to staff.

37.3 Violence and Aggression – The previously circulated paper was received. The paper sought to clarify the route of assurance for the report on violence and aggression that was subject to internal audit in 2021/22.

37.3.1 The Committee noted the existing mechanisms for internal control and assurance, particularly on compliance with the Staff Governance Standard, including health and safety matters.

37.3.2 It was noted that the information intended to address specific questions previously raised about the reporting and prevalence of incidents of violence and aggression against staff.

37.3.3 The Committee considered the appropriateness of ongoing actions and further measures proposed to provide assurance on the delivery of previous Internal Audit Recommendations and on the adequateness of the Board's revised overall policy framework for "Keeping People Safe".

37.3.4 It was noted that updated formal assurances in this area would be sought at the Staff Governance Committee meeting in December 2023 and it was anticipated that the current level of limited assurance would be improved following the closure of all of the recommendations from the original internal audit.

37.3.5 The Committee were supportive of commissioning a further internal Audit of Violence and Aggression in 2024/2025 to ensure that the original recommendations identified had been fully implemented and any remaining concerns were addressed.

37.3.6 It was noted that next steps would focus on reviewing and updating the Corporate Risk Register to reflect that the organisation had addressed the high risk areas by providing the necessary training and will now consider the proportion risk across the organisation.

37.3.7 The Committee were advised that the number of instances of violence and aggression committed against staff reported to the police was not routinely collated by NHS Lothian. The Deputy Director - Corporate Nursing & Business Support agreed to investigate whether this data could be collated via DATIX as part of the review of violence and aggression processes. **FI**

37.3.7 It was noted that the paper focused on the governance processes and assurance framework and the risk described under 4.1 was specific to the contents of the paper rather than the key risk. It did not reflect or minimise the overall corporate risks relating to violence and aggression overseen by Staff Governance Committee.

37.3.8 The Committee accepted the comprehensive update and agreed to close off the action relating to Violence and Aggression on the Running Action Note.

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

38. Risk Management

38.1 NHS Lothian Corporate Risk Register (CRR) - the previously circulated report was received.

38.1.1 The Committee reviewed the September and October updates provided by the Executive Leads concerning risk mitigation, as set out within the paper and that these updates would be presented to the December 2023 Board.

38.1.2 The overview of the changes in the CRR over the past two calendar years was noted.

38.1.3 The Committee noted that any new or materially worsening risk would be presented to the Strategic Planning and Performance Committee (SPPC) prior to the Submission to the Board.

38.1.4 The Committee noted that the Corporate Management Team (CMT) was currently scoping a new risk relating to fire safety at the Royal Infirmary of Edinburgh (RIE) site and would recommend inclusion in the CRR to the December 2023 Board.

38.1.5 Attention was drawn to the table within the report that reflected the Boards ability to recover services following the pandemic and the significant challenges they would face around financial aspect of funding additional staff and capacity within the system to achieve this. Members took assurance from regular reviews of these individual risks and the updates were provided to the Committee through the monthly risk register paper.

38.1.6 The Committee acknowledged the importance of working with colleagues on those risks and internal audits that impact the Integrated Joint Boards (IJBs) and the Health and Social Care Partnerships (HSCPs) to support the work on integration.

38.1.7 Committee accepted the report and its recommendations.

39. Internal Audit

39.1 Internal Audit Progress Report – November 2023 – the previously circulated report was received. To date the internal audit team had completed 234 days, which equated to 52% of the overall plan.

39.1.1 It was noted that the internal audit of medicines management had been delayed. The report was prepared and is sitting with management representatives to confirm the management recommendations. After some consideration Members agreed that the report should be presented to the Audit and Risk Committee in February 2024.

39.1.2 There were five audits in progress and the audits on Human Resources movers and leavers and nursing workforce were within management for comments. It was anticipated that these reports would be presented in February 2024.

39.1.3 It was noted that the internal audit of bank and agency staff had been removed from the plan and the days scheduled had been reallocated to cover the additional waiting times audit that had been requested by the Deputy Chief Executive.

39.1.4 The Committee were assured that there was sufficient resource and flexibility in place to complete the programme of work by year end and the internal audit opinion remained on track to be fed into the formal account process.

39.1.6 The Committee accepted the report.

39.2 Internal Audit Recommendation Tracker Report (November 2023) – The previously circulated report was presented. The report outlined work that Internal Audit had done in respect of the long standing actions that had not been implemented within their allotted times.

39.2.1 The report advised that there were 17 recommendations overdue that fell within medium and low categories. Since the publication of the Internal Audit Recommendation Tracker Report (November 2023) four further actions had since been closed off.

39.2.2 Attention was drawn to one outstanding management action relating to the use of bank and agency staff. Members were concerned that despite Internal Audit reaching out to management representative no response was received and requested that the Director of Finance pursue a response to the action via CMT. **CM**

39.2.3 Attention was drawn to one outstanding action relating to critical infrastructure that was more than three months overdue. Members noted that despite the actions being overdue, updated had been provided the management representatives and it was anticipated that the action would be closed off at the February 2024 meeting.

39.2.4 The Committee accepted the report.

39.3 Patient Funds Follow Up Final Report – The previously circulated report was received.

39.3.1 The internal audit of Patient Funds Follow-up had been assigned an overall rating of moderate assurance with the key issues relating to corporate appointee management. Otherwise, general controls in place were robust.

39.3.2 The Committee accepted the report.

39.4 Internal Audit Consultant Job Planning – the previously circulated report was received. The internal audit of Consultant Job Planning had achieved an overall rating of moderate assurance with the key areas of risk relating to delay in job plans being signed off, speciality planning guides and the accurate recording of completion of personal and speciality objectives.

39.4.1 Attention was drawn to the challenges associated with prioritisation of job planning and the competing priorities that staff were facing and formal training for new staff were noted. The Committee noted the importance of all staff buying into the culture and having the correct processes in place to support this work.

39.4.2 It was noted that NHS Lothian had significantly invested within the technology and the infrastructure around job planning and as an organisation they were committed to improving the processes around job planning.

39.4.3 The Committee accepted the report.

39.5 Internal Audit Top Medical Earners Report - the previously circulated report was received. The Committee received a brief overview of the audit on Top Medical Earners that had been commissioned in response to an FOI request and how it linked to work to address risks identified in the previous audit of waiting list initiative payments.

39.5.1 Attention was drawn to the development of a short life Working Group that would be established to develop a standard operating procedure (SOP) that would address issues identified in both the Top Medical Earners and Waiting List Initiative Payment audits.

39.5.2 Management was keen to structure the response to these audits on the previous Estates action plans to assure the Committee that actions be progressed and action taken was recorded in detail.

39.5.3 Attention was drawn to the national payroll system and the limits that it posed on the organisations in terms of their ability to make changes and how they work around these limitations to achieve the desired outcomes. It was noted that the organisation would continue to work with colleagues nationally on how they could influence change around the national system and make improvements.

39.5.4 The advisory report on Top Medical Earners identified that the main area of weakness related to approval controls specifically, excessive hours and claims for clash of planned activity and additional work, how session were recorded and the intent of claims and whether they were in the spirit of the programme etc.

39.5.5 The Committee agreed that the internal audit of the Top medical Earners would remain on the Audit and Risk Committee until all issues had been resolved. A report, action plan and the proposed standard operating procedure would be brought to the Audit and Risk Committee in February 2024 for full consideration.

39.5.6 The Committee received assurance that to date no inappropriate claims had been identified as part of the Top Medical Earners audit, but this would be considered as part of the detailed work undertaken by the short life working group and would be feedback via the report in February.

39.5.7 The Committee accepted the report.

39.6 Internal Audit Core Financial Controls – Review of Journals Report – The previously circulated report was received. The Internal Audit of Core Financial Controls had achieved an overall rating of significant assurance.

39.6.1 The Committee accepted the report.

40. Counter Fraud Activity

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

40.1.1 The Committee noted that four intelligence alerts had been received from Counter fraud Services and disseminated to all relevant and interested parties within the organisation.

40.1.2 On fraud detection, the Committee noted the number of referrals and operations that were ongoing, and operations closed during the reporting period.

40.1.3 Attention was drawn to the simple process utilised in the recovery of unpaid exemption charges. CFS had been approached around extending the use of the simple process to include the pursuit of civil cases and a pilot proposed, with the possibility of Lothian as the first test site. A decision on the implementation of the pilot was awaited from CFS.

40.1.4 The Chair requested that a further communication be issued to staff to draw attention to the training material on counter fraud and improve compliance to CFS processes. **JO**

40.1.5 The Committee accepted this report as a briefing on the current status of counter fraud activity.

40.1.6 The Committee agreed that the report provides a moderate level of assurance that all cases of suspected fraud are accounted for, and appropriate action is taken.

41. Any Other Competent Business

41.1 There were no other items of competent business for consideration.

42. Reflections on the meeting

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

43. Date of Next Meeting

43.1 The next meeting of the Audit and Risk Committee will be held on Monday 19 February 2024 at 9.30 a.m. via Microsoft Teams.

Signed by Chair 19/02/2024

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 14 February 2024 via Microsoft Teams.

Present: Mr A. McCann, Non-Executive Board Member (chair); Mr P. Allenby, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Mr G. Gordon, Non-Executive Board Member.

In attendance: Mr C. Campbell, Chief Executive; Ms M. Campbell, Director of Estates and Facilities; Ms D. Carmichael, Special Projects and Assurance Associate Director, Capital Planning; Ms M. Carr, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Executive Medical Director; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Sustainability Programme Director, Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes).

Apologies: Ms J. Long, Director of Primary Care; Ms A. MacDonald, Executive Nurse Director; Mr P. Togher, Chief Officer, Edinburgh Health and Social Care Partnership.

Chair's Welcome

The Chair welcomed members to the meeting.

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

Committee Business

34. Minutes and Actions from Previous Meeting (20 December 2023)

34.1 Members accepted the minutes from the meeting held on 20 December 2023 as a correct record.

34.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

35. Capital

35.1 Property and Asset Management Programme

35.1.1 Mr Graham presented the previously circulated paper. Guidance had been issued the previous day from the Scottish Government on progressing business cases now that capital funding had been frozen. Where possible staff no longer delivering projects were being used instead of external consultants where there was relevant expertise. As the project teams were being stopped, appropriate roles were being found for these staff.

35.1.2 The Regional Infectious Diseases unit was a significant issue now that there would be no reprovision. Contingency planning included identifying a possible alternative location within the existing site, but this would mean loss of beds in other departments. In the current situation, decisions such as this would have to be made with higher levels of risk accepted.

35.1.3 Mr Marriott advised that land at the Bioquarter adjacent to the Royal Infirmary site was in the process of being purchased for the Eye Pavilion reprovision before the funding for the project was stopped. It was necessary to continue with this land purchase as it would otherwise become unavailable for the future. Land purchase was not permitted unless as part of a project; the Scottish Government was looking into how this could be continued legally.

35.1.4 It was noted that anti-ligature works were one of the priority works. Mr Campbell and Ms Gillies agreed that this was a high-risk area which must be prioritised due to the risk of death.

35.1.5 Not all the priorities on the list could be completed within the budget available. At the time of the capital funding freeze the estate was fully utilised and working at capacity with facilities that needed updating. Being unable to invest in improvements increased risk with the existing estate.

35.1.6 Members accepted the recommendations laid out in the paper.

35.2 Post Project Review Learning Summary

35.2.1 Ms Carmichael presented the previously circulated paper. Mr Campbell advised that the major trauma ward could not move to a 24/7 service because consultant's contracts were set nationally and could not be changed and there were other Agenda for Change restrictions. The service could not meet Scottish Government targets without increasing the hours worked. The best service would be provided with the resources available. This service was already operating well and was not the highest priority for improvement given the needs of other services.

35.2.2 Members asked for information in future reports about how benefits of digitisation were being realized and how this was being monitored, for instance in using the 'Near Me' technology invested in during the lockdown as an alternative to face to face clinics. Reviews often focused on better outcomes, but cost savings should also be shown. Mr Marriott advised that numbers using the technology invested in during the lockdown had reduced; more needed to be done to ensure the technology available was being used to save money where appropriate. This would be different for different services and different patient pathways.

35.2.3 An annual Post Project Review Summary would be brought to the Committee. Any significant lessons learned would also be highlighted in the Property and Asset Management Investment Programme report to the Committee. **CM**

35.2.4 A review of the outcomes of the Royal Hospital for Children and Young People was underway with wider communications to the public also included, this would be complete by December 2024.

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

35.3 Royal Infirmary of Edinburgh Facilities Risk (5185)

35.3.1 Ms Carr presented the previously circulated paper. Solutions for electrical resilience were being reviewed following the failure of a generator identified during a routine planned preventative maintenance (PPM) black start. The faulty component was being sent abroad for repair and there was a risk to this system while this was taking place. The component was not listed as a priority high risk asset which would have meant a spare would be in place.

35.3.2 Members accepted the recommendations laid in the paper.

36. Revenue

36.1 Financial Position and Year End Forecast

36.1.1 Mr McCreadie presented the previously circulated paper. He advised that the amount of efficiency savings made that was recurring and non recurring was being reviewed.

36.1.2 Spend on taxis had been highlighted in the press recently. There had been a new policy on taxi use the previous year and this was being implemented. There had been a reduction in number of journeys in the past year, but the unit cost had increased in the 2023 contract. This would be reviewed with the aim of reducing expenditure for 2024/25.

36.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance that a breakeven position would be reached in 2023/24.

36.2 Financial Plan Update

36.2.1 Mr McCreadie presented the previously circulated paper. Reduction of expenditure had to be made in the business units with the aim of 3% reduction but a requirement of 7%. Plans for bigger savings and reducing services where required were being developed. Efficiency savings were overseen by the Financial Oversight Group, with any difficult decisions reviewed by the Corporate Management Team.

36.2.2 Ms Gillies noted that more constraint and challenge on drugs prescribing was needed to reduce spend, rather than proscribing use of particular drugs. Prescribers would be supported to change thresholds while ensuring risk assessments were carried out and communicated.

36.2.3 Mr McCreadie advised that Integration Joint Boards also had a role in cost reduction initiatives, but that these may also have an impact on different areas. The teams would work together on this.

36.2.4 The plan was for the ADP and Financial plan to be reviewed at the Strategic Planning and Performance Committee on 20 March and then at the Finance and Resources Committee on 27 March before going to the Board on 24 April 2024. This would give Non-Executive members input into decisions made to reduce spend. This was agreed.

36.2.5 Members accepted the recommendations laid out in the paper.

37. Scottish Hospitals Inquiry

37.1 Scottish Hospitals Inquiry update

37.1.1 Mr Marriott presented the previously circulated paper. He expressed thanks to colleagues and retired colleagues who had appeared as witnesses so far as part of the Inquiry.

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

38. Climate Emergency and Sustainability

38.1 Climate Emergency and Sustainability update

38.1.1 Dr Hopton presented the previously circulated paper. Progress had been made in compliance areas and the biodiversity action plan was almost complete and would be complete by the end of the year.

38.1.2 There were national plans for a working group on adaptation to cope with climate change, and this was also part of public health planning.

38.1.3 A further energy review of the Royal Infirmary would be carried out prior to the end of the contract, of which energy costs were a substantial part.

38.1.4 There was no clear guidance from the Scottish Government on how spend on the climate emergency should be prioritised. This was one of the priorities along with efficiency savings and clinical priorities. Investment in areas such as reducing energy costs and waste would bring their own cost savings. Progress had already been made with waste reduction. Doing the best possible with the resources available would allow mitigation of some of the reductions in services which might otherwise be necessary. Practical solutions for efficiency savings were needed.

38.1.5 Members accepted the recommendations laid out in the paper.

39. Reflections on the meeting

39.1 Issues raised at this meeting regarding the financial plan would be discussed as part of the agenda at the next Board meeting.

40. Date of Next Meeting

40.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 27 March 2024**.

41. Further Meeting Dates

41.1 Further meetings would take place on the following dates:
- 5 June 2024
- 21 August 2024
- 23 October 2024
- 18 December 2024
- 12 February 2025
- 26 March 2025

Signed by Chair 27/03/2024

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 18 JANUARY 2024.

Present

Voting Members – Bill McQueen (Chair), Tony Boyle, Martin Connor, Damian Doran-Timson, George Gordon and John Innes

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

Apologies – Tom Conn and Ann Pike

Absent – Andrew McGuire

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Lorna Kemp (Programme Manager, Mental Health and Workforce Planning), Yvonne Lawton (Head of Health), Diane Stewart (Health Improvement Lead), Katy Street (Communication & Engagement Lead) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

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

3 MINUTES FOR NOTING

a The IJB noted the minute of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 6 September 2023.

b The IJB noted the minute of the West Lothian Integration Joint Board Strategic Planning Group held on 26 October 2023.

c The IJB noted the minute of the West Lothian Integration Joint Board Health and Care Governance Group held on 24 October 2023.

4 MEMBERSHIP & MEETING CHANGES

The clerk advised the following:

- That the Health Board had reappointed Martin Connor as IJB Voting Member as of 6 December 2023.

- That the Health Board had also appointed Martin Connor as the Lead NHSL voting member as of 1 February 2024.

- That notification of the appointment of Martin Connor as IJB Vice-Chair at the previous meeting had been in error and that Bill McQueen would remain as Vice-Chair until 31 January 2024, with Martin Connor becoming Vice-Chair thereafter.

Decision

To note Martin Connor's appointments and correction from the previous meeting.

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.

During discussion, members requested details on vaccination uptake as well as updates on St Michael's hospital building and officers undertook to provide this information at subsequent meetings.

It was also noted that that no further action by the IJB was required at that point in time in order for NHS Lothian to declare St Michael's hospital building surplus to requirements.

Decision

1. To note the terms of the report.

2. To provide an update on vaccine uptake at the next meeting.

3. To note that officers would ensure that the IJB be kept up to date regarding developments on St Michael's hospital either through the Chief Officer's report or a separate report in case of significant developments.

6 2023/24 FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update on the 2023/24 budget forecast position for the Board. This would be updated following the conclusion of the Quarter Three monitoring exercise.

It was recommended that the IJB:

1. Consider the forecast outturn for 2023/24 which took account of delivery of agreed savings;

2. Note that NHS Lothian had now allocated additional funding from the Scottish Government for sustainability; and

3. Note that a Quarter Three update on the budget position would be presented to the Board on 26 March 2024.

In response to a request from members, officers undertook to provide an update on the Tippethill and Maple Villa wards collocation progress and related impact at the next meeting.

An update of impact on service provision as savings measures progressed was also suggested.

Decision

1. To note the terms of the report.

2. To provide an update on the Tippethill and Maple Villa wards collocation progress and related impact at the next meeting.

7 SCOTTISH DRAFT BUDGET: 2024/25

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the Scottish Draft Budget for 2024/25, which had been announced on 19 December 2023.

It was recommended that the IJB:

1. Note the Scottish Draft Budget 2024/25y, which detailed portfolio spending plans for the coming year;

2. Note the implications for Local Government and Health Boards resulting from the Scottish Draft Budget 2024/25;

3. Agree that the Chief Officer and Chief Finance Officer should work with West Lothian Council and NHS Lothian to assess the detailed impact of the Scottish Draft Budget on financial contributions to the IJB from the partners; and

4. Agree that the Chief Finance Officer should provide a report to the Board on 26 March 2024 setting out the updated 2024/25 and 2025/26 IJB Budget and medium-term financial plan.

Issues with the East Calder medical practice building were then raised, and it was clarified that building maintenance remained the responsibility of the NHS; however, IJB officers continued to highlight the issue to the NHS. It was agreed that an update, including further ways the IJB could

contribute to a solution regarding building maintenance, would be provided at the next meeting. It was also agreed that the next IJB development session would examine further ways of optimising relevant communications with the West Lothian public.

Further discussions on the budget would also be held at the next IJB development session.

Decision

1. To note the terms of the report.

2. To further discuss the 2024/25 budget at the next IJB development session.

3. To provide an update regarding East Calder medical practice building issues at the next meeting and how the IJB could contribute to solutions currently being discussed with NHS Lothian.

4. To use the next development session to discuss ways of communication to the West Lothian public regarding constraints and responsibilities of various organisations implicated in building issues going forward.

8 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer inviting members to note the contents of the Chief Social Work Officer Annual Report for the period 2022/23, which highlighted key activities, developments and challenges.

It was recommended that the IJB:

1. Note the contents of the Chief Social Work Officer's annual report 2022/23;

2. Note that the report had been presented to West Lothian Council on 21 November 2023; and

3. Note that the report had been submitted to the Scottish Government Office of the Chief Social Work Advisor.

Officers provided assurance that effectiveness of the new system for social work case recording and case management would continue to be monitored before and after its live date to ensure optimal use.

Decision

To note the terms of the report.

9 UPDATE OF IJB STRATEGIC PLAN DELIVERY PLANS AND GOVERNANCE STRUCTURE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the progress made in relation to the development of the Delivery Boards that would take forward the actions detailed in the three IJB Delivery Plans The report and appendices provided:

• an overview of the governance structure for the Delivery Boards

• an overview of the meeting schedule and reporting schedule for each Delivery Board

• a draft performance management framework for each Delivery Plan.

An updated version of each Delivery Plan could be found in Appendices 1 to 3 of the report.

It was recommended that the IJB note the progress made in relation to the development of the three Delivery Boards.

During discussion, members highlighted the importance of measurable figures against outcomes in taking forward the actions detailed in the plans.

It was noted that members would be kept up to date on the delivery of the plans through six-monthly updates.

Decision

1. To note the terms of the report.

2. To note that six-monthly updates on the delivery of the plans would be presented to the IJB.

10 PROGRESS ON THE IMPLEMENTATION OF THE WORKFORCE COMMUNICATION AND ENGAGEMENT STRATEGY

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the implementation of the Workforce Communication and Engagement Strategy and providing an overview of workforce engagement and communication activity that had been undertaken during 2023.

It was recommended that the IJB:

1. Note the progress made in implementing the Workforce Communication and Engagement Strategy and the examples of engagement and communication activity across the Health and Social Care Partnership; and

2. Note that a full review of the strategy was due in 2025.

During discussion, members offered to contribute to the visibility of the

implementation project by featuring in its blog, newsletter and website. A cross-staff session on planning for 2024/25, including senior managers, staff and key members of the IJB as part of the engagement and communication activity with HSCP staff was also suggested.

Decision

To note the terms of the report.

11 CODE OF CONDUCT - ANNUAL REPORT 2022/23

The IJB considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2022/23 in relation to the Board's Code of Conduct.

It was recommended that the IJB note the summary of the work carried out in 2022/23 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, and of other significant events in the ethical standards regime.

Decision

To note the terms of the report.

12 FURTHER USE OF TECHNOLOGY ENABLED CARE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People Services informing members of the progress and approach to delivery of the IJB Savings Measure SJ1c – Further Use of Technology.

It was recommended that the IJB:

1. Note the progress to date;

2. Note the 2023/2024 agreed budget saving of £33,000 was achieved; and

3. Note the approach to delivery of the 2024/25 and 2025/26 total budget saving of £1,160,000.

During discussion, it was suggested that an update report six months into the financial year be considered. It was also agreed that the Senior Manager and TEC officers would meet with John Innes offline to discuss TEC proposals and implementation of savings measures.

Decision

1. To note the terms of the report.

2. To agree that the Senior Manager and TEC officers would meet with John Innes offline to discuss TEC proposals and

implementation of savings measures.

13 DISTRESS BRIEF INTERVENTION (DBI)

The IJB considered a report (copies of which had been circulated) by the General Manager, Mental Health and Addictions providing an update on the proposed approach to commissioning a new Distress Brief Intervention (DBI) service for one year in West Lothian and providing assurance that a service would be in place by the end of March 2024.

It was recommended that the IJB:

1. Note the Scottish Government's requirement for HSCPs to embed Distress Brief Intervention (DBI) by March 2024;

2. Note that a total of £121,000 of seed funding had been committed to implement DBI for year one;

3. Note that further consideration would need to be given on how the service would be funded in future years;

4. Note the proposed approach to commissioning the service as a test of change; and

5. Note the verbal update on the outcome of Council Executive on 16 January 2024, where a direct award to Lanarkshire Association for Mental Health (LAMH) would be considered.

It was agreed that an update on the project would be presented to the IJB t at the end of the calendar year in order to decide next steps regarding investment.

Decision

1. To note the terms of the report.

2. To provide a report on evaluation of the DBI project at the end of the calendar year in order to decide next steps regarding investment.

14 EQUAL, EXPERT AND VALUED, SEVEN YEARS ON

The IJB considered a report (copies of which had been circulated) by the Care Representative informing members of the *Equal, Expert and Valued, Seven Years On* report.

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

Decision

To note the terms of the report.

15 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

16 DATES OF FUTURE MEETINGS

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

Decision

To note the dates of future meetings.

17 CLOSING REMARKS

At the conclusion of the meeting, Martin Connor provided an overview of Bill McQueen's achievements during his time with the NHS Lothian and the West Lothian IJB. On behalf of the Board, he noted the IJB's recognition of Bill's service and wished him well for the future. Bill McQueen then thanked the IJB members and officers and reciprocated his best wishes for the future.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 14 DECEMBER 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:
Councillor S Akhtar (Chair)
Mr A Cogan
Councillor J Findlay
Ms E Gordon
Ms F Ireland
Councillor C McFarlane
Mr P Murray

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Dr P Conaglen	Ms S Gossner
Dr J Hardman	Mr D Hood
Mr D King	Dr C Mackintosh
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms L Kerr	Ms W McGuire
Mr N Munro	

Other Attendees:
Ms R Browne, Audit Scotland

Clerk:
Ms F Currie

Apologies:
Councillor L Jardine

Declarations of Interest:
None

1. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 26 OCTOBER 2023 (FOR APPROVAL)

The minutes of the IJB meeting on 26th October were approved.

2. MATTERS ARISING FROM THE MINUTES OF 26 OCTOBER

The Chair advised that the 'workshop' referred to on page 3 of the minutes would be a development session on finance matters taking place on 30th January 2024.

3. CHAIR'S REPORT

The Chair informed members that it had recently been announced that there would be a delay of 3 years in the introduction of the National Care Service. Likely, this was to make budget savings but she expected further information on this decision to be made available in due course.

The Chair also reported on the following:

A conference at Queen Margaret University on cognitive development and intergenerational work, and the benefits for older people. She said she would be happy to circulate further information to members, if requested.

ELCAP AGM – this was a well-attended event highlighting a huge amount of work and recognising the important role of carers.

The Cabinet Secretary for Health had recently visited East Lothian, including the Community Hospital, and it had been an opportunity to raise issues such as population growth and funding challenges and to highlight the positive work being done at the hospital.

Peter Murray highlighted a financial memorandum which included reference to the continuation of IJBs for at least 3 years, albeit possibly in a modified form. He hoped that there would be opportunities ahead for members to help shape the future of IJBs.

4. MEMBERSHIP CHANGES FOR THE IJB AND THE AUDIT & RISK COMMITTEE

A report was submitted by the Chief Officer informing the IJB of a change to its voting membership; and seeking nominations and IJB approval for a change to the membership of the Audit & Risk Committee.

The Clerk presented the report outlining the background and recommendations. She invited members to note the appointment of Councillor Findlay to the IJB as a voting member replacing Councillor Bruce. She then sought nominations for the voting member appointment to the Audit & Risk Committee. Mr Murray nominated Councillor Findlay, and this was seconded by Councillor McFarlane. No other nominations were received.

The Clerk then moved to the vote on recommendation 2.2, which was taken by roll call and approved unanimously.

Councillor Findlay said that he looked forward to being on both the IJB and Audit & Risk Committee. He knew he had a lot to learn but he looked forward to the next 3 years.

Decision

The IJB agreed to:

(i) note the appointment of Councillor Jeremy Findlay as a voting member of the IJB for the maximum term of office, replacing Councillor Lachlan Bruce; and
(ii) approve the appointment of Councillor Findlay to the Audit & Risk Committee.

5. PLANNING OLDER PEOPLE'S SERVICES – UPDATE ON ENGAGEMENT AND PROCESS

A report was submitted by the Chief Officer providing the IJB with an update on engagement and consultation activity to date and outlining the next steps.

Laura Kerr presented the report drawing attention to the recommendations and the timeline for engagement and consultation set out in the report. She explained the outcomes to date and the next steps in the process.

Mr Murray noted the considerable effort which had gone into this work and in providing as broad access as possible to the consultation.

Ms Kerr responded to questions from Councillor Findlay and David Binnie. She explained how responses were categorised into themes and the criteria for adding items to the long list. She acknowledged that palliative care and end of life care was an area in which the IJB did not perform as well as other areas and this was something which people were concerned about. A report on this issue was due to be presented to the Project Board at the end of January 2024. Ms Kerr also agreed to ask colleagues to coordinate arrangements for a development session on this issue. The Chair agreed that this should be an action point and that the session should include discussion on any proposals for future action.

Dr John Hardman supported Mr Binnie's request for a development session.

Councillor McFarlane thanked officers for the update and noted the important contribution which older people made to society, particularly in their role as unpaid adult and child carers. She agreed that palliative and end of life care should be as good as it possibly could be, and she said that people were keen to see this work progress.

Decision

The IJB agreed to:

(i) Note the content of the report;
(ii) Acknowledge and agree that sufficient engagement has been undertaken and details gathered to inform the next stage of the Planning Older People's Services project; and
(iii) Note that a similar update report was presented to the Strategic Planning Group on 23rd November 2023.

6. TRANSFER OF HOSTED SERVICES TO EAST LOTHIAN HSCP

A report was submitted by the Chief Officer informing the IJB of the transfer of hosted services to East Lothian Health & Social Care Partnership (HSCP) from Edinburgh HSCP.

Paul Currie presented the report outlining the background and recommendations. He advised that there was an updated list of services affected and a revised report would be circulated after the meeting. He summarised these amendments and provided an explanation of what was meant by hosted services. He also drew members' attention to the background of the report which set out the reasoning behind the decision to transfer these services. He outlined performance management and reporting arrangements and confirmed that there were no policy implications resulting from the proposals in this report.

Mr Currie and Fiona Wilson responded to questions from members providing further detail of the line management arrangements, the long-term expectations for services, the opportunities for the East Lothian HSCP to influence the future design of services, and the number of staff transferring as part of the proposals. Ms Wilson also confirmed that there would be no negative impact on the finances or priorities of the East Lothian IJB. She advised that the transfer would be complete by March 2024 and she would bring an update to the IJB at a future date.

Members acknowledged the potential benefits and opportunities presented by this arrangement and were generally supportive of the proposals.

Decision

The IJB agreed to:

(i) Note the pressures facing Edinburgh HSCP and NHS Lothian's intention to reduce these pressures and to improve Edinburgh's performance through a whole-system response from the other Lothian HSCPs.

(ii) Note the transfer of responsibility from Edinburgh HSCP to East Lothian HSCP for the management and performance management of four hosted services based in Edinburgh:

- Inpatient and outpatient specialist rehabilitation services in the Astley Ainslie Hospital, for amputee and neuro-rehabilitation injury.
- The Cardiac Rehabilitation Service in the AAH.
- The inpatient and outpatient specialist acquired brain injury rehabilitation service at the Robert Fergusson Unit, in the Royal Edinburgh Hospital.
- The specialist sexual health service in the Chalmers Centre.

(iii) Note that line management for senior staff in the listed services would also transfer to East Lothian HSCP.

(iv) Note that it was intended to complete full transfer of services to East Lothian HSCP by March 2024, with transitional management arrangements in place in the run-up to this date.

7. MEDICAL ADAPTATIONS IN THE PRIVATE SECTOR

A report was submitted by the Head of Housing at East Lothian Council updating the IJB on the risks and ongoing challenges associated with the delivery of adaptations; and the risk-based approach and actions being taken to inform and safeguard critical issues. The report also invited the IJB to note the actions being taken to keep residents informed.

Wendy McGuire presented a detailed summary of the report including updates to the information contained in sections 3.6 and 8.1. She outlined the benefits of adaptations in supporting people to remain in their homes and allow for early discharge from hospital. Adaptations were split into three categories, but this report focused on major adaptations. She explained some of the legislative context and duties, and the impact of recent changes in legislation around financial assistance. She referred to the Council's service level agreement with Care and Repair to facilitate work on adaptations and the funding arrangements for this area of work. She confirmed the total projected spend to the year-end which included an overspend, although there was some flexibility due to a vacant post. Demand for this service remained high and Ms McGuire outlined the risk-based approached used to prioritise cases and the potential impact of delays on individuals and other services and budgets. For the future, she recommended that the IJB support a proposal to carry out a Best Value review of this service.

Ms Wilson expressed concern that the budget had been overspent as it was her understanding that it was capped. However, she acknowledged the challenges facing the service and the need to prioritise. She also raised the question of procurement and whether the service provided by Care & Repair should be put out to tender.

Ms McGuire suggested that procurement arrangements might form part of any jointly led Best Value review. She highlighted the difficulty of working within a capped budget when the service was demand led and there were potentially significant impacts of not carrying out the work.

Lesley Berry explained that a committee was in place to look at the clinical needs of each case. She said that there was some third sector funding available but that it was important to acknowledge that it was not just about what a person might need but also what might be possible in their property. It was important to be practical when considering what needed to be done for an individual and whether staying in their own home continued to be the best option.

Maureen Allan said that income maximisation was a key issue and she offered to discuss this issue with Ms McGuire following the meeting.

Ms McGuire responded to questions from Councillor McFarlane and Elizabeth Gordon. She agreed that the increase in the older population in East Lothian meant that the type of appropriate housing stock was changing, and the Council regularly reviewed its void stock to consider whether properties were appropriate for adaptation. The Local Housing Strategy would include an older person's needs assessment and the next Local Development Plan would also include a focus on accessible housing. She confirmed that any equipment which might be reused, e.g., hoists, would come back to the social work department rather than Housing. She also advised that reinforcement work was being done in properties to support the use of hoists, etc.

David King commented on the financial arrangements and the need to work together in terms of integration. He also acknowledged the important point that money spent in one place could create benefits in another.

The Chair highlighted the next steps set out in 3.9 and proposed that this section be added as a recommendation in the report.

Ms Wilson gave assurance that the committee was already taking a multidisciplinary approach to assessing cases and getting the best outcomes for individuals. Care and Repair would also be exploring all avenues in terms of options and funding. Ms McGuire supported this view and the need to be mindful of the impact which delays could have on individuals' health.

Fiona Ireland suggested that the discussion was straying into operational matters, and it was not appropriate for the IJB to debate this issue before it had been considered by the Strategic Planning Group. Furthermore, she was of the view that it was not appropriate for the IJB to consider recommendation 2.4 in the report. Both Andrew Cogan and Mr Murray agreed with this view.

In response to a question from the Chair, Ms McGuire said she had no objection to the matters in recommendation 2.4 and section 3.9 being referred for discussion by the SPG, and that this would not prevent essential work continuing in the meantime.

Ms Ireland proposed that recommendation 2.4 be removed and this was seconded by Councillor Findlay. A vote was taken by roll call and the proposal was approved unanimously. The IJB then agreed to note the remaining recommendations.

Decision

The IJB agreed to:

(i) Note the ongoing challenges as a result of the budget being committed for the remainder of the financial year;
(ii) Note the legal position and responsibility of where adaptations sit; and
(iii) Note the updated position and actions being taken to keep residents informed.

8. FINANCIAL UPDATE – Q2 REVIEW 2023/24

A report was submitted by the Interim Chief Finance Officer discussing the output from the Quarter 2 financial reviews by the IJB's partners and a review of the IJB's Reserves.

Mr King presented the report. He advised members that the financial position remained challenging and that recovery plans were ongoing. He highlighted the difficulties around forecasting the social care year-end position due to an underlying financial pressure. In the meantime, additional funds had been made available within NHS Lothian to support the prescribing position and the Set Aside position also remained challenging. He also reported on the IJB's reserves position and how some of this money was being used to support ongoing financial challenges.

Mr King responded to questions from the Chair. He confirmed that it would be general reserves which would be used to ease financial pressures or to support longer term plans. However, earmarked reserves, given the inflationary pressures within the system, may no longer be sufficient to cover the costs of their specific projects. He also commented on the Scottish Government model to allocate funding and, while he was not aware of any plans to review this model, he acknowledged that this might be beneficial because of recent population increases. The Chair said that she would pick this up with Mr King following the meeting.

Replying to a question from Mr Cogan, Mr King said he did not think that the 2023/24 year end position would get worse but if there were areas of expenditure in the system underpinned by non-recurring funding, this may cause pressures in the following financial year. He hoped to be able to provide further details on these issues in due course.

Decision

The IJB agreed to:

(i) Note the output from the Q2 financial reviews; and
(ii) Note the projected position for the IJB's Reserves.

9. FINANCIAL PLAN 202425 TO 2028/29

A report was submitted by the Interim Chief Finance Officer laying out an initial projection of the financial pressures facing the IJB over the next five years.

Mr King presented the report. He confirmed that the proposed workshop on financial matters would take place on 30th January, and not the 25th as previously indicated. He then turned to the financial plan, referring to the Scottish Government budget setting process and the subsequent indicative offers provided to the IJB by its partners. He reminded members that the IJB was required to set a balanced budget. He referred to some of the ongoing inflationary pressures for the partners, such as pay awards, and other pressures within the system and how these might impact on the IJB's medium term financial plan. He advised that the forecasts would be refined following the indicative budget offers provided by the partners in January, but the position would remain very challenging and further recovery plans would be required.

In response to questions from the Chair and Mr Cogan, Mr King advised that the work on Set Aside budgets would be a longer-term project but he expected to have indicative figures for core budgets from both partners by the time of the workshop on 30th January.

Mr Binnie said he would like to have a better understanding of the statutory and legal position regarding funding and asked if it would be possible to include this in the workshop. Mr King agreed that this was important and should form part of the discussions.

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

Decision

The IJB agreed:

(i) To note the financial forecast;
(ii) To note the further development work required; and
(iii) To use the IJB's workshop on 30th January 2024 to discuss a range of proposals to bring the IJB's projected expenditure back into line with its forecast income.

10. IJB AUDITED ANNUAL ACCOUNTS FOR 2022/23

A report was submitted by the Interim Chief Finance Officer presenting the IJB's annual accounts for 2022/23.

Mr King presented the report. He drew members' attention to the review undertaken by Audit Scotland who had reported their findings to the IJB's Audit & Risk Committee on the 5th December. The Committee had accepted the recommendations sets out in the auditors' report and were recommending to the IJB that the accounts be approved.

Ms Ireland, as Chair of the Audit & Risk Committee, confirmed that the accounts had been considered at the recent meeting, having previously been reviewed by the Committee prior to being audited. The Committee had agreed to recommend that the IJB approve the annual accounts.

The Chair thanked officers for their work on the accounts and noted that the auditor's report highlighted that the IJB was performing above the Scottish average in most of the national integration indicators. The Chair moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB agreed to:

(i) Note the IJB's Audited Annual Accounts for 2022/23.
(ii) Note the External Auditor Annual report for East Lothian IJB for 2022/23.
(iii) Note the recommendations of the IJB's Audit & Risk Committee; and
(iv) Approve the IJB's Annual Accounts for 2022/23.

The Chair informed members that this was Mr Murray's last meeting as a member of the IJB. She thanked him for all the support and learning over the years and his contributions at meetings. On behalf of the IJB, she offered him best wishes for the future.

Mr Murray thanked the Chair for her good wishes and thanked all members of the IJB for their support and help. He also gave special thanks to Laura Kerr, Paul Currie previous Chief Officers David Small and Alison MacDonald, current Chief Officer Fiona Wilson, and Fiona Ireland.

Signed .....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

Minute

Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

Tuesday 12 December 2023

Virtual Meeting via Microsoft Teams

Present

Board Members

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

Officers

Angela Brydon, Hannah Cairns Sabrina Commons, Andrew Henderson, Massaro- Mallinson and Ryan Watson.

Apologies

Helen Fitzgerald and Rose Howley

Declarations of Interest

Bridie Ashrowan made a statement of transparency as the Chief Executive of EVOC, an organisation in direct receipt of funding from the Partnership.

Ruth Hendery made a statement of transparency as a Trustee of VOCAL, an organisation in direct receipt of funding from the Partnership.

1. Minutes

The minute of the Edinburgh Integration Joint Board of 16 November 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:

1) To agree to close the following actions:
   - Action 3 Finance Update
2) To agree that updates regarding the recruitment of the Chief Risk Officer are included as an additional action on the rolling actions log; and
3) To note the remaining outstanding actions

(Reference – Rolling Actions Log December 2023, submitted)

3. Annual Cycle of Business

The annual cycle of business was presented.

Decision

1) To agree the updated annual cycle of business attached at appendix 1;
2) To agree that officers consider ways of improving governance, internal and external communication and pick up with members after the budget setting process in March; and
3) To agree that a report will be submitted on carers funding updating the board on how funding has been spent and activities in relation to carers reviews.

(Reference – Annual Cycle of Business, submitted)

4. Medium Term Financial Strategy Update: 2024/25-2026/27

An update on the medium-term financial strategy was presented with reference being made to the approach being taken to balance the plan.

The MTFS has been updated to reflect the latest available estimates of income and expenditure for the Integration Joint Board. Financial implications of recent increases in social care capacity, rising prescribing costs and risks around income are driving a higher budget deficit than previously identified.

The process to identify and develop savings and recovery proposals to bridge the financial gap is underway. As far as possible these will align with the improvement

and strategic plans. Despite this there is a risk that financial balance over the 3-year period of the MTFS is not achievable without significant negative impact on outcomes for people and performance more generally.

Officers will continue engagement with partners. All involved discussions recognise and accept several complex inter-related factors, namely: the ongoing improvements in performance; the likely increased demand for services as we emerge from the Covid pandemic; and the IJB's structural deficit and inflation price pressures.

Decision

1) To note the update on the Integration Joint Board's medium term financial strategy 2024/25-2026/27;
2) To note officers' ongoing engagement to ensure partners are briefed on the updated medium term financial strategy and potential implications;
3) To agree to engage proactively with funding partners throughout the budget-setting period regarding funding contributions, noting that the objective of a balanced budget can be achieved through a combination of both cost savings and increased funding for services;
4) To agree that the Chair and/or Chief Officer as appropriate will liaise with COSLA regarding distribution of contract uplift monies to ideally achieve full funding for the living wage in Edinburgh;
5) To agree that the Chair will correspond with Scottish Government ministers in advance of 19th December (Scottish Government draft budget publication) to outline the likely impact on recipients of health & social care services across Edinburgh with current funding limitations;
6) To note that while vacancies are predicted to continue, and this provides an element of offset to the financial challenges, that recruitment to reduce vacancies can also contribute to meeting the growth in service demand;
7) To note that reductions to spending on health & social care services may result in costs to other public sector or third sector services, and therefore asks that all proposals developed through the 'star chamber' process consider where effects are likely to emerge, either within or outwith EIJB services, to enable early internal and cross-sector liaison and informed decision making by the board;
8) To note the development of 3 year financial projections, providing the board with a more strategic view of the challenge, and invites officers to consider medium-term / multi-year initiatives during the process for developing savings; and
9) To note that the process for developing savings must be fully integrated with assessment of equalities impacts, which is not currently detailed within the approach, and that late impact assessments held back budget decisions in

2023 and therefore asks that officers document how this will be incorporated into the approach and inform the board as impact information becomes available.

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

5. Appointments to the Edinburgh Integration Joint Board and Committees

The purpose of the report was to seek approval from the Edinburgh Integration Joint Board or the appointment of Mr Eugene Mullan as a citizen representative on the EIJB, and to consider the future approach regarding the number of carer and citizen/service user reps representatives going forward.

Decision

1) To appoint Eugene Mullan as a non-voting Citizen/Service User Representative on the EIJB, replacing Mr Grant Macrae;
2) To agree a more flexible approach, whereby the EIJB supports the minimum of one carer and one citizen/service user representative and supports increasing to six overall; and
3) To note that Ruth Hendery would continue as a non voting member of the EIJB on an interim basis until a suitable replacement can be found.

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

6. Committee Update Report

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of the Committees covering October – November 2023.

Decision

1) To note the work of the Committees.

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

9. Draft minute of the Performance and Delivery Committee of 29 November 2023

Decision:

To note the Draft minute of the Performance and Delivery Committee of 29 November 2023

(Reference - Draft minute of the Performance and Delivery Committee of 29 November 2023, submitted)

10. Valedictory Remarks

Decision

1) To note the boards' thanks to Christine Farquhar and Grant Macrae for their work as non voting members on the EIJB
2) To note the boards' thanks to Peter Murray for his work as a voting member on the EIJB

Minute

Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

10am Friday 9 February 2024

Hybrid Meeting - Dean of Guild Court Room, City Chambers / Microsoft Teams - City Chambers

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan (Item 1.1-6.1 and Item 7.1-9.5), Robin Balfour, Ian Brooke (Substituting Bridie Ashrowan (Item 6.2) Councillor Euan Davidson, Helen Fitzgerald, Andrew Flemming (Substituting Peter Knight), Elizabeth Gordon, George Gordon, Ruth Hendery, Rose Howley, Jacqui Macrae, Allister McKillop, Councillor Max Mitchell, Eugene Mullan, Councillor Vicky Nicolson, Moira Pringle, Emma Reynish, and Pat Togher

Officers

Angela Brydon, Jacqueline Boyle, Hannah Cairns Sabrina Commons, James Cuthbert, Andrew Henderson, Matt Kennedy, Gavin King, Mike Massaro-Mallinson, Jamie Macrae, John McKee, Katie McWilliam.

Apologies

Philip Allenby

Declarations of Interest

Item 7.2 - Ruth Hendry made a declaration of interest in relation as a trustee of Vocal.

Bridie Ashrowan made a transparency statement in relation to EVOC being in receipt of funding from the health and Social Care partnership.

1. Deputations

a) Edinburgh Trade Union Council in relation to:

Item 11 Future Relationship between the EIJB and Partners

The deputation highlighted that the report did not provide an adequate response to the City of Edinburgh Council motion in how to deal with Edinburgh's ongoing health and social care crises and how financial transparency would be ensured for the future. The deputation acknowledged that both the Council and NHS are operating in an environment of financial pressure and expressed concern that the ambitious change program included as part of the Medium Term Financial Strategy would result in poorer quality of care. The deputation agreed to the concept for a centre for research and highlighted the need for transparency and involvement from NHS Lothian and Scottish Government. The deputation further highlighted that engagement with Unions from third sector and private sector workers and not been undertaken.

Item 5 - An Older Peoples Pathway

The deputation highlighted that the report contained no measures as to how providers will deal with recruitment and retention of staff or improving the working conditions of front line workers. The deputation asked that the board consider the need to stop the process of implementing cuts and work together to secure Scottish Government investment to develop a health and social care service for the most vulnerable in communities.

b) UNISON

Item 5 - An Older Peoples Pathway

The deputation cautiously welcomed the older people's pathway however asked for written and public assurances to care workers, residents and families that there will be no job losses or increases to workload as a result of unfilled vacancies and asked for further written and public assurances that there will be no reduction in the quality of service and no reduction in the number of council run beds.

Item 11 Future Relationship between the EIJB and Partners

The deputation highlighted that Trade Unions have previously not been invited to important meetings and data has been shared out of context but acknowledged the positive impact of the new Chief Officer in this regard. The deputation asked that the recommendations of the all-party motion must be enacted in their entirety.

2. Minutes

The minute of the Edinburgh Integration Joint Board of 12 December 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

(Reference - minute of the Edinburgh Integration Joint Board of 12 December 2023, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to November 2023 was presented.

Decision:

1) To agree to close the following actions:

   - **Action 7 (1)** – Medium Term Financial Strategy Update: 2024/25-2026/27
   - **Action 7 (2)** – Medium Term Financial Strategy Update: 2024/25-2026/27

2) To note the remaining outstanding actions

(Reference – Rolling Actions Log February 2024, submitted)

4. Annual Cycle of Business

The annual cycle of business was presented.

Decision

1) To note the update

(Reference – Annual Cycle of Business, submitted)

5. An Older People's Pathway

The findings and recommendations of the commissioning exercise directed by the Edinburgh Integration Joint Board in June 2023 were presented. The findings and recommendations of this report were first presented at a Development Session of the IJB on 12 January 2024. Following this, it was considered at the Strategic Planning Group on 30 January 2024.

Decision

1) To agree to commission a costed proposal to open 40-50 new beds in 2024 in 2024 that will support people who would otherwise use hospital-based complex care;
2) To agree to commission a feasibility study to reopen Drumbrae as a care facility;
3) To agree to commission an independent study of the cost of intensive care home services;

4) To agree to commission a service specification and framework or prices, terms and conditions for intensive care services;

5) To agree to commission a business case for an enhanced 'Care Bookings' team;

6) To agree that officers issue the direction attached at Appendix 1 to extend the OPP commissioning exercise for a further 6 months; and

7) To agree that officers provide an update following the meeting with the Executive Team regarding the closure of Liberton at the meeting of the EIJB in March.

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

6. Health and Social Care Contribution to addressing the City's Housing Emergency

The report outlined the Councils response to the City's Housing Emergency and provided an update to the EIJB on the existing contribution of the Edinburgh Health and Social Care Partnership to homelessness pressures. Officers proposed that services provided by the Health and Social Care Partnership are reviewed to ensure that opportunities for collaborative and transformational change with our partners to meet the needs of people with complex needs of which homelessness is a significant factor are being maximised.

Decision

1) To note the progress made and the plans underway to address the Housing Emergency;

2) To agree that the services identified should be reviewed to ensure opportunities are maximised, care pathways are improved, and that failure demand is minimised;

3) To agree that a senior officer from the EHSCP is identified to lead on this work working closely with Council Services and 3rd sector colleagues; and

4) To agree that the Chief Officer will provide an updated paper in 3 months detailing the HSCP interface with the Housing/Homelessness Rapid Rehousing Transition Plan. This report will further outline the limitations, pressures, and challenges in developing this work.

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

7. Finance update

An update on the financial performance of delegated services was. It was highlighted that following increased, demand driven costs in social care services, the level of assurance provided of a break-even position for 2023/24 has been reduced to limited.

Decision

1) To note the financial position for delegated services to 30th December 2023 and associated year end forecast;

2) To note the recovery plan designed to address the financial deficit by 31st March 2023;

3) To note the risks inherent in the recovery plan;

4) To agree, as part of the recovery plan, to use slippage in carers funding to offset the increased costs of replacement care;

5) To note that the recovery plan remains insufficient to deliver in year financial balance based on current projections; and

6) To note the limited assurance provided by the Chief Finance Officer.

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

9. Carers Finance

Details regarding how Carers Act funding is optimised to support carers in Edinburgh were provided. It was highlighted that this matter was escalated to EIJB following recent discussions at the Council, carer providers and the Chief Officer on how best to utilise unallocated funding for 2023-24, to optimise carer support in the context of the challenging fiscal position.

An overview of how carer support had been optimised through available carer act funds, to deliver against the Edinburgh Joint Carer Strategy. The report then highlighted the priority areas for development in 2024-25.

Proposal 1

The following proposal was moved by Katharina Kasper (Seconded by Councillor Pogson)

1) To note that Carer Act funding has been optimised; and

2) To note the position for the unallocated funding 2023-24, in parallel with the Chief Finance Officer's Report at this same Board meeting.

Proposal 2

The following proposal was moved by Councillor Nicolson (Seconded by Councillor Davidson)

1) To agrees that a proportion of the unallocated Carer Funding of £382k is distributed to carer organisations as soon as possible, as requested in the initial motion;

2) To query the position for the unallocated funding 2023- 24, in parallel with the Chief Finance Officer's Report at this same Board meeting and requests £382k of the slippage funds be spend on direct grants, via carer organisations, to carers in order to alleviate pressure on those carers in greatest need, citing

findings from the recent Edinburgh Carer Survey, and the impact of previous Carer Assistance Fund as evidence of need and impact;

3) To note the use of the term 'replacement care' as outlined in Carers (Scotland) Act 2016 Statutory Guidance is defined as 'care provided to the cared-for person, which replaces care normally given by the carer and which is provided as a form of support to the carer so the carer can have a break from caring. Further acknowledges, replacement care is not restricted to cared-for people who meet local social care eligibility (3.2.58 of 2016 Statutory Guidance); and

4) To note that the review of care packages in Edinburgh which aims to reduce support across the city, the proposed £1.2 million spend on 'replacement care' will not keep current care in place further impacting carers.

Voting

For Proposal 1 - 7 votes

For Proposal 2 - 1 vote

(For Proposal 1 – Councillor Davidson, Andrew Flemming, Elizabeth Gordon, George Gordon, Councillor Mitchell, Councillor Pogson and Katharina Kasper.

For Proposal 2 – Councillor Nicolson)

Decision

1) To note that Carer Act funding has been optimised; and

2) To note the position for the unallocated funding 2023-24, in parallel with the Chief Finance Officer's Report at this same Board meeting.

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

10. Housing Based Support

The revised proposal to reduce the in-year financial deficit for 2023/24 was presented. The revised proposal focuses on a senior review of Housing Based Support currently delivered on a case-by-case basis over a concentrated time-frame.

Decision

To agree the revised proposal, which now focuses on a senior review of Housing Based Support currently delivered on a case-by-case basis over a concentrated timeframe.
(Reference – Report by Chief Officer, Edinburgh Integration Joint Board)

11. Future Relationship between the EIJB and Partners

An overview of the All-Party motion presented to the City of Edinburgh Full Council on the 2 November 2023 was presented. The report identified several work streams that will address the points raised in the All-party motion.

Decision

1) To note the points raised within the City of Edinburgh Council All-Party motion;

2) To agree to proceed with the workstreams referenced at paragraph 13 of the report, especially the recommendation to review the EIJB governance structure; and

3) To agree to ask partners to commission an independent review to understand what spend within the Council budgets contribute positively to the NHS position and vice versa. This will address point 2a vii of the motion raised at Full Council.

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

12. Appointments to the Edinburgh Integration Joint Board

The purpose of this report was to inform the Board of changes to membership.

Decision

1) To note that NHS Lothian have agreed to appoint Phillip Allenby as a Voting member of the Edinburgh Integration Joint Board with effect from the 1 February 2024; and

2) To note the vacancies listed at section 4 of the report and that efforts are ongoing to ensure these are filled.

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

13. Committee Update Report

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of the Committees covering December – January 2024.

Decision

To note the work of the committees.

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

14. Minute of the Strategic Planning Group of 04 December 2023

Decision

To note the minute of the strategic planning group committee of 04 December 2023.

(Reference - Draft minute of the Clinical and Care Governance committee of 07 December 2023, submitted)

15. Draft minute of the Clinical and Care Governance committee of 07 December 2023

Decision

To note the draft minute of the Clinical and care Governance committee of 07 December 2023.

(Reference - Draft minute of the Clinical and Care Governance committee of 07 December 2023, submitted)

16. Draft minute of the Performance and Delivery committee of 24 January 2024

Decision

To note the Draft minute of the Performance and Delivery committee of 24 January 2024

(Reference - Performance and Delivery committee of 24 January 2024, submitted)

17. Draft minute of the Audit and Assurance committee of 13 December 2023

Decision

To note the draft minute of the Audit and Assurance committee of 13 December 2023.

(Reference - Draft minute of the Audit and Assurance committee of 13 December 2023, submitted)

Midlothian Integration Joint Board

4.9

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

Present (voting members):		
Connor McManus (Chair)	Cllr Kelly Parry	Cllr Pauline Winchester
Cllr Derek Milligan	Andrew Fleming (NHS Lothian)	Angus McCann (NHS Lothian)

Present (non-voting members):		
Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Wanda Fairgrieve (Staff side representative)
Grace Chalmers (Staff side representative)	Joan Tranent (Chief Social Work Officer)	Fiona Stratton (Chief Nurse)
Claire Ross (Chief AHP)	Wanda Fairgrieve (Partnership Representative, NHS)	Magda Clark (Third Sector Representative)
Keith Chapman (User Representative)		

In attendance:		
Gill Main (Integration Manager)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Elouise Johnstone (Programme Manager for Performance)	Jake Murray (Assistant Strategic Manager, NHS)	Emma-Jane Gunda (Assistant Strategic Programme Manager)
Jim Sherval (Public Health Consultant, NHS)	Fiona Kennedy (Service Manager – Health and Social Care)	Gary Leadbetter (Democratic Services Officer)
Hannah Forbes (Assistant Democratic Services Officer)		

Apologies:		

Midlothian Integration Joint Board

Thursday 21 December 2023

1. Welcome and Introductions

Councillor McManus, the Chair, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board (MIJB). The Chair welcomed Claire Ross, Chief AHP, and Magda Clark, Third Sector Representative, who recently joined the Board.

Claire Ross and Magda Clark each briefly introduced themselves to the Board.

2. Order of Business

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

3. Declarations of Interest

No declarations of interest were received.

4. Minute of Previous Meetings

4.1 The Minutes of the Meeting of the MIJB held on 24 August 2023 and the Special Meeting of the MIJB held on 21 September 2023 were submitted for approval and agreed as a correct record, subject to the following amendments being made to the Minute of 24 August 2023:

On page 7 of the Minute, correct the wording around significant overspend from “the data from NHS Lothian is 3 months in arrears and a new IT system should provide updated data in September” to “that normally prescribing data is received by NHS Lothian 2 months in arrears. At Quarter 1 for 2023/24 prescribing there was only estimated data made available to NHS Lothian due to issues implementing a new national IT system. More information will be provided in September.”

On page 12, correct the wording around Angus McCann’s question so that it reads “Angus asked about the degree of mitigation the forecast provided. Claire advised there is a historic trend where there is an initial high overspend forecast early in the year which gradually comes down during future forecasts but there are underlying significant financial pressures.”

Magda Clark, noted that the organisation they work for is Midlothian TSI, it does not have the word association in it. It was agreed that this would also be removed from the Minute.

4.2 The Minutes of the Meetings of the MIJB Strategic Planning Group held on 28 September 2023 and 26 October 2023 were submitted and noted.

4.3 The Minutes of the Meetings of the MIJB – Audit and Risk Committee held on 28 June 2023, 7 September 2023 and 23 November 2023 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update - Presented by Connor McManus and Chair and New Members Report Morag Barrow, Chief Officer, explained that two voting members on the MIJB – Audit & Risk Committee (A&R) were required to be Elected Members who sat on the MIJB. Councillor Milligan confirmed they were happy to sit on the MIJB – A&R going forward, which will allow the A&R Committee to be quorate. The Chair presented the Chair's update noting that the recent MIJB Development Session was productive and spoke to how discussions that occurred will formulate into the MIJB's Strategic Plans in 2025. The Chair also noted that the MIJB Strategic Planning Group (SPG) Chair will be moving on and questioned if Gill Main, Integration Manager, had any further information on this. Gill Main explained that it is a Board decision as to who is appointed as the new Chair of the SPG and that they are expected an update and confirmation on developments in the new year. **Chair and New Members Report** This report provides information about non-voting member appointments to the Midlothian IJB and seeks the Board's formal endorsement of them. This report also	• **Councillor Milligan to sit as a member of the MIJB – Audit & Risk Committee.** • **Recommendations in the Chair and New Members Report approved.**		

Midlothian Integration Joint Board

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
provides information in relation to required changes to the membership of the MIJB-A&R. Board Members are asked to: • Endorse the nominations for non-voting members of the MIJB. • Review and approve the membership of the MIJB – A&R. • Welcome existing and new colleagues to the MIJB. The Chair moved a nomination for Councillor Milligan to sit on the MIJB - A&R and this was seconded by Councillor Winchester. Councillor Milligan accepted.			
5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer Morag Barrow, Chief Officer, presented the Chief Officer's Report which sets out the key strategic updates for MIJB. Board Members are asked to note the content of the report. Morag Barrow noted that: 1. The health system is very busy, as it always is in winter, which is a significant impact in terms of health & social care out in the partnerships. 2. There are three elements where the Midlothian team have excelled recently: a. Strategic Joint Inspection from Care Inspectorate and Health Care Improvement Scotland. This was around integration and outcomes for physical disability and the evaluation of the 5 indicators were that of "good." b. The Midlothian Community Respiratory Team and Midlothian Performance Team won a Scottish Healthcare Award. The work that won the award has been selected as a finalist for the Holyrood Digital Healthcare Awards. c. The publication of Midlothian end of life care project findings. The Chair thanked Morag Barrow for the report, asked for the Board's congratulations to be passed on to the team and opened the report up to questions.	• **Members noted the report.**	• **Morag Barrow**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Angus McCann, NHS Lothian, in relation to the GP resilience planning section of the report, queried about the activity in primary care remaining high in comparison to other HSCPs and the drivers which have led to reductions in acute ad hoc prescriptions through the new collaborative project between GP practices and pharmacotherapy teams. Morag Barrow explained, in relation to the first query, explained that one of the management GPs is currently looking at this. Morag Barrow explained that it may be that Midlothian's GPs are working harder or it could be that they are seeing people more often, which may either be a good or bad thing. The data is being drilled down into to understand this better, and that more detail can be provided to the Board following this. Morag Barrow also spoke to the strong engagement with GP practices in terms of their resilience planning. In relation to the second query, Morag Barrow explained there is strong delivery in terms of working with GP practices around efficiency savings, whilst there is also an excellent pharmacy lead. Morag Barrow noted that Midlothian is leading the way in terms of achievement of efficiency savings around pharmacology within Lothian. Morag Barrow also noted that funding is provided for one management GP session a week to work on this. Morag Barrow further explained that prescribing costs and volume issues are a continuing pressure. Keith Chapman, User Representative, queried if there are principles that arise from this integration that can be spread across the rest of the team and, in relation to the GP resilience planning and musculoskeletal therapy, questioned if there was a good equitable spread across SIMD data groups. Morag Barrow noted that learning has been shared and there is work being undertaken to look at how this can be spread across teams. In terms of the SIMD data, Morag explained that they do not have this data but can investigate it and bring this back. Claire Ross, Chief AHP, explained that a relationship is being developed with the public health analyst within NHS Lothian, which will help segment the waiting list population using SIMD data. Andrew Fleming, NHS Lothian, raised a query in relation to the system being "hot" and, in relation to the Third Sector Summit, asked for more information on financial inclusion work and engagement with the third sector. In relation to the first query, Morag Barrow explained that historically summer used to be quieter and winter			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
busier, however this gap no longer exists, although winter does get busier. Morag Barrow noted that a rise in flu and COVID levels in the community is being seen, coupled with workforce challenges although all areas prepare winter plans. High attendances have also been seen at the emergency department over the preceding two to three weeks, which has resulted in Grace Cowan, Head of Primary Care and Older People's Services, attending acute services silver command meeting and contributing to how joint work can help to support flow and release of beds. Morag Barrow also noted that Grace Cowan's team and the wider senior management team have been meeting in a daily resilience call to understand the situation and contribute to supporting the bigger system pressures. Morag Barrow further spoke to attendances at the emergency department. Gill Main, in relation to the query around the Third Sector Summit, noted that this was a helpful meeting and welcomed the Board Members attendance at these which will be bi-annual. Gill Main spoke to the benefits of the discussions occurring at the Summit. Nick Clater, Head of Adult and Social Care, in relation to income maximisation, explained that the Council has a welfare rights service and the income maximisation outcomes are positive. Nick Clater also noted that the Council has a large contract arrangement with Citizens Advice Bureau, noting that between the two organisations the output is strong, although appreciated there is more that can be done. Nick Clater highlighted that one of the main ongoing issues is the complexity of the benefits system. Magda Clark offered to forward the minute of the previous Third Sector Summit, alongside presentations that were given. Magda Clark, in relation to the point around SIMD raised by Keith Chapman, stated that it would be useful to see whether the rural areas are also served equally well.			
5.3 MIJB Interim Chief Finance Officer Arrangements – *Presented by Morag Barrow, Chief Officer* Morag Barrow, Chief Officer, presented the report. This report is provided for the Midlothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer / Section 95 Officer.	• **Recommendations in the report approved.**	• **Morag Barrow**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Board Members are asked to: • Accept the resignation of Claire Flanagan as Chief Finance Officer. • Agree to the interim arrangements of Chief Finance Officer / Section 95 Officer. • Note the arrangements for the IJBs Chief Finance Officer from 1 April 2024 with further updates at a future IJB meeting. It was noted that from 1 April 2024, the permanent replacement of Chief Finance Officer / Section 95 Officer for the IJB will be provided by Midlothian Council. The Council's Chief Finance Officer will also fulfil the Chief Finance Officer role to the IJB.			
5.5 MIJB Finance Q2 Update – *Presented by David King, Interim Chief Financial Officer* David King, Interim Chief Finance Officer, noted that it would be beneficial to take Item 5.5 before Item 5.4, which the Chair approved. David King presented the report. This paper lays out the Midlothian Integration Joint Board's (IJB) quarter 2 year-end financial forecast for 2023/24, information for which has now been provided by the IJB's partners. This shows a total projected overspend in 2023/24 of £8.6m, the quarter 1 forecast showed an overspend of £7.8m. This is based on the month 6 position, and it should be noted that the IJB's partners' management teams have been and continue to develop recovery plans to manage this position. The paper also considers the current position of the IJB's reserves and notes that the general reserve is now at its agreed minimum value, that is 2% of the IJB's turnover. The IJB's Annual Accounts for 2022/23 have now been approved by the IJB's Audit and Risk committee. Board Members are asked to: • Note the output from the Quarter 2 report. • Note the current position of the IJB's reserves. • Note the 2022/23 Annual Accounts have now been approved. The Chair thanked David King for the report and opened it up to questions.	• **Members noted the report.**		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Angus McCann raised a question in relation to recovery plans and the success in savings plans underway. Morag Barrow stated that there are plans in place to get a breakeven budget for this year, although the position has deteriorated. In terms of actions through recovery actions, two actions the IJB supported were not providing the extra care element for Normandy Court, which is in place, and a move to 70/30% of external to internal care at home, which is also taking place. Morag Barrow stated that the biggest challenges are around prescribing and the set aside budget and from a social care perspective it is around our statutory obligation in relation to the resource panel. Morag Barrow explained that they are confident, from the end of year position from this year's perspective, that this will be brought down. Morag Barrow spoke to the work being done this year and provided assurances that everything that can be done is being done, although appreciated that difficult choices will need to be brought back to the IJB. Keith Chapman raised a question in relation to predictions of overspend. Morag Barrow explained that the bigger overspends are around the resource panel, which is older people's care and learning disability. Morag Barrow noted that there a few things that impact on this, such as population increases in some of these areas, transitions that come through from social work services and internal infrastructure. David King explained that all IJBs in Lothian have commissioned work around this, including looking at what should be included and not. Magda Clark queried whether the third sector could take part in workshops regarding efficiencies, or whether this is operational. Morag Barrow explained that the workshops are operational and have started already, but is happy to touch base with Magda and have a conversation around this.			
5.4 MIJB Medium-Term Financial Plan – *Presented by David King, Interim Chief Financial Officer* David King, Interim Chief Finance Officer, presented the report. The Midlothian Integration Joint Board (IJB) is required to prepare a medium-term financial plan. The IJB's partners have now provided the IJB with their own financial plans for the period 2024/25 to 2028/29, and this information allows the IJB to build its own forecast. This	**1. Members noted the report.** **2. Workshops / Briefings on budgetary concerns and aspects to be set**	**1.** **2. Morag Barrow / Councillor McManus /**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
shows: - Summary £000's £000's £000's £000's £000's Health (4,838) (6,265) (7,529) (8,856) (10,257) Social Care (7,724) (9,995) (12,302) (14,647) (17,030) **Total** **(12,562)** **(16,260)** **(19,831)** **(23,503)** **(27,287)** These values being overspends. It is important to note that this is a forecast based on an initial review. There is no impact of management actions in this position nor any further funding that may be made available. That said, the overall position is clear and the IJB will now, working closely with its partners, have to develop a series of recovery plans to bring it back into a balanced financial position. Board Members are asked to: • Note the forecast position from 2024/25 to 2028/29. • Consider the assumptions underlying this forecast. • Support the development of a recovery programme. David King stated that it would be beneficial to find a time to have a workshop, perhaps in February, to discuss these matters more fully, including looking at how the situation was arrived at as well as what they proposals are and if they add up to what the pressure is and if they fit into the strategic objectives. The Chair thanked David King for the report, welcomed a workshop, and opened it up to questions. Andrew Fleming queried whether more than one workshop was required. Andrew Fleming, in relation to demography as a category, noted that Midlothian is facing a population increase and considering this questioned what the impact of moving to a flat-cash position would be. David King explained that there are anxieties around the cash settlement and that there are conversations ongoing around this.	**once the financial settlement is known.**	**Democratic Services**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Councillor Parry added a note of caution around tabling the workshops/briefing, as the Council has not yet found out its financial settlement and the funding floor may not be set until 17 January 2024. Councillor Parry also noted that there is no guarantee around the population increase, but they have heard positive news on this. The Chair stated that setting workshops will be taken away as an action.			
5.6 Scheme of Publication Review – *Presented by Gill Main, Integration Manager* Gill Main presented the report. The Midlothian Integration Joint Board (IJB) is required to produce a Publication Scheme under The Freedom of Information (Scotland) Act 2002 (the Act). The Act requires Scottish public authorities to provide members of the public with the information that is held by the IJB, and to produce and maintain a publication scheme. Integration Authorities are under a legal obligation to publish the classes of information that they routinely make available, how this information can be accessed, and whether information is available free of charge or on payment. Midlothian IJB adopted the Model Publication Scheme produced and approved by the Scottish Information Commissioner in 2017. The requirements of the Model Publication Scheme were updated by the Scottish Information Commissioner's Office (ICO) in 2021. The Midlothian IJB Publication Scheme 2023 'Guide to Information' is an update and reworking of the Midlothian IJB Scheme of Publication. This update brings the publication scheme in line with the revised Scottish Information Commissioner Model Publication Scheme. The document supports Midlothian IJB to meet other relevant statutory obligations such as the Freedom of Information (Scotland) Act 2002 and Equality Act 2010/Public Sector Equality Duties. The Midlothian IJB Audit and Risk Committee reviewed the proposed Publication Scheme 2023 'Guide to Information' alongside a completed Equality and Children's Right Impact Assessment on Thursday 7th December and recommended this to the Board for approval.	**1. Recommendations in the report approved.** **2. Tidy up spelling and error as outlined in the report title/summary section of this minute.**	**1.** **2. Gill Main**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Board Members are asked to: • Review the proposed Midlothian IJB Scheme of Publication and accompanying Equality and Children's Right Impact Assessment. • Note the recommended actions resulting from the Impact Assessment. • Agree to adopt the proposed Midlothian IJB Scheme of Publication. • Grant delegated authority to the Integration Manager to inform the Scottish Information Commissioner. The Chair thanked Gill Main for the report and opened it up to questions. Angus McCann asked that, if this is to be formally published, the following be tidied up: • Page 106 – correct spelling on "open government license." • Page 108 – look at the "table of contents – error! Bookmark not defined."			
5.7 MIJB Performance Report – *Presented by Elouise Johnstone, Performance Manager* Elouise Johnstone presented the report. The purpose of this report is to update the IJB on progress towards the IJB performance goals set for the financial year 2022/23. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators. Board Members are asked to: • Note the performance against the IJB Improvement Goals for 2023/24. • Confirm the process for examination / publication of Local Improvement Goal process measure data. The Chair thanked Elouise Johnstone for the report and opened it up to questions, of which there were none.	• **Recommendations in the report approved.**	• **Elouise Johnstone**	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.8 Public Health Prevention Update (verbal) – *Presented by Jim Sheval, Public Health Consultant* Jim Sherval, Public Health Consultant, shared a presentation and presented a verbal update. Jim Sherval explained that the deputy director, Ashley Goodfellow, has been working on a prevention paper on a more comprehensive look at prevention. Jim Sherval spoke to some of the prevention measures in public health that have been brought in, and some of the difficulties around prevention. The Chair thanked Jim Sherval for the update and opened it up to questions. Andrew Fleming raised a query in relation to timescales around return of investment on preventative measures. Jim Sherval stated that there are different estimates to this and some of these are about efficiencies that have already been made. Jim Sherval stated that they would provide more information on this. Councillor Winchester asked if the multimorbidity rate is 24% in Scotland is rising or decreasing. Jim Sherval confirmed that this is rising and that some of this is driven by health issues such as diabetes. Keith Chapman, in relation to difference between the healthy life expectancy and life expectancy that generates cost, queried if there was some way to target this better to achieve maximum financial efficiency. Jim Sherval stated that the SIMD is a useful indicator for identifying certain areas where there is deprivation yet appreciated that this does not capture everyone in difficulty, noting that there are other sources to help triangulate information around deprivation which the SIMD may not capture. This then allows better targeting of support and use of resource.	• **Members noted the update.**		
5.9 Integrated Assurance Report – *Presented by Fiona Stratton, Chief Nurse* Fiona Stratton, Chief Nurse, presented the report. This report is presented to provide Midlothian Integration Joint Board (IJB) with assurance around the processes in place to	• **Members noted the report.**		

Midlothian Integration Joint Board

Thursday 21 December 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership. The report confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks. Board Members are asked to: • Discuss and approve the contents of this report. The Chair thanked Fiona Stratton for the report and opened it up to questions. Keith Chapman raised a query in relation to learning from adverse events and complaints and wondered if the external review was statutory or voluntary. Fiona Stratton stated that the review had come out of the reference group and learning is extended. Decisions around Level 1 External Reviews are driven by NHS Lothian adverse events policy and procedure and relate to the level of harm. Fiona Stratton provided assurances on the systems around this. Angus McCann asked if something could be done in a RAG format when the report is brought back so previous quarters can be looked at for comparison. Fiona Stratton confirmed that this could be done and would be happy to pick this up offline with Angus.			
5.10 Midlothian Drug & Alcohol Deaths – *Presented by Nick Clater, Head of Adult Services* Nick Clater, Head of Adult and Social Care, presented the report explaining that they were going to share a presentation but for the purposes of expedience would not and that this could instead be circulated. Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) is the local Alcohol and Drugs Partnership (ADP).	**1. Members noted the report.** **2. Share information around age range in relation to drug deaths.**	**1.** **2. Nick Clater**	

Midlothian Integration Joint Board

Thursday 21 December 2023

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MELDAP aims include: • Reduce the harm to individuals and promote recovery from substance use • Protect children and young people from the effects of parental substance use • Promote early intervention to prevent the harmful use of alcohol and drugs • Develop high quality services responsive to the changing needs of people who use and need our services. This report highlights pertinent areas relating to Drug Misuse and Alcohol Specific Deaths in Midlothian for 2022, to accompany a presentation for Board consideration. The Chair thanked Nick Clater for the report and opened it up to questions. Councillor Winchester queried if information on the age range of drug deaths is collected. Nick Clater confirmed that this is collected and that they thought there had been a briefing on this but would check this. Nick Clater stated that the age range is higher than it was previously, so long-term substance users are living longer and would share more information on this. Andrew Fleming raised a question in relation to how MAT standards are developed and evaluated. Nick Clater stated that this is a Scottish Government set of standards, stating that they are rigorous and there is a lot of reporting on this. Nick Clater stated that they can provide more information on this at a later date.			
5.11 Annual Alcohol and Drug Partnership Report – *Presented by Nick Clater, Head of Adult Services* The Chair stated that, in the interest of time, if there are questions of substance in relation to Items 5.11, 5.12 and 5.13 that these be raised with Nick Clater outside of the meeting. Nick Clater confirmed they are happy to take questions outside of the meeting. It was agreed that as Items 5.11, 5.12 and 5.13 were for noting that they would not be	**1. Members noted the report.** **2. Questions to be picked up outside of the meeting.**	**1.** **2. Nick Clater**	

Midlothian Integration Joint Board

Thursday 21 December 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
spoken to. The Chair queried whether Nick Clater had anything in particular they wished to raise in relation to any of these Items, which Nick Clater noted that they would raise something in relation to Item 5.13.			
5.12 Community Payback Order Report – *Presented by Nick Clater, Head of Adult Services* See notes under 5.11.	**1. Members noted the report.** **2. Questions to be picked up outside of the meeting.**	**1.** **2. Nick Clater**	
5.13 East Lothian and Midlothian Adult Public Protection Team Report – *Presented by Nick Clater, Head of Adult Services* See notes under 5.11. Nick Clater noted that there is an adult protection inspection expected and due in early 2024 and preparations were being made for this.	**1. Members noted the report.** **2. Questions to be picked up outside of the meeting.**	**1.** **2. Nick Clater**	

6. Private Reports

No items for discussion.

7. Any Other Business

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

8. Date of Next Meeting

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

- MIJB Development Session - Thursday, 18 January 2024, 14:00 – 16:00.
- MIJB – Thursday, 8 February, 14:00 – 16:00.

(**Action: All Members to Note**)

The meeting terminated at 16:04pm.

Meeting Name:	**Board**
Meeting date:	**24 April 2024**

Title: Pharmaceutical Care Services Plan - Annual Update

Purpose of the Report:

DISCUSSION		DECISION		AWARENESS	x

The NHS Lothian Pharmaceutical Care Services Plan (PCSP) was approved by the Board in December 2021. The accepted time frame for delivery of the recommendations within the plan were within the context of a 3-year strategic planning cycle. To align reporting schedules, this will be submitted for approval in April 2025.

Ongoing progress of implementation of the recommendations supported by a workplan is noted within this paper. In addition, progress in developing the next iteration of the PCSP has continued with a focus during 2023 on engagement with IJB strategic planning groups. This has provided an opportunity to consider the position of community pharmacy in the pathway of care in the strategic planning for future health needs of the population.

Recommendations:

The Board is asked to:

- Note the ongoing implementation of recommendations within the current PCSP.
- Note progress to date in the development of the next iteration of PCSP.

Author:	**Katherine Davidson**	**Director:**	**Dona Milne**
Date:	**19 March 2024**	**Date:**	**01 April 2024**

NHS LOTHIAN

Board Meeting
24 April 2024

Dona Milne, Director of Public Health

NHS LOTHIAN PHARMACEUTICAL CARE SERVICES PLAN: ANNUAL UPDATE APRIL 2024

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board notes ongoing progress in implementation of recommendations contained within the current version of the Pharmaceutical Care Services Plan. In addition, to note progress of development for future version of the PCSP, due April 2025.

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

2 Recommendations

2.1 To note that the Pharmaceutical Care Services Plan (PCSP) was approved by the Board in December 2021 and published via NHS Lothian internet. It was accepted at this time, that the time frame for delivery of the 16 recommendations identified within the plan were within the context of a 3-year strategic planning cycle.

2.2 To note the progress made to engage with stakeholders to identify potential gaps and assessment of health needs for consideration through the development of the next iteration of PCSP, due April 2025.

3 Discussion of Key Issues

3.1 The Pharmaceutical Care Services Plan describes current community pharmaceutical services across NHS Lothian and is aligned to local and national strategic priorities. Where possible, it identifies unmet need and provides recommendations for how these needs might be addressed.

3.2 In December 2021, the PCSP for NHS Lothian was approved by the Board. It was agreed that delivery of the 16 recommendations would be over a 3-year time period, in line with strategic planning cycles and the next full iteration would be expected in December 2024.

3.3 However, in order to align with the Board schedule for the reporting of Pharmacy Practices Committee, this timeline has been amended and the PCSP will be submitted for approval in April 2025.

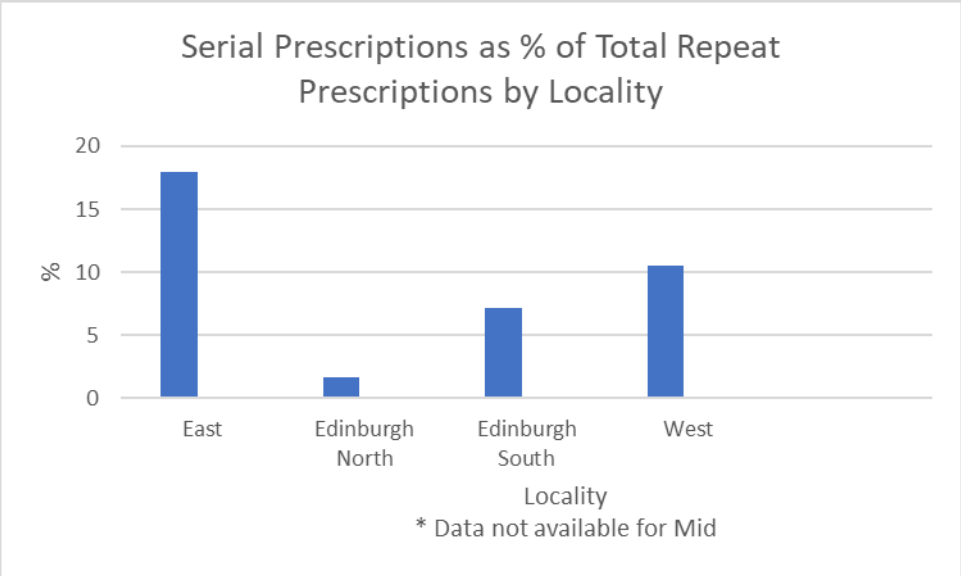
3.4 To support the implementation of the 16 recommendations within the 2021 PCSP, a workplan was developed, identifying key leads and actions. Medicines care and review service and Pharmacy First were areas identified as priorities for 2022/23 in line with what was at that time, an organisational priority, COVID-19 renewal, and recovery.

3.4.1 **Medication Care and Review service including serial prescribing**

All GP practices and community pharmacies are enabled to provide this service and implementation requires collaboration of GP and pharmacy teams in both primary care and community pharmacy. Increasing the use of serial prescribing is likely to reduce medicines waste and over-ordering of medication by providing enhanced prescribing review opportunities during the treatment period. Additionally, serial prescribing creates more efficient prescribing processes in general practice, by negating the need to order, authorise, print, sign and issue the prescription every 28 or 56 days as in traditional chronic disease prescribing and allows the whole process to be undertaken once per 56 weeks. Serial prescribing also allows for a more efficient dispensing process in community pharmacy by allowing pharmacy teams a degree of control over their dispensing workload, which is not possible with traditional repeat and walk-in dispensing.

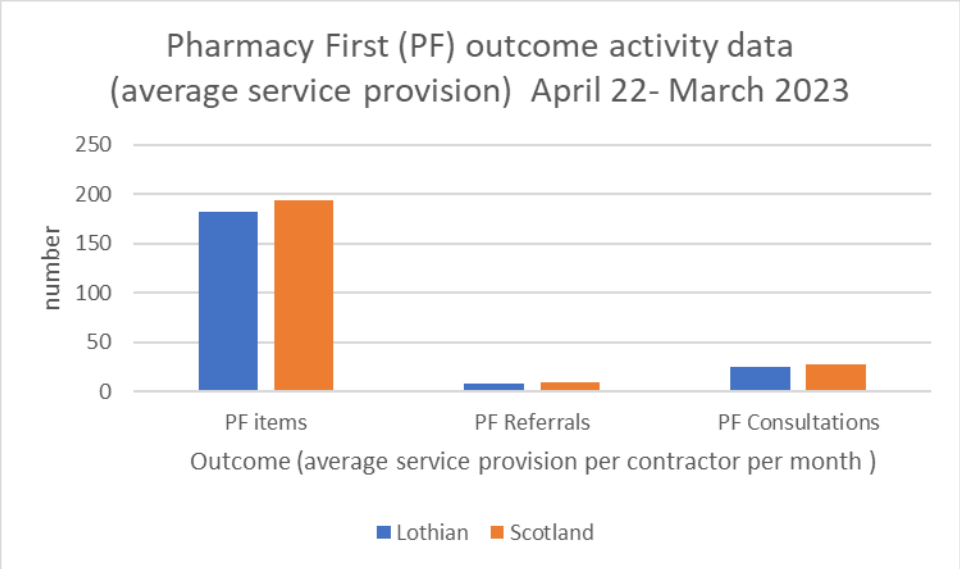
3.4.1.1 A number of initiatives have been undertaken within the 4 HSCPs over the last 2 years to improve uptake and implementation of serial prescribing. Each HSCP has developed processes according to its local needs and workplan and informed by local circumstances. A number of these initiatives have been supported through Sustainability and Value funding.

3.4.1.2 Of note, the centralised reporting function, undertaken through National Services Scotland, has not been available since the end of 2022. Work is ongoing at NSS to resolve this. This has made ongoing tracking of progress in comparison to previous activity challenging. Locally obtained data is presented here to give a snapshot of current activity. The following figure shows the most recent data for uptake of serial prescriptions across localities within Lothian. Mid was particularly affected by changes in local community pharmacy ownership following the withdrawal of a national contractor from the market, and therefore focus on serial prescribing was paused over 2023. A refresh of the work is planned in 2024.



3.4.2 Pharmacy First and Pharmacist Independent prescribers to support out of hours services and urgent care

Pharmacy First (formerly known as Minor Ailments Service) is available to access by all patients residing in Scotland and allows access to healthcare without the need for an appointment. It supports urgent and out of hours care and reduces footfall to other parts of the health service such as General Practice. Pharmacy First outcome activity data within NHS Lothian is comparable to the provision across Scotland as can be seen in the figure below.



3.4.2.1 A further extension within this is development of the Pharmacy First Plus service. This service is provided by a Pharmacist Independent Prescriber (PIP) who is able to offer enhanced assessment skills and ability to prescribe a wider number of treatments, thereby supporting access to healthcare services, particularly out of hours. This strengthens the place of community pharmacy within the pathway of care and provides services in the right place and right time for patients whilst supporting wider service capacity in managing patient flow.

3.4.2.2 The number of Pharmacist Independent Prescribers (PIPs) across Lothian community pharmacies has increased to 39 from 22 over the last 15 months. Developing Pharmacy First Plus is a key focus and will support access to healthcare for patients. Actions for Pharmacy Services include support for training and peer review, developing systems of governance and monitoring activity. Training of a PIP requires mentoring from an experienced prescribing clinician known as a Designated Prescribing Practitioner (DPP). Feedback from community pharmacists suggests that securing a DPP can be difficult and may be a rate limiting factor in growing the number of PIPs in community pharmacy. Longer term, in 2026, pharmacists will join the register with a prescribing qualification, following a change to undergraduate curriculum. Consideration is ongoing as to how prescribing will be safely embedded into routine practice.

Progress in development of future PCSP 2025

3.5 Engagement with IJB Strategic Planning Groups was a key focus in 2023 and this provided opportunity to sight SPG members on the PCSP and increase awareness of services currently provided through community pharmacy.

3.6 As part of engagement with strategic planning groups, they were asked to consider PCSP and the role of community pharmacy in their strategic planning for future health needs, particularly where there are unmet needs and gaps in service. This engagement and collaboration will be key in development of next version of PCSP.

3.7 Other developments have included collaboration within Public Health and Health Policy directorate between Pharmaceutical Public Health and Health Intelligence team to support some of the data requirements and health needs assessment for the PCSP, to further understand population health needs across the four HSCP localities.

3.8 The remit of the PCSP is community pharmacy, however as with any aspect of healthcare, the services described within are not delivered in isolation. They are considered in conjunction with the evolving landscape of pharmacy services. The development of pharmacotherapy services within primary care, with a patient centred focus using hub models and utilising skill mix across the pharmacy team, aims to ensure that all patients are able to access safe and effective use of medicines.

3.9 The pharmaceutical list has undergone considerable change during 2023, with the withdrawal of a large multiple contractor from the national market. Primary Care Contracts Team (PCCT) and Community Pharmacy Development Team (CPDT), have continued to work closely together to update the pharmaceutical list, ensure good communications to all service users on these changes and support contractors in their orientation to local service provision.

3.10 A collaborative piece of work is ongoing with Pharmaceutical Public Health, Community Pharmacy Development Team, PCCT and LUCS to better understand the needs of the population for community pharmacy services in the extended hours period, i.e., out with contracted model hours (9-6pm Mon- Fri and 9-1pm Saturdays). This will help in planning of future services.

4 Key Risks

4.1 Inability to implement the recommendations made in the Pharmaceutical Care Services Plan. To mitigate this risk, the development of the workplan and ongoing collaboration with stakeholders has supported identification and assessment of priority recommendations.

4.2 Pressure on workforce within community pharmacy across Scotland is ongoing and this may impact their ability to undertake recommendations as recommended in the PCSP.

4.3 Ongoing financial pressures may limit development and provision of further services.

4.4 The current regulations for entry to the pharmaceutical list, means we cannot commission services based on population need but instead have to assess each application on its own merit through a complex and complicated process as set out in the regulations. A number of discussions have taken place with Board Chief Executives and Scottish Government colleagues about the need to reform the pharmaceutical services regulations, which was a commitment in the Chief Pharmaceutical Officer's 2016 report, however this seems unlikely to happen in the near future.

5 Risk Register

5.1 The previously noted risk of failure to comply with the requirement to monitor and publish a pharmaceutical care service plan was identified in 2021 and the PCSP was published with a process in place to monitor and review.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment was carried out in 2017. Relevant recommendations within the PSCP include improving accessibility through wheelchair access and hearing loops. Action has been taken to address communication with service users where English is not their first language.

6.2 Community pharmacy services aim to reduce health inequalities through increasing opportunity for access to healthcare services and this will be considered in the development of the next iteration of the plan.

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

7.1 The PCSP is co-produced by Public Health and Health Policy and Pharmacy Services within NHS Lothian.

7.2 A number of stakeholders were consulted in the preparation of the 2021 document including Lothian Area Pharmaceutical Committee, Community Pharmacy Lothian, HSCPs, Primary Care Joint Management Group, Pharmacy Practices Committee and Primary Care Contractor Organisation.

7.3 These groups will continue to be consulted. The operational implementation of the recommendations is led in most instances by HSCP Lead Pharmacists working with management and strategic planning teams to ensure support mechanisms for delivery are in place in alignment with strategic priorities. Other teams such as the Community Pharmacy Development Team are key to successful implementation. Ongoing engagement with NHS Lothian Primary Care directorate is essential for operational aspects as well as continuing to look forward and identify unmet need.

7.4 Patient and public involvement around knowledge of pharmacy services was previously undertaken. Ongoing engagement will be utilised to help inform service planning.

8 Resource Implications

8.1 There are no new resource proposals at this time.

Katherine Davidson
Consultant in Pharmaceutical Public Health, Public Health and Health Policy
28 March 2024
Katherine.davidson@nhs.scot

List of Appendices
Appendix 1: NHS Lothian Pharmaceutical Care Services Plan 2021

NHS LOTHIAN

Board Meeting
24th April 2024

Jenny Long, Director of Primary Care

PHARMACY PRACTICES COMMITTEE ANNUAL REPORT 2023/24

1 Purpose of the Report

1.1 The purpose of this report is to provide an annual report for the Board on Pharmacy Practices Committee activity in 2023/24 and to outline plans for 2024/25.

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

2 Recommendations

2.1 The Board is invited to note the annual report, plans for 2024/25 and that outcomes from PPC hearings will continue to be provided quarterly.

3 Discussion of Key Issues

3.1 Information on the pharmacy application process is published on the NHS Lothian website.

3.2 Outcomes from 2023/24

The following hearings have taken place since April 2023:

- The Haddington hearing took place on 20th April 2023 **(application rejected)**. The applicant has lodged an appeal. This was forwarded to the National Appeal Panel (NAP) in May 2023; we await the outcome.

- The Winchburgh hearing took place on 18th May 2023 **(application rejected)**. The applicant has lodged an appeal. This was forwarded to the NAP in June 2023; we await the outcome.

- The Bathgate hearing took place on 24th August 2023 **(application rejected)**. The applicant has lodged an appeal. This was forwarded to the NAP in October 2023; we await the outcome.

- 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.

- The Burdiehouse hearing took place on 29th February 2024, it had to be adjourned for legal guidance and will reconvene on 2nd May 2024.

  The Board originally considered this application on 23rd March 2023 and was subsequently 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.

The full minutes from all Pharmacy Practices Committee hearings are published on the pharmacy application section of the NHS Lothian website.

3.3 Summary of current position

- There are currently 60 expressions of interest on the live list. Our projected timeline (Appendix 1) reflects that it will take until at least November 2028 to process these to conclusion. This timeline does not account for NAP remitting applications back to the Board for reconsideration. If this happens, the timeline will be extended.

- Additionally, we currently have 102 expressions of interest on the waiting list.

- During 2023/24 significant work has been undertaken within the Primary Care Contracts Team to collate national guidance and to review and update local procedures. The following information will be added to the pharmacy application process of the NHS Lothian website:

  - The SSI Pharmaceutical Services Regulations 2009 – as amended
  - Scottish Government circular PCA(P)7(2011)
  - Scottish Government circular PCA(P)(2014)15
  - NHS Lothian Pharmacy Application Flowchart (Appendix 2)
  - NHS Lothian Agreed Process – Management of Expressions of Interest (Appendix 3)
  - NHS Lothian Agreed Process – Consultation Radius for new pharmacy applications (Appendix 4)
  - NHS Lothian Pharmacy Practices Committee Membership (Appendix 5)
  - NHS Lothian Draft Procedure for running a PPC hearing (Appendix 6)

3.4 Intention for 2024/25

- We are working to secure 8 to 10 hearing dates for 2024/25 and continue to progress applications in the order that has been published.

- Efforts to secure new PPC members, particularly lay members, will be undertaken.

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.

4.3 There are currently 7 applications with the National Appeal Panel (NAP). The new NAP Chair took up post on 11th March. The impact of appeals on our current workplan is unknown at present.

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
jenny.long@nhs.scot
10th April 2024

List of Appendices

- *Projected timeline (Appendix 1)*
- *NHS Lothian Pharmacy Application Flowchart (Appendix 2)*
- *NHS Lothian Agreed Process – Management of Expressions of Interest (Appendix 3)*
- *NHS Lothian Agreed Process – Consultation Radius for new pharmacy applications (Appendix 4)*
- *NHS Lothian Pharmacy Practices Committee Membership (Appendix 5)*
- *NHS Lothian Draft Procedure for running a PPC hearing (Appendix 6)*

Appendix 2

Timeline for processing Pharmacy Application

Expression of Interest is received, pre application meeting arranged, commencement date of Joint Consultation is agreed.

↓

Joint consultation runs for a continuous period of not less than **90 working days**

↓

Following completion of the Joint Consultation the Applicant has **90 days** in which to submit their application

↓

Upon receipt, the Board must check whether the application is complete and as such constitutes a valid application. If it is not, the missing information must be provided by the applicant within **5 working days**

↓

Within **10 working days** of receipt of a complete and valid application the Board must invite representations from the LAPC, GP Sub Committee, Interested parties and any neighbouring Health Board if boundary is within 2km of the proposed premises. They have **30 days** from notification in which to respond.

↓

PPC Hearing is then arranged

↓

Decision of the PPC is confirmed to the Primary Care Contracts Team within **10 working days** of the Hearing

↓

Within **5 working days** of being notified by the PPC, the Board must in turn notify the applicant and interested parties of the full decision, and advise them of any right of appeal. Boards are also required to publish the full decision on its website within **5 working days** of this notification.

Timescale for an application moving through the full process at the Health Board is therefore minimum 12 months from the start of the joint consultation until the PPC Hearing

Should the decision on an application be appealed then the process will be extended

Timeline for Appeals

An appeal must be received within **21 days** from the date of notification of the Board's decision. The notice of appeal is then referred to the ***Chair of the National Appeal Panel (NAP). The Board has no further involvement in this process until the NAP decision is available.

↓

NAP may dismiss the appeal or remit the decision back to the Board for reconsideration. The NAP Chairs decision is final.

↓

The NAP shall make a decision or a determination within ****3 months** of the date of receipt of a notice of appeal. The 3-month period may be extended in exceptional circumstances.

****The National Appeal Panel is independent of territorial NHS Boards with a Government appointed Chair*

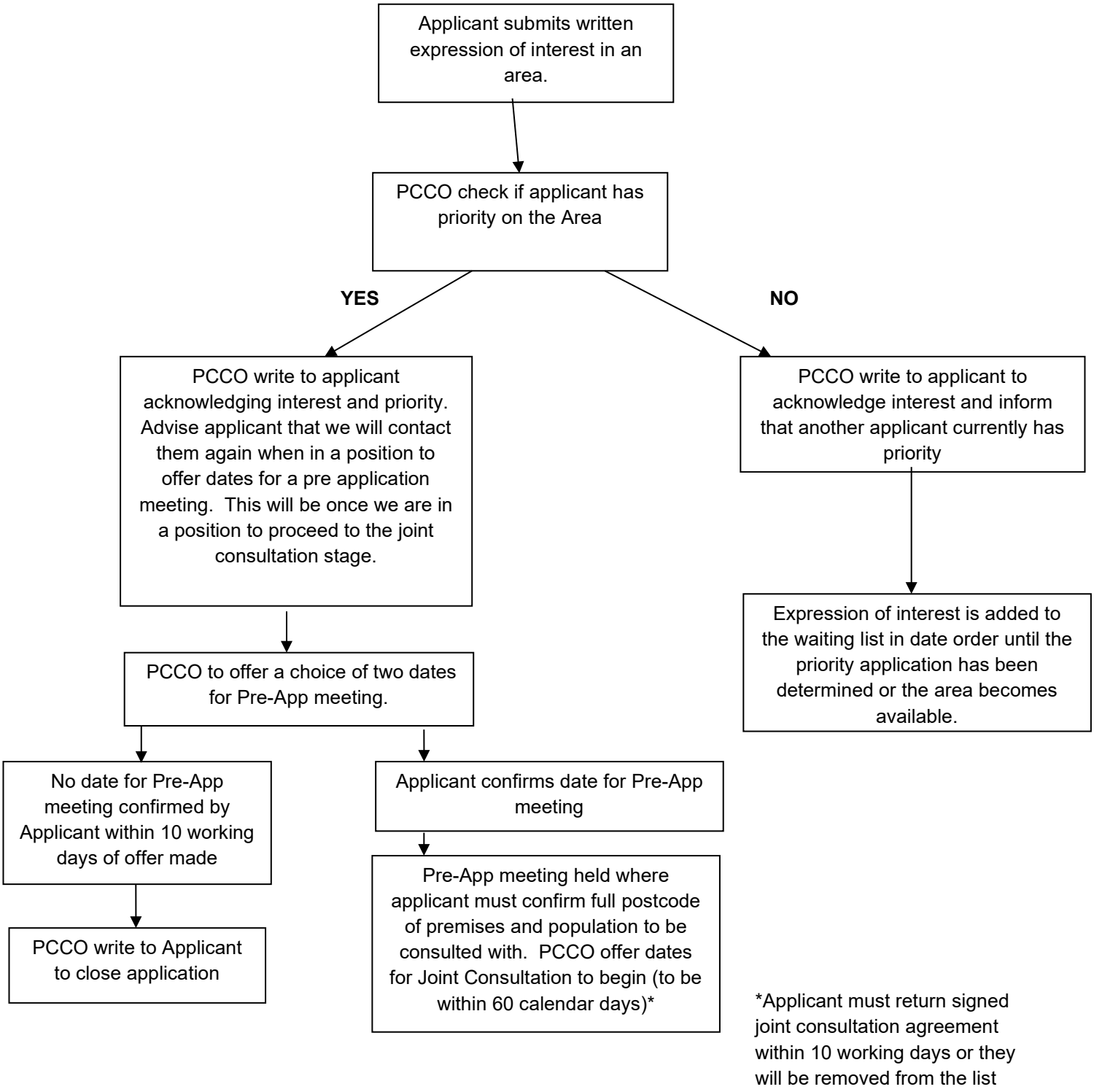
*****Queries about the status of appeals should be sent directly to the National Appeal Panel at nss.committee@nhs.scot*

Appendix 3

Applications for admission to the pharmaceutical list

NHS Lothian local agreed process for management of Expressions of Interest

In order to promote good quality practice NHS Lothian have introduced the following to the Pre-Application process:



Process approved by Primary Care Joint Management Group 10th March 2022

Note – Process applicable from date of approval by Primary Care Joint Management Group

Appendix 4

Applications for admission to the pharmaceutical list

NHS Lothian agreed process – Consultation radius for new pharmacy applications

To ensure objectivity as far as is possible and to bring us in line with the approach taken by other Health Boards NHS Lothian have introduced the following consultation radius to determine who should be consulted on any new pharmacy application:

- Proposed premises in Edinburgh – 1 mile
- Proposed premises in East / Mid / West Lothian – 3 miles

All pharmacies within the agreed consultation radius will automatically be designated an interested party to the application and will be included in the consultation list.

Consideration will also be given to pharmacies located on the periphery of the agreed radius and any who may be significantly affected if the application were granted will also be included in the consultation list.

All interested parties will have 30 days to submit written representations and, if they do so, they will be invited to attend the oral hearing.

A mechanism already exists for anyone who is not designated an interested party to an application to submit their views. This can be done via the Joint Consultation, alternatively, written representations can be made to the Board. These will be deemed unsolicited representations. Any unsolicited representations received before the end of the Schedule 3 consultation will be passed to the Pharmacy Practices Committee in advance of the PPC hearing for their consideration.

Process approved by Primary Care Joint Management Group 11th May 2023, revised November 2023

Note – Process applicable from date of approval by Primary Care Joint Management Group

Appendix 5

NHS LOTHIAN

PHARMACY PRACTICES COMMITTEE MEMBERSHIP

Name	Position on Committee
Prof John Innes	Chair
Martin Connor	Chair
Peter Knight	Chair
Hazel Garven	Non-Contractor Pharmacist
June Edwards	Non-Contractor Pharmacist
Isobel Bishop	Non-Contractor Pharmacist
Barry Chapman	Non-Contractor Pharmacist
Susanne Gooding	Non-Contractor Pharmacist
Gordon Stuart	Contractor Pharmacist
Vinny Billon	Contractor Pharmacist
David Massie	Contractor Pharmacist
Mike Embrey	Contractor Pharmacist
John Connolly	Contractor Pharmacist
Kaye Greig	Contractor Pharmacist
Chris Freeland	Contractor Pharmacist
Mike Ash	Lay Member
Eleanor Blair	Lay Member
John Niven	Lay Member
Brian McGregor	Lay Member

Updated Feb 2024

Appendix 6

Preparation for PPC Hearing

1. Once a quorate panel is confirmed, and NSS have confirmed that secretariat support is available for minute taking purposes, the hearing notification letters are sent to all parties.

   Only the applicant and those who made written representation by the deadline date are eligible to attend the meeting. Those who did not make a representation by the deadline are notified that a hearing will take place to ensure transparency.

   Any person assisting the applicant or any person making representations at the hearing must not be appearing in the capacity of counsel, solicitor or paid advocate.

2. CLO Solicitor is allocated for the day of the hearing. They will not attend but are available via telephone and can join proceedings online if required.

   The CLO Solicitor is available to give advice to the PPC on the day of the hearing if required. Any advice provided will always be relayed to all parties. In cases where advice is taken, there may be an adjournment in the hearing.

3. PPC papers are sent out at least 3 weeks in advance of the hearing date to give parties time to digest the information / committee members time to undertake a site visit etc.

   *Should the applicant wish to submit further supporting information to be contained in the PPC papers, they should be informed to do this no later than 3-weeks prior to the hearing date to allow a full set of papers to be distributed. This is **not** a regulatory deadline but to assist the administrative process.*

   If the applicant / interested parties wish to submit additional evidence or documentation once the papers have been sent out, it is a decision for the Chair whether the additional information can be included in the hearing or not. If yes, it must be shared with all parties at the same time.

4. PPC hearings are held online via MS Teams. Calendar invites with MS Teams link are sent to all parties.

5. The Chair is provided with a detailed guidance note to support proceedings on the day. This is to ensure a standard running order for proceedings.

The PPC Hearing

Before arrival of parties

1. Chair to ask members to confirm that they have both received and considered the papers relevant to the meeting.

2. Chair to ask members if they have any personal interest in the application.

3. Chair to advise members:

   That the applicant *( )* will be present, represented by and accompanied by .

   That there will be representations from the following interested parties on behalf of (accompanied by) and on behalf of (accompanied by).

After arrival of parties

4. Chair to introduce themselves and members as well as those in attendance from the Board.

5. Advise all present that the meeting is being convened to determine the application by for inclusion in the pharmaceutical list in respect to premises at according to the statutory test set out in Regulation 5(10) of the 2009, as amended, Regulations (read out Regulation 5(10)):

   Regulation 5(10) provides that an application shall be granted if the Board is satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

6. Advise the parties how the hearing will be conducted:

   - The applicant to speak in support of the application
   - Questions invited from interested parties (in turn) to be addressed to the applicant
   - Questions from the Committee to be addressed to the applicant
   - Interested parties to state their representations
   - Questions invited from the applicant to the interested parties
   - Questions invited from and to interested parties
   - Questions from the Committee to be addressed to the interested parties
   - Interested parties to sum up their representations
     no new evidence / information can be introduced at this point
   - The applicant to sum up in relation to the application
     no new evidence / information can be introduced at this point
   - The applicant and the interested parties will thereafter be asked to withdraw to allow the application to be determined by the Committee.
     The applicant and interested parties are asked to keep the rest of the day free in the event that legal advice is sought during the committee deliberations as the hearing may be reconvened.

7. Ask the applicant and interested parties to confirm that they have received a fair and full hearing and that there is nothing further they would wish to add.

8. Inform all parties that the Committee will now consider the application and representations and make a determination. A written decision with reasons will be prepared and a copy sent to them as soon as possible. Parties should also be advised that any party who wishes to appeal against the decision of the Committee will be informed in the letter as to how to do so and the time limits involved.

9. Ask the applicant, interested parties and administrators to leave. Inform the applicant and interested parties that they should remain available for the rest of the day in case any questions arise and advice is sought. This can only be given in open proceedings and both parties will have a chance to comment.

After departure of parties

10. Invite discussion in respect of the application and the representations by all members of the Committee having regard to the legal test and record clearly the nature of the discussions and the facts upon which members base their opinions.

11. Request that the pharmacist member(s) leave the meeting.

12. Invite each of the remaining voting members to state how they vote – either in support of or against the granting of the application. Carefully record the Committee's decision and the reasons on which it is based. If the Committee's decision is unanimous it may be helpful to record this.

13. If the voting is tied the Chair has the casting vote.

14. When a decision has been reached, invite the non voting members and the Board Administrators back to the meeting and advise them of the Committee's decision.

15. Provide the full reason for those decisions to the Board Administrators to formally record.

NHS LOTHIAN

4.12

Board Meeting
24th April 2024

Deputy Chief Executive

NHS LOTHIAN CLIMATE EMERGENCY AND SUSTAINABILITY REPORT 2022-2023

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on NHS Lothian's Climate Emergency and Sustainability Report for 2022-2023.

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

2 Recommendations

NHS Lothian Board is asked to

2.1 Note that the report covers the period April 2022 to March 2023.

2.2 Note that the report content covers:

- NHS Lothian Mandatory Climate Change Duties of Public Bodies Report (Carbon Emissions Report),
- The requirement of Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), for each NHS Scotland body to publish a report on its public website each year summarising its progress against the aims of this policy and the NHS Scotland Climate Emergency and Sustainability Strategy 2022
- For the first time, included this reporting year is the requirement under the Nature Conservation (Scotland) Act 2004 for Public Bodies to report publicly on their activities to meet this Duty through an available report.

2.3 Accept moderate assurance from this 2022-2023 report in relation to the delivery of pathway to net zero (Climate Change (Carbon Emissions) Report) which showed an overall reduction in (reported) carbon emissions of 8.3% and 5,491 Tonnes CO2 from 2021-22.

2.4 Note that this NHS Board Meeting will be held in the week of Earth Day Earth Day 2024 | Activities & Resources for April 22 - Earth Day and this year's Earth Day focuses on Planet vs Plastics calling for a 60% Reduction of Plastic Production by 2040, emphasising the public health impact of plastics in our environment.

2.5 Note that it is expected that the NHS Lothian Annual Climate Emergency and Sustainability report for last year 2023-2024 should be available in draft in August 2024.

3 Discussion of Key Issues

3.1 NHS Lothian has been required to submit an annual climate change report since 2007. The submission of the Mandatory Climate Change report is a requirement of the Climate Change Act Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The report was submitted online as required in November 2023.

3.2 Under paragraph 65 of the Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), each NHS Scotland body must publish a report on its public website each year summarising its progress against the aims of this policy using a template approved by the Scottish Government Health and Social Care directorates (SGHSC) for that purpose. The report should be approved by the Chief Executive and provide to the NHS Scotland's body's board members.

3.3 In this reporting year, The Health and Infrastructure Division confirmed that the Annual Climate Emergency and Sustainability Report should also address the Public Bodies Duty in relation to Biodiversity.

3.4 NHS Lothian Sustainability Team have been keen to report on the previous year's performance as soon as data is available, producing a draft report to be publicly available and supported by a webinar Progress in 2022-2023 – Preview of NHS Lothian Annual Climate Emergency and Sustainability Report – Sustainability

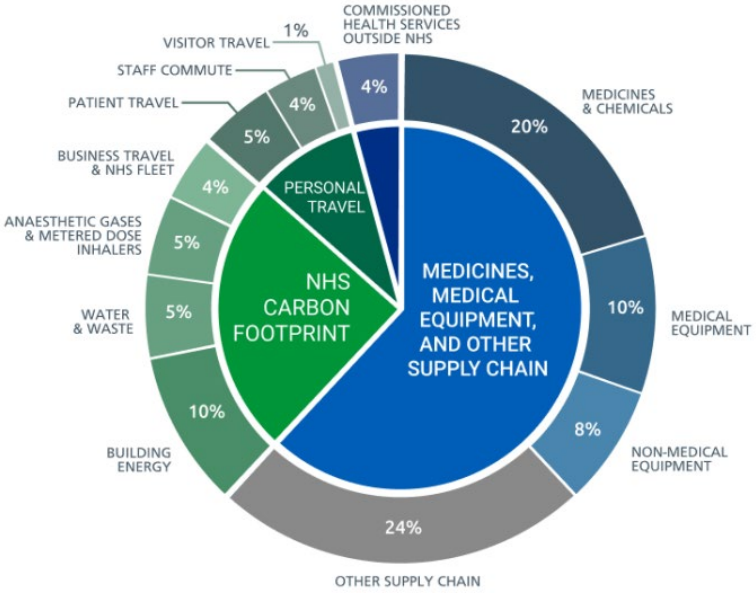
3.5 The Draft Climate Change (Carbon Emissions) 2022-2023 Report was reviewed by Finance Resources Committee in August 9th 2023 as part of a broader update on progress. At this stage the report was designated draft pending confirmation of the official carbon factors prior to the Public Bodies Reporting Requirements submission deadline of the end of October.

3.6 Once the carbon factors were confirmed the report was updated and finalised. There were no significant differences between the Draft report submitted to Finance and Resources in August 2023 and the Final report (submitted to FRC in April 2024).

3.7 Key issues to note from the Climate Emergency and Sustainability Report (2022- 2023) are:

- A reminder that the report focuses on emissions that we currently measure, predominantly within Scope 1 and Scope 2 and together these account for less than a quarter of the overall carbon footprint (figure 1).

Figure 1 NHS Carbon Emissions Sources



- Year on year we are seeking to increase the scope of carbon emissions reported to extend across the whole of the NHS carbon footprint, this year including a report on emissions from inhalers which fall under Scope 3 of Greenhouse Gas Protocol (indirect emissions that occur in an organisations value chain).
- The report shows an overall **reduction** in carbon emissions of **8.30% (5,491 TCO_2)**, and a **reduction** of **9.4% (5,447 TCO_2)** from the built environment, an **increase** of **8.9.% (237 TCO_2)** in relation to transport, a **reduction** of **1.1% (11 TCO_2)** in emissions from waste and a **5.2 % (236 TCO_2) reduction** from anaesthetic gases.

3.8 The main factors underpinning performance 2022-2023 and actions underway for 2023-2024 are:

- Overall reductions in energy consumption as a consequence of a combination of contraction of the estate, grid decarbonisation and commencement of further programme of investment of £2M including solar panel installation, LED Lighting, Gas CHP and Air Handling Unit upgrades.
- Excellent work in Anaesthetics on reducing waste from medical gases. As noted in the 2021-2022 report, the full impact of the work would be evident in the data for 2022-2023. Further reductions in 2023-2024 are expected from nitrous oxide mitigation and decommissioning of manifolds.
- Improvements in our waste data now give us confidence in reporting on amounts of waste we are producing and can inform plans to reduce waste and waste disposal costs in 2023-2024. Expectations of staff in relation to reducing waste, increasing recycling and effective management of waste segregation remain high.
- Good progress was made in relation to fleet decarbonisation in 2022-2023, and further funded plans will progress in 2023-2024. Further analysis of data is required to underpin a sustainable transport and access strategy.
- The dashboard on prescribed inhalers was consolidated in preparation for the release of Quality Respiratory Prescribing Guidelines in 2023-2024. Emissions from inhalers (Scope 3) in NHS Lothian were estimated at 6,881 tonnes of CO_2. Only the category of buildings produced more CO_2 at 52,155 tonnes, with transport accounting for 2,821 tonnes CO_2 and anaesthetic gases 4,343 CO_2 tonnes.
- Work is underway to undertake a wider analysis of Scope 3 emissions and spend across NHS Lothian.
- The Greenspace and Health Programme continues to grow in scope and reach including an assessment of the asset and ecosystem value of our greenspace, maximisation of green health activities for patients and staff well-being, engagement with communities and research.

3.9 As per previous years a preview of the Annual Climate Change and Sustainability Report 2023-2024 will be available in June and, assuming that there are no further changes to the SG template for reporting, should be available in draft within NHS Lothian for July 2024.

3.10 Areas for development in the forthcoming report are: Sustainable Care, Scope 3 Emissions, improving the update on the overall NHS Lothian Sustainable Development Framework and Action Plan/Annual Delivery Plan Priorities.

4 Key Risks

4.1 The level of assurance proposed above pertains to the performance in the reporting year 2022 -2023 and at the time of the report being considered by FRC in August 2023.

4.2 Over the last year, the following programme areas have been reported as at red risk in relation to delivery and as at the time of this report these remain red. These are Areas: Circular Economy and Waste Management, Primary Care and Adaptation.

4.3 It should be noted that at the most recent FRC April 2024, risks in relation to ADP 10.5 Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources and Corporate Objective/LSDF Step 23/24 ADP 10.5 Net Zero Strategy (including energy strategy) were both been changed from Green to Red. The context for this was as follows.

4.4 Overall performance, development, grip and control in relation to energy management remains strong within the resources available. The reasons for this reassessment are:

- lack of project management capacity:
- and the potential impact on developing future projects and funding applications
- the projected energy cost increases over 2024-2025 and 2025-2026 (see below) and
- the opportunities identified in the Net Zero (Energy Strategy) that need to be fully explored and progressed to achieve Net Zero and financial targets in the context of limited capital availability.

4.5 The NHS Scotland Climate Emergency and Sustainability Strategy sets out clearly the statutory compliance and legislative requirements on NHS Scotland, as well as setting out a positive vision for the future of health care and its potential contribution to a greener and fairer economy and society. There are significant compliance and reputational risks if the delivery of the strategy is not appropriately resourced.

5 Risk Register

5.1 As the NHS Scotland Climate Emergency and Sustainability Policy is implemented, the development of our approach to Adaptation and Climate Risk Assessment and Environmental Management System will inform the risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 The opportunities for population health co-benefits of climate action, addressing health inequalities and a Just Transition are fundamental to NHS Lothian Sustainable Development Framework, and the NHS Scotland Climate Emergency and Sustainability strategy.

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

7.1 There is currently no formal duty to engage or consult people who use our services, though there is significant opportunity for the NHS to engage communities through partnership working and engage service users in the opportunities and health benefits of effective and just climate action.

8 Resource Implications

8.1 The resource implications are in relation to current capacity of the Climate Change and Sustainability Team to deliver the transformation required to embed Climate Change and Sustainability across the organisation as a whole in line with NHS Lothian Vision and the requirements of NHS Scotland Climate Change and Sustainability policy and strategy.

8.2 The Greenspace and Health Programme is funded by NHS Lothian Charity and this programme is currently underpinning the fulfilment of NHS Lothian Biodiversity Duties and compliance with environmental legislation.

Jane Hopton Programme Director Facilities
Daniel Mill Senior Project Manager Sustainable and Technical Development
Jan Cassels, Senior Data Analyst
Ian Mackenzie Greenspace and Health, NHS Lothian Charity
Iain Sneddon Transport Manager
Shona Binning Finance Business Partner
11th April 2024
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List of Appendices
Appendix 1: NHS Lothian Public Climate Emergency and Sustainability Report 2022-2023

SUSTAINABILITY ACTION
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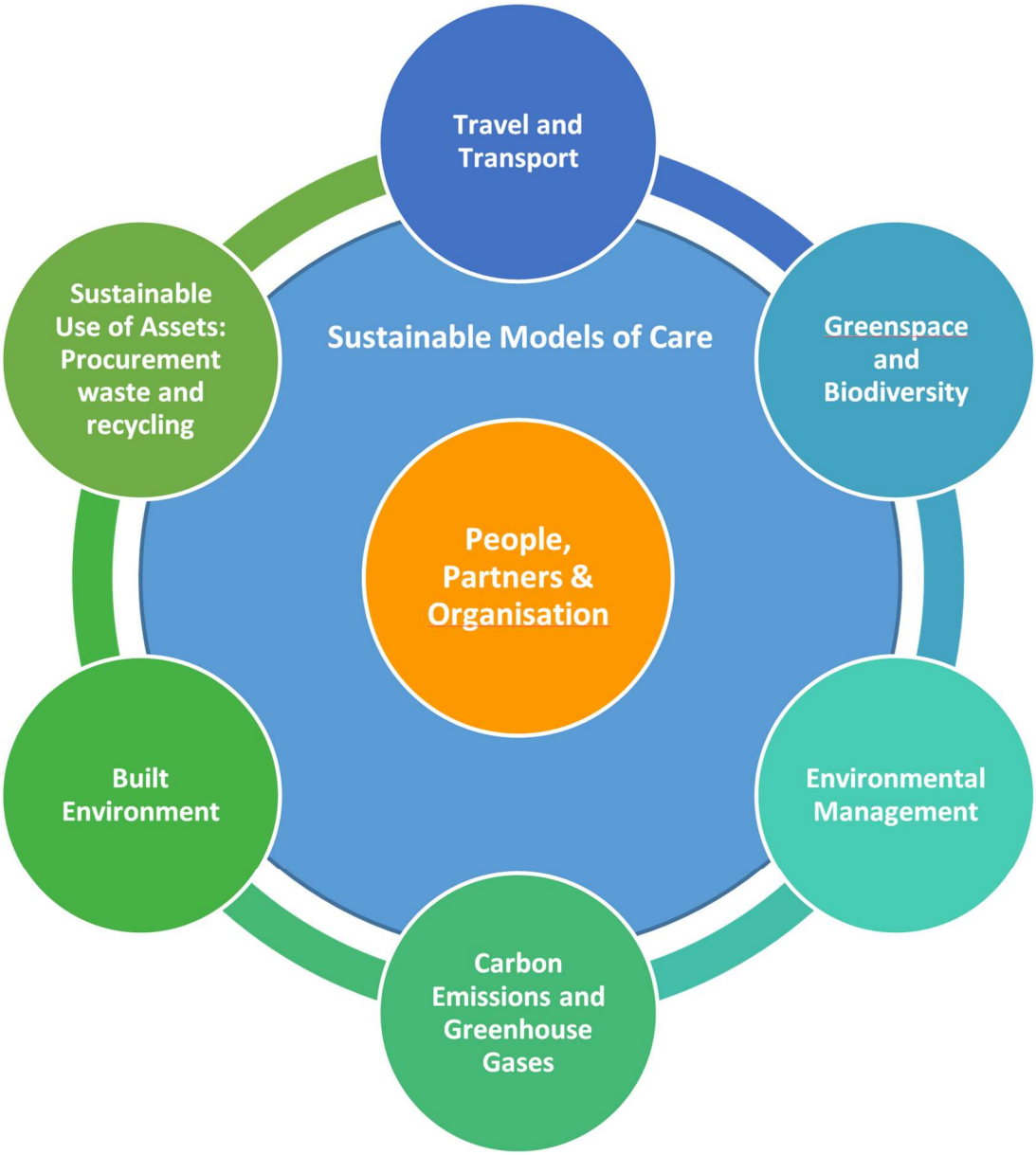
NHS Lothian

2022-2023 Annual Climate Emergency and Sustainability Report



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Sustainability Overview

NHS Lothian launched our new **Sustainability Development Framework and Action Plan** in December 2020, to guide our journey to net zero by 2040 and our commitment to the UN Sustainability Goals.

Incorporating a new and broader approach, the Framework not only provides direction on reducing the climate impact of NHS activity but also looks at our role as advocates and partners for wider change. The NHS Lothian Framework gives us a strong vision and clear ambitions.

This report includes an update on our progress.

NHS Lothian Appointed its first **Medical Education Fellow in Environmental Sustainability**.

NHS Lothian emissions for 2022/23 are **60,927** Tonnes CO_2, a reduction of **8.3%** and **5,491** Tonnes CO_2 from 2021/22.

Emissions from buildings have reduced **71.8%** against 1990 target, currently ahead of net-zero target by **over 10%**.

As a founder signatory of the **Edinburgh Climate Compact**, NHS Lothian hosted a quarterly meeting. A wide range of organisations from across the city attended to hear about the work in NHS Lothian to address climate change and to share experience of the challenges across sectors.

2 webinars were delivered by the Sustainability Group during the last year attended by around 150 people: Our Carbon Pathway Understanding NHS Lothian Carbon Emissions Report for 2021-20 and Grounds for Health Improving the NHS Estate for people and planet

£2.4M invested in energy efficiency decarbonisation projects. Over 9,000 LED lights installed at St John's Hospital in 4 months, reducing demand by almost **3 million kWh's and saving 620 tonnes of carbon**.

The Green Health micro-website was launched and newsletters have increased awareness of the positive health impacts of greenspace and biodiversity. We developed strategic plans to improve biodiversity on 3 of our major sites.

NHS Lothian won 2 national awards at the conference held by NHS Assure: Best Practice in Property and Asset Management Award – NHS Lothian Biodiversity Audit and the Facilities Innovation Award – e-cargo bike pilot.

202 Electric Fleet Vehicles on the road and **more due**, over a quarter of NHS Lothian's Fleet.

e-bike trial commenced with **27 e-bikes** issued to departments across the organisation.

Snapshot of achievements

We continued to work on our data and reporting dashboards, with significant progress being made on our dashboards for Anaesthetic Gases and for Waste. Some of the graphics and data directly from our dashboards have been used in this report.

We also commenced work on our Scope 3 emissions working with consultants using AI to analyse all our spend in terms of cost and carbon.

Dr Shauna Golden was appointed as NHS Lothian's first Medical Education Fellow in environmental sustainability. The aim of the role is to raise awareness of environmental issues, facilitate collaboration and provide education and support to clinical colleagues and service teams. First Medical Education Fellow in Environmental Sustainability – News & Media (nhslothian.scot)

NHS Lothian completed a project to make 6 of our sites more energy efficient. Thanks to funding of £2M by the Scottish Government and further investment within NHS Lothian, a number of changes across 6 sites have been implemented to both reduce carbon and costs. These changes included installing solar panels, LED lighting, Gas CHP (Combined Heat and Power) and Air Handling Unit upgrades. These new energy efficiency measures will create a saving of 25.7% in energy costs against the 6 sites as well as reducing carbon emissions.

The success of this project and other energy efficiency work allowed us to make the case for further investment in the energy efficiency team in 2023-2024. This will allow us to carry out more of the "switch off" campaigns like the one run this year and to help maintain progress as well as look in detail at how our sites utilise energy and optimise this use. Investing in Sustainability – News & Media (nhslothian.scot)

The Energy and Environment Team were also successful in achieving part funding from the Graduate Career Advantage Scotland scheme allowing them to appoint an intern in sustainability to support the work on energy efficiency.

We commenced a wider trial of e-Bikes. 24 e-bikes were allocated to a range of services who applied to allow nearly 200 staff members to access this healthier and more eco-friendly way of getting around as part of their work. New e-Bikes in NHS Lothian – News & Media

We welcomed a delegation from Spain to the Western General Hospital today (Thursday 7 July) to learn about NHS Lothian's commitment to delivering sustainable healthcare. NHS Lothian was one of two health boards in the UK selected to host the delegation, which included officials from the British Embassy in Madrid and senior specialists, including clinicians, working across sustainability in Spanish healthcare. NHS Lothian welcomes sustainability delegation from Spain – News & Media

NHS Lothian took its turn to host the Edinburgh Climate Compact Quarterly Meeting. **The Edinburgh Climate Compact** is a commitment by the leading businesses and employers in Edinburgh to act within their own organisation to contribute to a green recovery and radically reduce the city's carbon emissions. **The Climate Compact** outlines clear actions that organisations commit to in signing the document. NHS Lothian Hosts Edinburgh Climate Meeting – News & Media

NHS Lothian invested over half a million pounds into its electric fleet – 58 vehicles and 46 charging stations across NHS Lothian. This brought the total number of electric vehicles in the fleet to 187. Since 2019, the electric fleet has travelled over 1.5M miles preventing over 500 tonnes of CO2 being emitted. NHS Lothian invests over half a million pounds into electric fleet – News & Media

Our transport service was successful in securing a grant offer of nearly £1M to invest in electric vehicles from Transport Scotland.

The Climate Challenge Grants offered by NHS Lothian Charity continued to build momentum with a wider range of suggestions to environmental projects coming forward from services across NHS Lothian.

We reviewed the NHS Lothian Sustainable Development Framework following the launch of the NHS Scotland Climate Emergency and Sustainability Strategy in August 2022, amending the timescale to achieve net zero to 2040.

Activity and engagement in greenspace and biodiversity projects increased significantly. Information from Greenspace and Biodiversity audit was included in our Property and Asset management Strategy. The launch of the Green Health micro-website (https://greenhealth.nhslothiancharity.org/) and newsletters has increased awareness of the impact greenspace and biodiversity.

The Green Health Activity Pathway Project at the Royal Edinburgh Hospital has demonstrated it is having a positive impact. All the referral spaces were filled and there were more requests from wards to participate.

The Go for Green network of NHS Lothian staff to develop a systems-based approach to green prescribing was established.

NHS Lothian won two national awards at the NHS Assure conference: Best Practice in Property and Asset Management Award – NHS Lothian Biodiversity Audit and the Facilities Innovation Award – e-cargo bike pilot.

Purpose of this Report

Managing and reducing our impact on the environment is essential if the NHS is to play its part in tackling climate change and environmental degradation through the effective management of resources and through changes in the way we provide care to maximise outcomes for patients and our communities whilst protecting or enhancing the environment.

This report on our activities in 2022/23 gives detail on carbon emissions associated with the operations of NHS Lothian. The Scottish Government has adopted an ambitious new target to reduce emissions by 75% by 2030 – the toughest statutory target of any country in the world, while NHS Scotland will target net-zero by 2040. While only buildings data is available over this period, a reduction of 72% against the 1990 baseline is positive.

Annual reporting on carbon emissions has been required since 2007/08 when a Carbon Management Plan was developed to formalise our strategy and activities in reducing carbon emissions. This report gives an update on our emissions, a breakdown of emissions sources, insight on changes and an overview of the activities, challenges and planned activities.

Reducing carbon emissions is crucial to tackling climate change but there are other ways in which we impact negatively or positively on the environment and as a UK public body we have a Duty to promote Biodiversity and report on out activities in this respect. This annual report also includes our report on our Biodiversity Duty.

Carbon Emissions Overview

Addressing carbon emissions and greenhouse gases is fundamental to addressing climate change and delivering services in a sustainable manner. Establishing targets and systems that provide continuous monitoring is paramount to shaping our actions and tracking our progress. NHS Lothian has calculated and reported emissions from traditional energy and fuel sources since 2008. We continue to improve the collection and utilisation of data to better understand the hotspots, opportunities, impacts and trends. We also recognise the need for understanding and engaging on the wider impact of our operations, through our partners and supply chain.

Our Aim: Contribute to national net-zero targets through reducing carbon emissions and other Green House Gases.

We continue to recognise the wider contribution that services have on the environment and need to broaden our scope of measurement. We first included emissions from Anaesthetic Gases in our 2018/19 report and continue to report these emissions.

The addition of a wider range of emissions sources in our reporting increases the challenge but is essential if we are to embed sustainability across the whole organisation and harness the enthusiasm and determination of the widest range of our staff.

Overall, there has been a reduction in emissions from last year, by 5,641 Tonnes of CO_2, a reduction of 8.5% from last year. There have been increases in some emissions sources, but overall there is confidence that the strategy and activities across the organisation are supporting our corporate aims and targets to increase sustainability of the organisation.

Glossary

RIE – Royal Infirmary of Edinburgh
CO_2 – Carbon Dioxide
RHSC – Royal Hospital for Sick Children
RYCYP & DCN – Royal Hospital for Children and Young People
WGH – Western General Hospital
SJH – St John's Hospital
kWh – Kilowatt Hours (measurement of energy)
EV – Electric Vehicles
T – Tonnes
Kg – Kilograms

Contributors

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Andrew Grant
Katie Johnston
Douglas McCabe
Shauna Golden

Contents

Introduction

This is NHS Lothian's Annual Climate Emergency and Sustainability Report which is part of the reporting requirements of NHS Scotland Climate Change and Sustainability Policy (2021) and in line with NHS Scotland Climate Emergency and Sustainability Strategy published in August 2022.

This report is based on progress on NHS Lothian's Sustainable Development Framework (SDF), Public Bodies Climate Change Duties Report, Biodiversity Duty Report and accompanying areas of activity in relation to Climate Change activities.

Our SDF, available on the NHS Lothian website, sets out our vision and commitments. We are proud of the contribution that the NHS makes to health, as a provider, developer and researcher of universal health services and treatments, as a major employer and contributor to national and local economies and as an institute responding to social and economic change and promoting public health.

In the face of climate change, the biggest threat to global health of the 21st century, we need to reassess and adapt to the challenge as an organisation and as individuals within the organisation.

This means understanding the impacts of climate change on health and illness, recognising that the NHS needs to be sustainable for future generations and understanding the interdependence and opportunity of sustainability goals such as those set out by the United Nations (UN).

The social, financial and environmental resources of the NHS are limited and need to be used and managed sustainably. Environmental sustainability, good financial management and better, more equal health need to be driven forward hand in hand. Sustainability means that we consider these elements together and prioritise action where positive change in one can benefit others. For example, a significant success last year has been switching to more sustainable anaesthetic gases which has reduced carbon emissions, but also reduced costs. That is why our approach to sustainable development is based on:

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Our Vision

Our vision is to be a lead organisation in sustainable health care with all our staff empowered to put sustainable healthcare at the heart of their practice. We will work with our partners and the communities we serve to put in place work practices, procurement systems and preventative interventions to minimise our environmental impact, protect the natural environment and enhance social value so that we are a sustainable service promoting good health and enhancing quality of life.

Goals / strategic objectives

1. NHS Lothian will have zero carbon emissions by 2040
2. NHS Lothian will contribute to enhancing our natural environment
3. NHS Lothian will promote climate resilience and ensure that its services are adapted to climate change
4. NHS Lothian will ensure that sustainable development is embedded in all its activities including governance and decision making, clinical practice, partnership working and advocacy
5. NHS Lothian will put sustainability at the core of its strategies for promoting health and well-being among staff, patients and the wider community

About NHS Lothian

NHS Lothian is Scotland's second largest territorial Health Board and provides a comprehensive range of primary, community-based and acute/tertiary hospital services for the populations of Edinburgh, Midlothian, East Lothian and West Lothian with an annual revenue budget of £1.6bn.

As a healthcare system we provide around 250,000 A&E attendances, 5.4m GP contacts and 142,000 elective procedures. We deliver care and treatment for the population that we serve through 4 local health and social care partnerships and four main acute hospital sites: Royal Infirmary of Edinburgh, St John's Hospital, Western General Hospital and Royal Hospital for Sick Children.

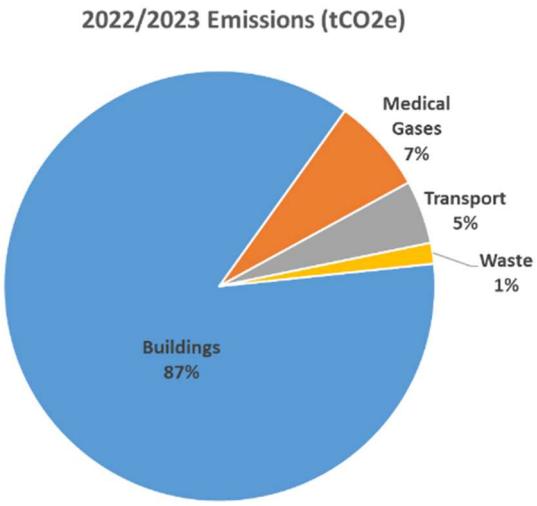
- NHS Lothian serves a population of more than 880,000 people living in and around Edinburgh, Scotland's historic capital city. The population comprises both urban and rural communities across the City of Edinburgh with smaller communities living in towns and villages in West Lothian, East Lothian and Midlothian. In addition, Edinburgh is a major tourist area and also the home of the Scottish Parliament. The geographical area known as Lothian region covers 700 square miles.
- Whilst the health status of the Lothian population overall is better than that for the whole of Scotland there are areas of significant deprivation in communities on the perimeter of Edinburgh and in Midlothian and West Lothian.
- NHS Lothian has a budget of c£1.6 billion with circa 22,824 FTE employees.
- Our built environment comprises 4 major acute sites and 14 other hospital sites as well as approximately 120 health centres, clinics and other premises with a total GIA of 694,857 m2 including 4 major and 6 smaller PFI/PPD premises GIA 223,070 m2.
- Our external estate comprises 174 hectares, 81 hectares of greenspace with a biodiversity score of 484.

Carbon Emissions

NHS Lothian aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Lothian.

Key Stats

- Overall decrease of **5,486** Tonnes CO_2 from 2021/2022 report.
- Overall reduction of **134,259** Tonnes CO_2, 62%, from 1989/1990 national targets baseline (buildings only).
- **Buildings** - reduction of **5,447** Tonnes CO_2 (-9.4%)
- **Medical Gases** - reduction of **236** Tonnes CO_2 (-5.2%)
- **Transport** – increase of 237 Tonnes CO_2 (+8.9%)
- **Waste** – reduction of 11 Tonnes CO_2 (-1.1%)

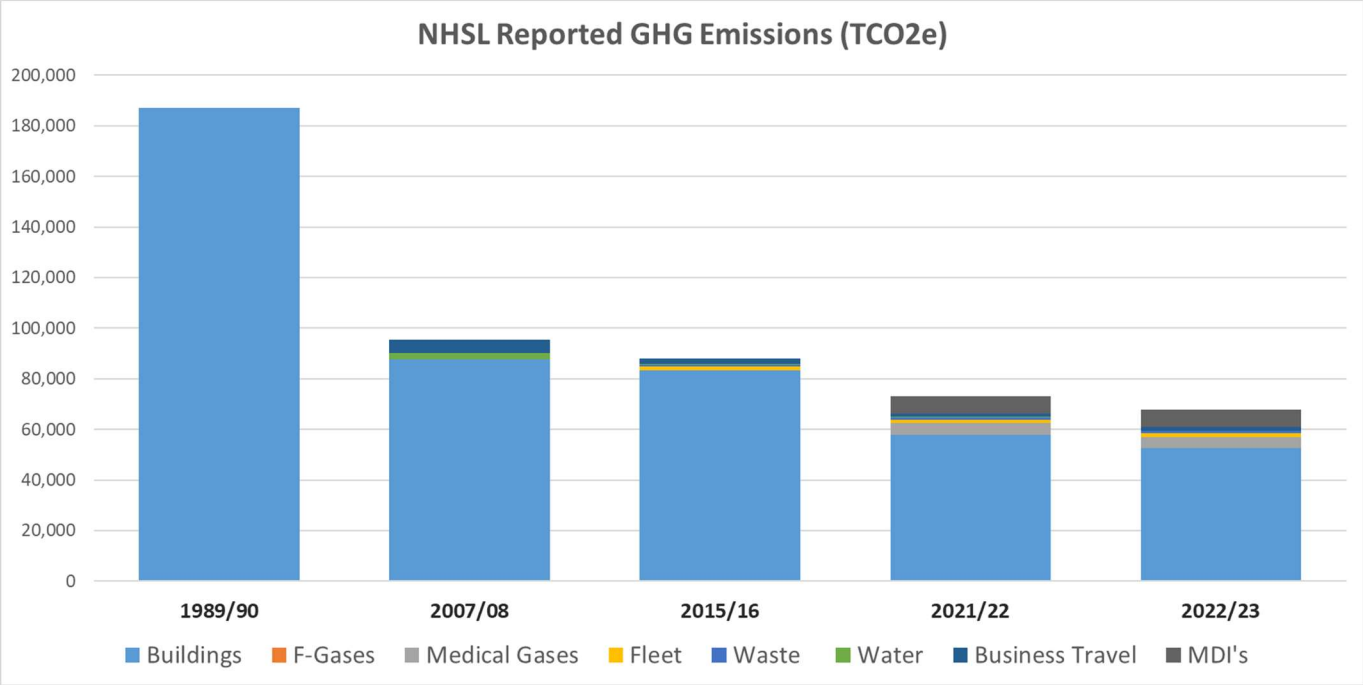


NHS Lothian aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Lothian.

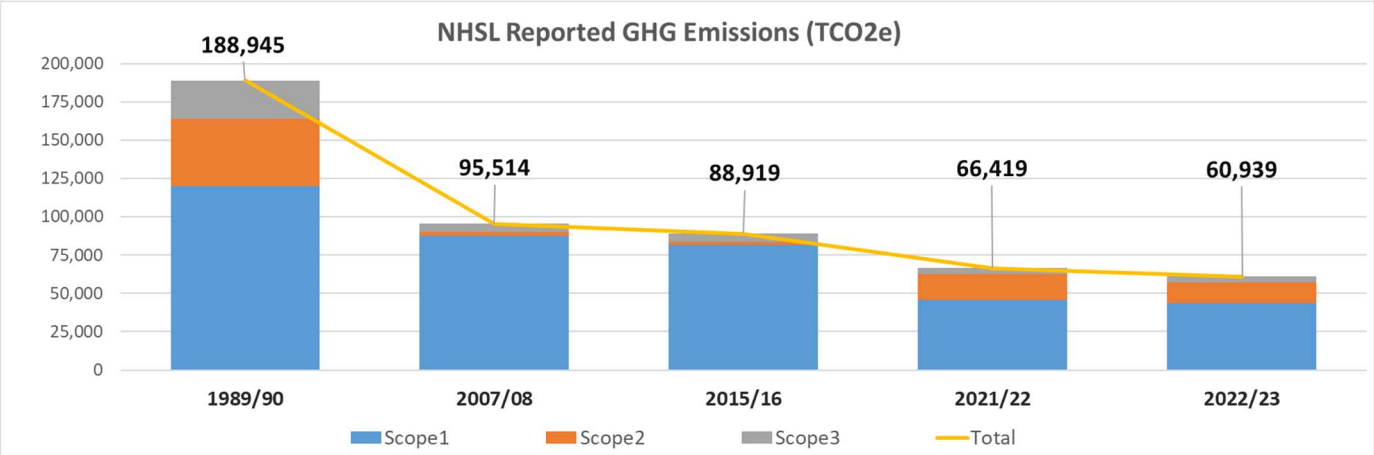
Greenhouse gas emissions tonnes CO_2 equivalent

Source	2021/22 – emissions	2022/23 – emissions	Percentage change – 2021/22 to 2022/23	2022/23 – target emissions	Percentage difference between actual and target
Building energy	58,124	52,558	-9.4%	56,224	-7.0%
Non-medical F-gas use	NYA	NYA	NYA	0	NYA
Medical gases	4,579	4,343	-5.2%	4,441	-2.3%
NHS fleet use	1,319	1,497	13.5%	1,280	15.1%
Waste	967	950	-1.7%	938	1.3%
Water	254	199	-1.0%	246	-23.7%
Business travel	1,338	1,324	-1.0%	1,297	6.1%
Total greenhouse gases emitted	**66,419**	**60,939**	**-8.3%**	**64,426**	**-5.7%**
Metered dose inhaler propellant	6,830	6,881	-0.7%	6,625	3.7%
Total greenhouse gases emitted	**73,249**	**67,820**	**-7.4%**	**71,051**	**-4.8%**
Carbon sequestration	282	282	0.0%	274	3.0%
Greenhouse gas emissions minus carbon sequestration	**72,967**	**67,538**	**-7.4%**	**70,778**	**-4.8%**

Graph of carbon emissions over period of historic baseline (1989/90), 1st Carbon management Plan (2007/2008) and recent years showing emissions reductions in each period, even with an increasing scope of emissions.



Graph of carbon emissions by scope as determined by GHG Protocols.



Year	2007/08	2018/19	2019/20	2020/21	2021/22	2021/22
Scope 1	87,800	39,786	49,814	50,455	45,450	43,645
Scope 2	2,302	22,783	18,057	16,841	17,070	13,539
Scope 3	5,412	2,680	2,770	1,802	3,898	3,743
Total	**95,514**	**65,249**	**70,641**	**69,097**	**66,419**	**60,927**
Annual Performance						
Change %			-17.2%	8.3%	-3.9%	-8.3%
Reduction TCO2			-13,561	5,392	-2,676	-5,487
Baseline Performance						
Reduction %			-31.7%	-26.0%	-30.5%	-36.2%
Reduction TCO2			-30,265	-24,873	-29,095	-34,587

Commentary

- Buildings are the most significant emissions source, based on the scope of emissions that we are currently reporting. The high proportion of emissions associated with the major acute sites (RIE, WGH and SJH) account for 66% of the total buildings emissions, the top 10 account for 90%.
- Anaesthetic gases contributed 7.1% of our CO_2 emissions. There has been a decrease of 5.2% compared to the previous year, with the long-term trend showing significant reductions which has been a real success, with further reductions expected due to the sustained activities across the system.
- Waste figures show a decrease of 16 TCO_2 . We have made significant progress in improving the scope and quality of our waste data, but concerns remain so caution is needed in interpreting this small reduction as progress. Waste is a relatively small carbon contributor but an important area for action from a cost and sustainability perspective.
- Transport emissions have increased by 231 Tonnes CO_2. An approximate mileage increase of 0.5 million km's.
- NHS Lothian is the first board in Scotland to deliver a biodiversity, climate change and nature-based health benefits assessment of the natural capital assets (habitats) of their estate. We have established a base line of carbon sequestration, air quality regulation and biodiversity.

Buildings

We aim to use renewable heat sources for all the buildings owned by NHS Lothian by 2038.

NHS Lothian has in excess of 120 sites, including three acute campuses, community hospitals, health centres and other supporting infrastructure. The key sites include the Royal Infirmary of Edinburgh, the Western General Hospital, St John's Hospital and the Royal Edinburgh Hospital.

Key Stats

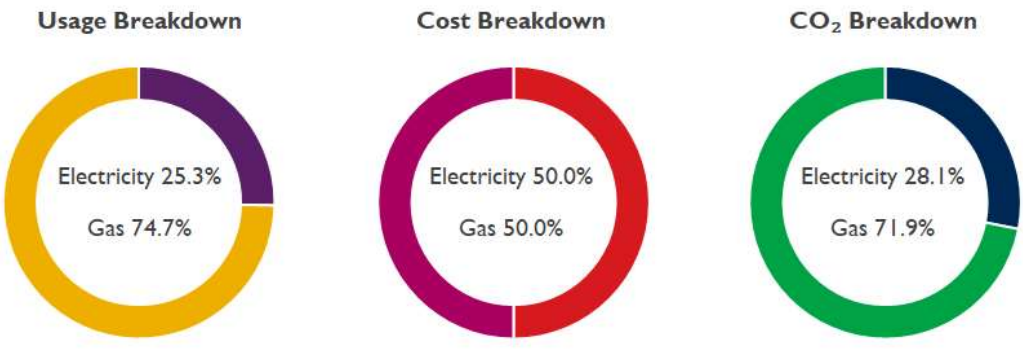
- In 2022/23, 52,757 tonnes of CO2 equivalent were produced by NHS Lothian use of energy for buildings. This was a decrease of 9.4 % since the year before.
- In 2022/23, NHS Lothian used 274,833,732 kWh of energy. This was a decrease of 6.6% since the year before.
- In 2022/23, NHS Lothian generated **3,042,916** kWh of energy from renewable technologies.
- Carbon reduction of **5,583** TCO_2 (-9.7%) from the previous year.
- Buildings account for 87% of total reported emissions, 75% of associated scope cost
- Gas use **decreased by over 8.7 million kWh's** (1,738 TCO_2, -4.4%) – 733 equivalent average homes
- Electricity use **decreased by over 10.5 million kWh's** (2,281 TCO_2, 13.2%) – 3,653 equivalent average homes
- The **three largest sites** (Little France, WGH & SJH) account for **73%** of building emissions, the ten largest **85%**.
- Total energy is equivalent to **24,019** average homes electricity and **17,098** gas consumption.
- £2.4M invested in energy efficiency measures last year

Building Utilities Emissions

Carbon Emissions tCO_2e				2022-2023 change to previous year		2022-2023 to 2015-16	
	2015/16	2021/22	2022/23	Variation	% Change	Variation	% Change
Electricity	42,155	18,548	14,702	-3,845	-20.7%	-27,453	-65.1%
Gas	41,122	39,191	37,453	-1,738	-4.4%	-3,669	-8.9%
Water	267	254	199	-55	-21.6%	-68	-25.4%
Total	**83,277**	**57,738**	**52,155**	**-5,583**	**-9.7%**	**-31,122**	**-37.4%**

Building Utilities Consumption

Energy Consumption (kWh)				2022-2023 change to previous year		2022-2023 to 2015-16	
	2015/16	2021/22	2022/23	Variation	% Change	Variation	% Change
Electricity	84,250,610	69,628,248	**69,655,827**	-10,594,731	-13.2%	-14,594,783	-17.3%
Gas	222,944,829	214,172,124	**205,177,905**	-8,791,800	-4.1%	-17,766,924	-8.0%
Water	775,728	877,878	**686,800**	-159,791	-18.9%	-88,928	-11.5%



Commentary

What did we do in 2022-2023 to reduce carbon emissions from buildings?

- The reduction in carbon emissions from buildings of 5,477 TCO_2, is due to a combination of a reduction in utilities demand, reducing utilities carbon factors and impacts of investment in energy efficiency and renewable technology.
- Gas and electricity have significantly decreased over this period, with an overall reduction in energy demand by 6.6%.
- During this reporting cycle, NHS Lothian, with support from Scottish Government, invested over £2.5 million in a programme of works to reduce energy demand, carbon emissions and energy costs. Over 9,000 LED light fittings were installed at St John's Hospital, reducing demand by almost 3 million kWh's and saving 620 tonnes of carbon.
- Other initiatives include the ongoing de-steaming activities at the Western General Hospital, where thermal energy for heating and hot water is being transitioned from the steam network to a new low-temperature heat network system. The first phase has resulted in **emissions savings of 1,732 TCO_2**, with further savings expected in future phases of the programme.
- Phase 2 of the WGH Energy Infrastructure project was approved for progression, which will extend the heat network and further reduce demand on the in-efficient steam heat network.
- A high proportion of emissions are directly associated with the major acute sites. The RIE, WGH and SJH account for 64% of the total buildings emissions, with the 10 largest consumers accounting for 85%.
- The Energy Team have focused on developing the energy data systems and report functions to drive forward identification of changes in demand and opportunities for improvements.
- The difference in figures for electricity and gas shown in the two tables is due to a difference in invoiced utilities and reportable emissions. In-line with international standards we deduct energy consumption associated with external organisations operating within our property boundaries. The majority is apportioned to the University of Edinburgh who have large footprints at the RIE and WGH. Other partners include City of Edinburgh Council and West Lothian Council, all of which report their emissions under the same regulations.

Over the next year 2023-2024, NHS Lothian is planning the following;

- Application to GPSEDS for capital funding support for further investment in energy efficiency and carbon reduction measures
- Energy Switch-off Campaign
- Development of the Energy Team to focus on optimising the existing estate
- Development of net-zero strategy for buildings, developing the report produced through NHS Assure funded support.
- Working with local stakeholders to work in partnership and identify opportunities for collaborative energy projects options, in particular Heat Networks.

What projects are we planning for the longer-term to reduce emissions from building energy use?

- Energy Switch-off Campaign,
- Development of the Energy Team,
- Development of net-zero pathways through NHS Assure funded support.

Transport

Domestic transport (not including international aviation and shipping) produced 26% of Scotland's greenhouse gas emissions in 2021. Car travel is the type of travel which contributes the most to those emissions.

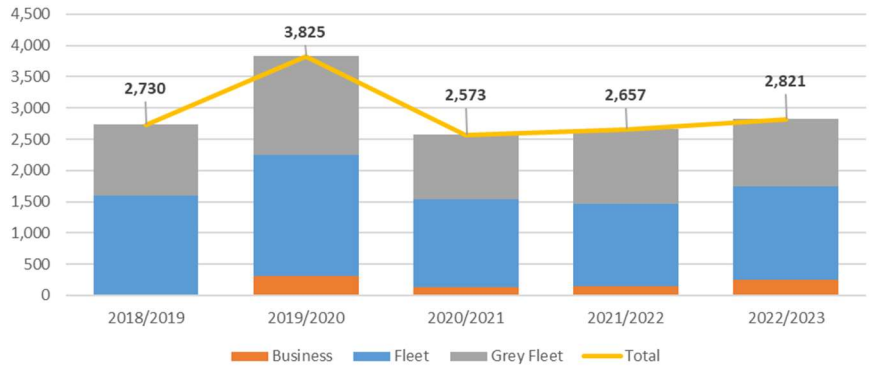
Travel and transport of goods, services, staff, patients and visitors has a significant impact on local air quality, congestion and health. Delivering more remote working and consultations as part of a Sustainable Travel Plan and where travel is necessary, supporting staff, patients and visitors to use more active and sustainable travel methods will reduce the impact of these activities, leading to cost savings and health benefits.

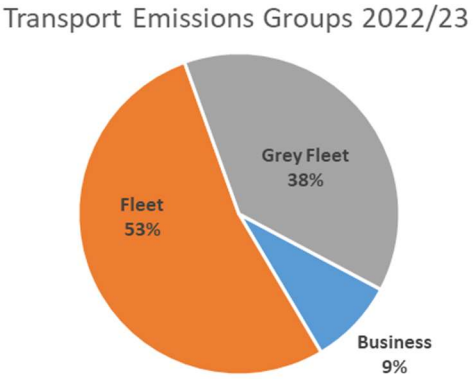
NHSL SDF Aim: To encourage remote working and consultations where possible and support sustainable and active travel in order to reduce the carbon and air quality impacts of our organisation and supply chain.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

Key Stats

- Transport - increase of 237 TCO2 (+8.9%)
- 4.7% of total reported emissions, 13% of associated scope cost.





Transport	Consumption (2022/23)		Emissions (tCO2e)			
			2021/22	2022/23	Variation	% Change
Diesel (Fleet)	429,902	litres	1,012	1,099	101.1	10.1%
Car - petrol (Grey fleet)	2,747,646	km	680	468	-212.0	-31.2%
Car - diesel (Grey fleet)	2,149,320	km	290	367	77.5	26.8%
Petrol (Fleet)	168,424	litres	293	364.11	67.2	22.6%
Average Car[1] (Grey fleet)	1,143,227	km	200	195.11	-5.1	-2.6%
Car - hybrid (Grey fleet)	171,731	km	15	20.61	5.5	36.4%
Taxi - Business	5,2922	km	1	1.08	0.5	98.4%
Train - Business	508,7452	km	14	18.06	4.9	37.6%
Air - Business	139,8392	km	3	34.38	31.5	1085.9%
Bus - Business	114,8172	km	12	12.37	0.6	5.5%
EV's - Business	102,463	kWh	8	21.63	14.6	206.5%
EV's - Fleet	223,502	kWh	27	47.17	23.4	98.1%
Taxi - Business	1,195,850	km	114[2]	244	127.3	109.0%
eBikes		km	-			
Total			**2,669**	**2,894**	**237**	**+8.9%**

1 - Unknown Fuel
2 - Values calculated from cost information

The following table sets out how many Zero Tailpipe Emission and fossil fuel vehicles were in NHS Lothian fleet at the end of March 2022 and March 2023:

	March 2022		March 2023		
	Total vehicles	**% Zero Emissions Vehicles**	**Total vehicles**	**% Zero Emissions Vehicles**	**Difference in % Zero Emissions Vehicles**
Cars	343	25%	406	37%	18%
Light commercial vehicles	159	31%	167	34%	5%
Heavy vehicles	29	0%	27	0%	0%

The following table sets out how many bicycles and e-bikes were in NHS Lothian's fleet at the end of March 2022 and March 2023:

	March 2022	**March 2023**	**Percentage change**
Bicycles	0	0	0%
e-bikes	2	27	1,350%

Commentary

- Overall, there has been an increase in transport emissions, across most groups. The exception is Grey fleet petrol mileage.
- There has been an increase in the mileage from Grey Fleet of approximately 0.5 million km's. This is a modest increase on the previous year and whilst disappointing, it does show that some of the changes made which reduced travel during covid have been maintained.
- The tables above show comparisons of emissions against 2021/22 for comparison against the previous year. Transport data is collated through a variety of sources, including expenses returns and is therefore based on available indicators to convert costs to distance.

What did we do last year to improve active travel?

- Significant progress on transition of the fleet to Electric Vehicles. Over £525,000 has recently been approved for electric vehicles and 46 charging points. The additional electric vehicles bring the total number of electric vehicles in NHS Lothian to 202, with more on order, which is almost 40% of NHS Lothian's fleet.
- Roll-out of eBike fleet across NHS Lothian
- We worked with Travelknowhow Scotland to produce a draft NHS Lothian Sustainable and Active Travel Strategy and held a series of staff consultations on the draft.

What did we do last year to improve public and community transport links to NHS sites and services?

- Our Transport Manager is in regular dialogue with public transport teams and local bus operators. Through this dialogue we succeeded in agreeing a diversion of bus service to increase bus options to one of our sites.

What are we going to do this year to reduce the need to travel?

- Continue with 2nd staff travel survey on 1 site and expand to another.

What are we going to do this year to improve active travel?

- Progress Active and Sustainable Travel Strategy

What are we going to do this year to improve public and community transport links to NHS sites and services?

- We will continue our dialogue with transport providers and work with SEStrans to promote their app

Anaesthetic Gases

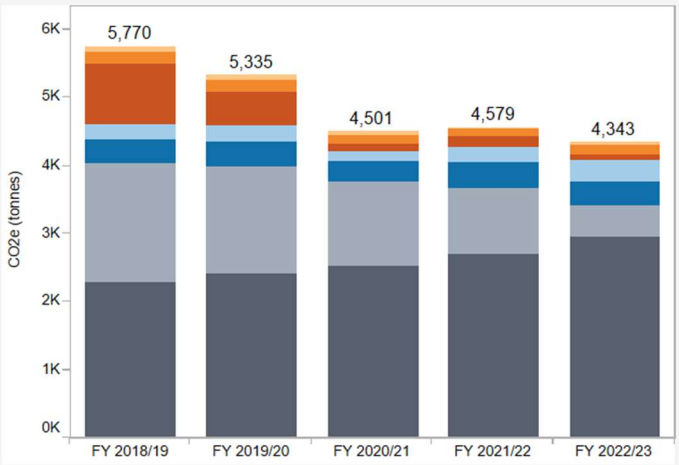
Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide, Entonox (a mixture of oxygen and nitrous oxide) and the 'volatile gases' - desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

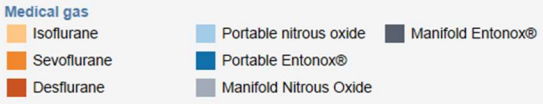
Stats

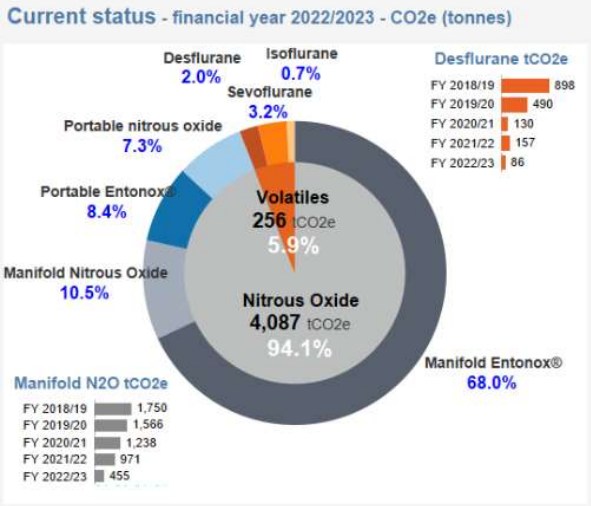
- NHS Lothian's total emissions from gases in 2022/23 were 4,343 TCO_2, a decrease of 236 (-5.2%) from the year before.
- 7.1% of total reported emissions, 2% of associated scope cost

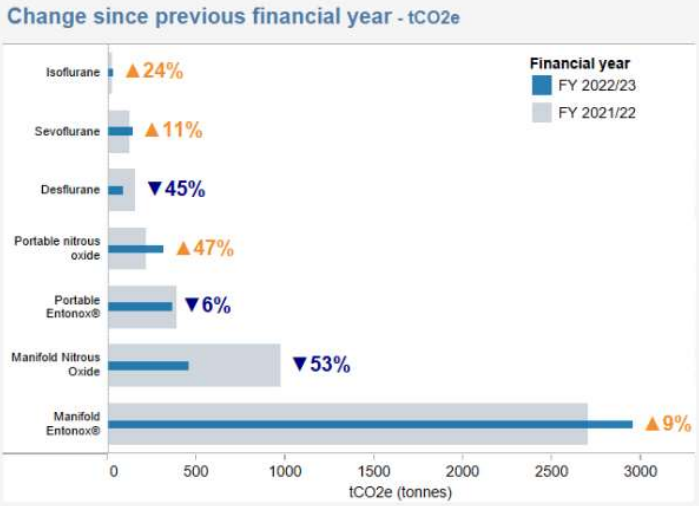
More detail on these emissions is set out in the tables below:



Medical gas	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Isoflurane	84	72	45	26	32
Sevoflurane	181	178	119	124	137
Desflurane	898	490	130	157	86
Portable nitrous oxide	210	245	136	215	316
Manifold nitrous oxide	1,750	1,566	1,238	971	455
Portable Entonox®	371	365	301	387	363
Manifold Entonox®	2,278	2,418	2,533	2,700	2,953
Grand total (all gases)	5,770	5,335	4,501	4,579	4,343
Grand total (nitrous oxide)	4,608	4,594	4,207	4,272	4,087
Change year on year (tCO2e) [all gases]		-436	-834	78	-236
% change year on year (tCO2e) [all gases]		-7.6%	-15.6%	1.7%	-5.2%







Volatile medical gas emissions – tCO_2e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Desflurane	929.3	157.1	86.4	-90.4%
Isoflurane	87.2	25.9	32.1	-61.9%
Sevoflurane	182.3	123.5	137.3	-24.2%
Total	1,198.8	306.5	255.8	-78.0%

Nitrous oxide and Entonox emissions – tCO2e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Piped nitrous oxide	1,750	971	455	-74.0%
Portable nitrous oxide	210	215	316	50.4%
Piped Entonox	2,278	2,700	2,953	29.6%
Portable Entonox	371	387	363	-2.1%
Total	4,609	4,278	4,087	-11.3%

Commentary

- The graphs and data above highlight the impact of the sustained action to reduce emissions from anaesthetic gases. Over the last reporting year there has been a reduction in emissions from all Medical Gases of 236 TCO_2 which equates to a 5.2% in year and 24.8% from the baseline year 2018/19.
- Emissions are calculated from two distinct groups, Volatiles and Nitrous Oxide, with reductions of 51 TCO_2 and 186 TCO_2 respectively. This a hugely positive result, with a reduction of volatiles by 78% from the baseline in such a short period, mainly due to a switch in gases.

What did we do last year to reduce emissions from anaesthetic gases?

- Significant switch from manifold Nitrous Oxide to portable.
- Switch in Volatile gas use, reducing the use of Desflurane.
- The key activities have been focused on closure of manifold systems with high leakage rates, which are expected to herald results over the coming period. Data is robust but has an inherent lag due to measurement of returns and not consumption.

What are we doing this year to reduce emissions from anaesthetic gases?

Further improvements are considered possible and being investigated across multiple service lines, with the changes realised over the last 12 months there is a high level of confidence in further reductions.
The primary areas of focus are the continued closure of manifolds supplying Nitrous oxide and Entonox.
NHSL continues to review adoption of new technologies to support increased capture of gases and lower flow techniques.

What are we doing this year to make surgery more sustainable?

NHSL is seeking to establish a Green Theatres Programme, as part of the national initiative, covering various sustainability initiatives in this resource intensive environment.

Waste

Earth Overshoot Day marks the date when our demand for resources exceeds what earth can regenerate in that year. In 2023, Global Earth Overshoot Day is 2 August.

For the UK, the picture is more worrying. In 2023, the UK's Earth Overshoot Day is 19 May. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

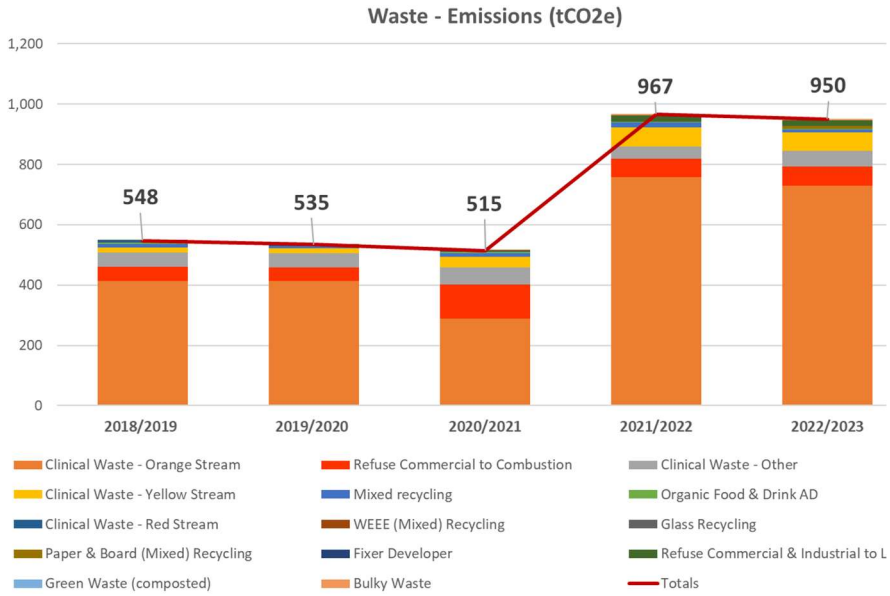
The goods we use constitute the largest proportion of our carbon footprint and reducing unnecessary use of resources across NHS Lothian will have a major impact. This is evident on a daily basis to our staff, patients and visitors. The level of concern amongst staff and level of motivation for change is high.

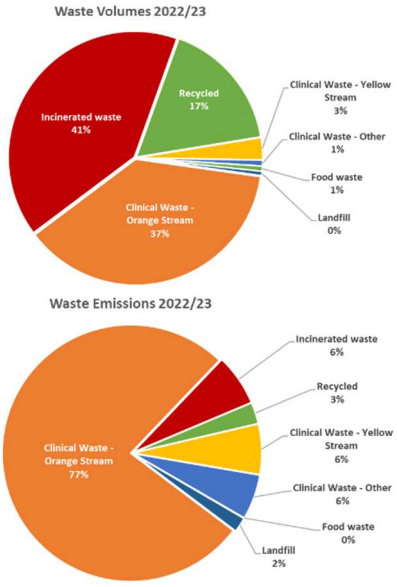
Procurement and waste management are therefore priority areas for action. NHS Lothian generates large volumes of waste and is committed to managing waste in a way that promotes sustainable development. By applying the waste hierarchy, rethinking traditional waste models and working closely with our staff and supply chain, we can move towards a circular economy approach.

Good food is essential for patient and staff well-being and a key area for improvement in procurement and waste management. Increasing local, seasonal food and more sustainably sourced fish with less reliance on meat products will potentially pay health, environmental and financial dividends. Such a move needs to be backed by a sustainable catering strategy (which embodies and exceeds national nutritional guidelines), procurement that enables the sourcing of local and seasonal food and imaginative presentation to support healthy choices. Food waste is an important area and the NHS Scotland Food Waste Guidance and Food Waste Calculator, recently developed by Zero Waste Scotland, will inform progress in this key area.

Key Stats

- Waste - decrease of **17 TCO_2** (-1.7%)
- 1.6% of total reported emissions, 10% of associated scope cost





Waste	CO2	Waste Volume (Tonnes)	Carbon Variation	% Carbon	% Volume
Clinical Waste - Orange Stream	730	2,675	-27.3	76.9%	38%
General Waste Combustion	62	2,904	0.3	6.5%	41%
Clinical Waste - Other	54	54	14.8	5.7%	1%
Clinical Waste - Yellow Stream	60	203	-3.9	6.3%	3%
Mixed recycling	10	485	-6.6	1.1%	7%
Organic Food & Drink AD	0	47	-1.3	0.0%	1%
Clinical Waste - Red Stream	0	0	0.0	0.0%	0%
WEEE (Mixed) Recycling	0	21	0.2	0.0%	0%
Glass Recycling	0	14	0.1	0.0%	0%
Paper & Board Recycling	10	468	9.1	1.1%	7%
Fixer Developer	0	0	0.0	0.0%	0%
Refuse to Landfill	18	39	-1.9	1.9%	1%
Green Waste (composted)	0	9	-0.2	0.0%	0%
Bulky Waste	4	210	-0.7	0.5%	3%
Totals	**950**	**7,128**	**-17**		

We want to reduce the amount of waste we produce and increase how much of it is recycled. The table below sets out information on the waste we produce and its destination for the last three years:

Type	2020/21 (tonnes)	2021/22 (tonnes)	2022/23 (tonnes)	Percentage change
Waste to landfill	4	43	39	922%
Waste to incineration	2,638	2,889	2,904	10%
Recycled waste	609	1,125	1,207	98%
Food waste	221	196	47	-79%
Clinical waste	1,183	3,030	2,932	148%

In relation to apparent reduction in food waste, it should be noted that there were substantial gaps in the data provided by our contractor during this year and this data gap accounts for the apparent reduction. Data for the coming year on food waste will be more meaningful.

Similarly, there were known gaps in the clinical waste data provided to us in 2020/2021 making the reported 148% increase from 2021 invalid.

Scottish Government have set targets to reduce the amount of waste produced and how this is treated.

The tables below provide information on our performance against those targets, but where we know our data sets do not align with the target, for example, because we do not have reliable data for the specified baseline year, we have used a best fit approach:

SG: Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025	
NHSL: Reduce business waste (domestic) waste by a minimum of 15% and greater where possible, compared with 2021/2022 – by 2025	
Baseline 2021-2022	3,147 tonnes
Performance – 2022-2023	4,117 tonnes
% change from baseline	+11.2%
Outcome	NOT ACHIEVED YET
Further reduction required	970.4 tonnes

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025

% waste to landfill 2021-2022	0%
Performance waste to landfill – 2022- 2023	6.6 tonnes
% waste to landfill 2022-2023	0.15%
Outcome	ACHIEVED
Further reduction required	0 tonnes

SG: Reduce the food waste produced by 33% compared to 2015/16 – by 2025

NHSL: Reduce food waste by 33% compared to baseline year FY 2020/21

Baseline year 2020-2021	232.4 tonnes
Target – reduce food waste by	46.6 tonnes
Perdormance year 2022-2023	185.9 tonnes DATA INCOMPLETE
Outcome	DATA INCOMPLETE
Further reduction required	DATA INCOMPLETE

Ensure that 70% of all domestic waste is recycled or composted – by 2025

Baseline 2022-2023 (all business waste)	2,882 tonnes
Performance 2022-2023 – recycled or composted	1,231 tonnes
Outcome	29.9% - NOT ACHIEVED
Further increase required to recycling	1,651 tonnes
Comment	21% of domestic waste is currently recycled, with the majority of waste directed to Energy from Waste (EfW) plant.

NHSL waste - progress against baselines (tbc)
% change and tonnage

NB Bulky waste is treated as on-site recovery, which means some/all may be recycled so should be separate from DW?

The 'Recycled waste' group excludes bulky waste (treatment is onsite recovery), food waste, green waste, construction, commerical or industrial waste and clinical waste

Clinical waste
% change & tonnage since FY 2021/22

FY 2021/22	FY 2022/23
0.0%	-3.3%
3,030.6t	2,931.7t

Domestic waste
Tonnage since FY 2017/18

FY 2017/18	FY 2022/23
2,914.6t	2,910.4t
Bulky Waste - FY 2020/21 - 238.75t	210.5t

[BW category appeared in FY 2020/21. Unknown whether DW included BW prior to FY 2020/21]

Recycled waste
% change & tonnage since FY 2017/18

FY 2017/18	FY 2022/23
0.0%	25.4%
787.8t	987.8t

Food waste
% change & tonnage since FY 2020/21

FY 2020/21	FY 2022/23
0.0%	-80.0%
232.4t	46.6t

FY 2020/21	FY 2021/22	FY 2022/23
232.4t	196.2t	46.6t

Food waste data of very poor quality, with many gaps due to on board weighing gear issue which continues into FY 2023/24

Green waste
% change & tonnage since FY 2021/22

FY 2020/21	FY 2022/23
0.0%	-59.1%
21.2t	8.7t

Green waste was measured as a separate category wef FY 2020/21. Unknown whether DW contained Green Waste prior to FY 2020/21.

Construction/commerical/industrial
% change & tonnage since FY 2017/18

FY 2017/18	FY 2022/23
0.0%	-51.7%
66.8t	32.3t

We have separated Domestic Waste from Construction/ Commerical/ Industrial waste. Does the Domestic Waste/Municipal Waste definition include this business waste? Need clear definition of Domestic Waste

Notes

The national target states that *Ensure that 70% of all domestic waste is recycled or composted*
What is the definition of 'Domestic Waste'? since this target could imply Domestic Waste includes green waste? Above we separate Green waste from Domestic Waste. We assume Domestic Waste excludes other business waste (construction,commercial and industrial waste).

Recycling rate for FY 2022/23 - various methods

(1) Of 3898.2 tonnes of Domestic/Recycled waste (excludes Bulky Waste), 987.8t tonnes of waste was Recycled Waste (excludes Bulky Waste), equivalent to recycling rate of **25.3%.**

(2) Of 4108.7 tonnes of Domestic/Recycled/Bulky waste, 987.8t tonnes of waste was recycled, giving a recycling rate of **24.0%** [assumes all Bulky waste was not recycled]

(3) Of 4108.7 tonnes of Domestic/Recycled/Bulky Waste, 1198.3 tonnes of waste were recycled/onsite recovery, giving a recycling/onsite recovery rate of **29.2%** [assumes all Bulky waste was onsite recovery]

(4) Of 3906.9 tonnes of Domestic/Recycled/Green Waste, 996.5 tonnes of waste was recycled or composted, giving a recycling/composting rate of **25.5%** [excludes Bulky Waste]

(5) Of 4117.4 tonnes of Domestic/Recycled/Green Waste/Bulky Waste, 996.5 tonnes of waste was recycled or composted, giving a recycling/composting rate of **24.2%** [assumes all Bulky Waste was onsite recovery]

Commentary

- Waste represents 1.6% of total emissions
- Waste - decrease of 17 TCO_2 (-1.7%)
- Clinical Waste remains the highest emissions source, predominately due to intensive treatment method. Importance of waste streams and segregation
    - 1 Tonne of clinical waste = 273 kg CO_2
    - 1 Tonne of general waste = 21 kg CO_2
- Waste data continues to be challenging and typically has low certainty. The historic lack of concise data did not allow trend analysis and granular understanding.
- While waste is a very small portion of total emissions, around 1.3%, waste is recognised as a high priority based on feedback from frontline staff during sustainability engagement events.

What did we do last year to reduce our waste or improve the proportion of business waste being recycling?

We have made significant progress on our waste data so that in future years we will be able to use this data for planning and monitoring.

We significantly increased the number of recycling bins at our largest site, Edinburgh Royal Infirmary. We also introduced new segregation equipment and undertook a detailed audit of waste segregation at ERI.

What are we doing this year to reduce our waste?

We are going to develop plans to increase waste management and circular economy expertise in line with the Resource Management Association Scotland recommendations.

We are going to ensure that waste segregation forms an important part of our Green Theatres Programme.

We are going to set targets for the reduction of clinical waste and develop an invest to save plan to deliver on these carbon and cost savings.

Greenspace and Biodiversity

Biodiversity

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution, and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 (Nature Conservation Scotland Act 2004) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 (Wildlife and Natural Environment Scotland Act 2011) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

What actions have been taken to identify, protect and enhance biodiversity across your organisation?

The NHS Lothian Greenspace and Health Strategic Framework sets the vision, strategic objectives and priorities for the NHS estate, publicly accessible greenspaces and greenspace based activities that support health and wellbeing. The delivery of this strategy is led by the NHS Lothian Charities Green Health Programme. The programme has integrated these objectives into key focus area of NHS Lothian Sustainable Development Framework and Action Plan.

Pan Lothian strategy

We published the first greenspace and biodiversity audit of the NHS Lothian estate with recommendations to protect, enhance and expand our environmental assets (read the summary and full report here). This natural capital account has been present to NHS Lothian Finance and Resource Committee and the Lothian Capital Investment Group. As a result of this work a commitment to produce a Biodiversity Action Plan was included in our corporate objectives.

Master planning and place making

We have worked with NHS Lothian master planning teams and capital project teams to provide advice and guidance on how good quality greenspace design is incorporated into new build hospitals and refurbishment programmes for Royal Edinburgh Hospital masterplan, Western General masterplan, Edinburgh Cancer Centre, National Treatment Centre, Alexander Eye Pavilion.

Greenspace management plans have been created for the Royal Edinburgh Hospital and the Astley Ainslie Hospital to improve biodiversity, climate resilience and encourage greater use.

We have supported the development of an urban realm strategy for the Western General Hospital masterplan. Through this process we engaged local and national partners such as Nature Scot, Local Authority Biodiversity teams and local interest groups (such as the Astley Ainslie Community Trust).

At the newly built East Lothian Community Hospital we are co-creating a Climate Change Action Plan with local community groups. This has involved commissioning local organisations such as Low Impact Living and local professional ecologists to carry out community engagement and provide specialist local advice.

Site level interventions

Our programmes support a wide range of staff and partners to take actions that enhance biodiversity on our estate and a full list of projects is included below but highlights include:

- **NHS Lothian Community Gardens -** NHS Lothian has three community gardens that create valuable wildlife habitat. These spaces have been developed and managed in partnership with third sector organisations with sustainability at their core. Actions to improve biodiversity include the creation of a heritage orchard at Belhaven Hospital Community Garden, bog gardens and scrapes for amphibians at Midlothian Community and pollinator friendly planting and habitat creation at The Royal Edinburgh Hospital.
- **NHS Ground and Gardens** – We have tested new approaches to improving wildlife habitats with the NHS Lothian Grounds and Gardens teams. At the Western General Hospital pollinator patches have been created

to diversify amenity grassland (watch the Western General Grounds and Gardens Supervisor talk about his work here). In West Lothian the estates teams have changed their mowing regimes to reduce pesticide use and increase grassland diversity.

- **Staff action** – Through our work we have supported a wide range of NHS staff to take forward biodiversity project on our estate through the Green Health Programme, Climate Challenge grants and core facilities funding. A list of these projects is below.

Future Plans

- Through the development of our Biodiversity Action Plan we aim to identify priority projects and activities to take forward.
- We are continuing to deliver on the greenspace management plans created an plan to extend this to other sites with significant areas of greenspace

We are integrating biodiversity into our new Environment Management System to support our ISO 14001 certification.

What actions have been taken to contribute to the NHS Scotland Estate Mapping programme, or to develop an internal mapping programme?

NHS Lothian commissioned Natural Capital Solutions and collaborators to deliver a biodiversity, climate change and nature-based health benefits assessment of the natural capital assets (habitats) of our estate (read the full report here). Following this we have supported the national mapping programme with our methodology, experiences and data. Based on this national work we have reviewed our site boundaries to improve the quality of the data we hold so that we are in a better position to share them with other organisations.

What actions have been taken mainstream biodiversity across the organisation?

We have taken the following actions to ensure that biodiversity, and the services it provides, are appropriately and adequately factored into policies and practices that rely and have an impact on it:

- Raised understanding of biodiversity duty and opportunity with key decision-making groups such as Finance and Resource Committee and Lothian Capital Investment Group.
- Briefed key decision makers and hosted site visits to raise awareness of the boards duty, responsibilities and opportunities including:
- NHSL Chair and non-executives
    - Chief Medical Officer Deputy Chief Medical Officer, & Chair of Faculty of Public Health
    - A non-executive board member chairs the NHS Lothian Charity Greenspace work and champions greenspace and biodiversity across the NHS Board
- Engaged with Master Planning and Capital Planning teams on specific projects

How have nature-based solutions been utilised to address the climate and biodiversity emergencies?

Nature-based solutions refer to the use of nature and natural environments to help tackle socio-environmental challenges, providing benefits to people and nature. NHS Lothian is taking this approach to tackle the following challenges:

Challenge: Negative environmental and social impact from ground maintenance operations. Traditional fossil fuelled machinery used in grounds maintenance can have a significant negative impact both in terms of carbon emissions, air quality and health.

Solution: NHS Lothian is changing the way that it maintains amenity grassland. We piloted projects to convert areas into low maintenance grassland and wildflower areas reducing the need for cutting and improving biodiversity. Projects to electrify tools and vehicles at the Western General and West Lothian have reduced risk of Hand and Arm Vibration Syndrome for operatives, lessened the noise impact and reduced emissions.

What actions have been undertaken to raise awareness, engagement and understanding of biodiversity and nature?

We work with a wide range of partners to enhance the NHS Lothian estate and deliver activities that engage key audiences.

- **NHS Lothian patients** – Our ongoing programme of green health activities create opportunities for a wide range of patients to participate in nature-based activities. This ranges from delivering 800 nature-based activity bags to wards with no access to green space through to supporting over 200 patients take part in green health session within acute and community hospital settings.
- **NHS Lothian staff** – We support the NHS Lothian WorkWell team to integrate nature base activities in their staff wellbeing programming and have delivered staff only nature-based activities at the Western General, St Johns and Royal Edinburgh Hospitals. We support Grounds and Gardens Teams and Capital Planning Teams understand how their actions impact biodiversity and what steps they can take. We have developed a network of over 60 NHS staff and partners who want to share their learning and enthusiasm for green health projects as part of our Green Health Network (read more here).
- **Communities** – Through the community gardens we create opportunities for surround communities to engage with nature on the NHS estate. The development of greenspace management plans has allowed us to take account of local perspective of how our sites are managed and respond to community needs.
- **Research** – We contribute to and learn from research in nature and health. We have commissioned research into green social prescribing role in COVID recovery (read more here), have contributed to the design of green health intervention for people with poor mental health and problem substance use (read more here) and transformation of urban blue and greenspace for community health (read more here).

Greenspace

The design and management of the NHS Scotland green estate for human and planetary health, offers an opportunity to deliver a range of mutually beneficial outcomes. These include action on climate change (both mitigation and adaptation), biodiversity, health and wellbeing for patients and staff, community resilience building and active travel.

Key Stats

- In 2020/21 we established a base line of carbon sequestration, air quality regulation and biodiversity.
- We are now enhancing the greenspace and biodiversity at multiple scales:
  - **Strategic** – integrating greenspace into corporate targets and Property Asset Management System
  - **Site/campus** – informing site masterplans and greenspace management plans deliver more, better quality greenspace
  - **Grounds & gardens** – test of change projects to improve habitat quality and plant more trees

Carbon capture	2020/21	
	Annual physical flow	Annual monetary flow £(2020)
Carbon sequestration by greenspace (tCO2e/year)	282	£19,501
Air quality regulation tPM2.5/year	0.98	£225,993
Biodiversity units	484	N/A

The table below outlines any key greenspace projects and their benefits.

Project name/ location	Benefits of project	Details of project
Small scale interventions (<£15k, most recent first)		
Access Place therapeutic (Ongoing)	Improve greenspace biodiversity Encouraging more nature-based health activities	Turning neglected spaces into vibrant greenspaces, provides opportunities for both staff and service users to engage in activities proven to enhance mental and physical health. For staff, it means having a resource to improve patient care. (Watch video about the project approach here)
Grounds for Health Pathfinder –	Improve greenspace biodiversity	Opportunities to improve carbon sequestration and air quality were identified in the Biodiversity Audit. This pathfinder project will test the feasibility of delivering them within two different settings at Western

making the most of the NHS estate (Western General & Comely Bank Centre (Complete 2022)	Encouraging more nature-based health activities Promote the use of the estate as a health asset	General and Comley Bank Centre . Based on the recommendations from the audit the following enhancements were delivered: Increasing and improving the extent of mixed hedges; creating wooded tiered edge habitats; introducing perennial wildflower planting; signage and interpretation to communicate the benefit of the changes. (Read more about wildlife at the western here)
Mill Lane Surgery's Health and Wellbeing Garden (complete 2022)	Improve greenspace biodiversity. Encouraging more nature-based health activities. Promote use of the estate as a health asset	The Surgery applied to NHS Lothian Charity Small Grants fund to create a small garden with raised beds and one or two fruit trees. The paved area outside the surgery is now a more inviting space where patients can wait for appointments or prescriptions, or where patients and staff can come together in an informal way (and at a correct social distance) to enjoy the outdoors. (Read case study here)
Astley Ainslie Ward Gardens (Complete 2021)	Improve greenspace biodiversity Encouraging more nature-based health activities	Hospital management requested improvements to two areas for patient use. We collaborated SRUC garden design and horticulture students and created two accessible garden areas with native planting.
Emergency Department Staff Wellbeing Garden (Royal Infirmary of Edinburgh) (Complete 2021)	Improve greenspace biodiversity Encouraging more nature-based health activities Promote the use of the estate as a health asset	There are over 200 staff in the Emergency Department, many whom work 12 hour shifts. The staff had no suitable outside area where they could take some time to relax and get some fresh air during long and busy shifts. Funding was used to buy garden furniture, plant pots and plants and help transform the area into a calm and inviting space for staff to enjoy their well-earned break. (Read case study here)
Large projects and multi yea interventions (>£15k)		
Astley Ainslie Greenspace Management plan (ongoing)	Improve greenspace quality & quantity Connect with surrounding green infrastructure Encouraging more nature-based health activities Promote the use of the estate as a health asset Develop a co-ordinated strategic approach	PHASE 1 (complete)- In 2022, NHS Lothian engaged landscape architect, Liz Thomas, to produce a Greenspace Management Plan for the site. After a period of public consultation – with online and face-to-face events in the AAH grounds and with NHS Lothian staff and patients as well as local groups and partners – a plan was produced. (Read more here) PHASE 2 (ongoing) – Delivery plan has been drafted and Nature Rehabilitation Ranger post approved. 16 large standards trees have been secured for planting in winter 2023.
Royal Edinburgh Hospital Greenspace Management Plan (ongoing)	Improve greenspace quality & quantity. Connect with surrounding green infrastructure. Encourage nature-based health activities. Promote use of estate as a health asset. Develop a co-ordinated strategic approach	PHASE 1 (complete) - Edinburgh and Lothians Greenspace Trust (ELGT) received funding from the Edinburgh and Lothians Health Foundation, part of NHS Lothian, to create a Greenspace Management Plan for the Royal Edinburgh Hospital with the aim of gaining a Green Flag Award. (Read about our green flag award) PHASE 2 (ongoing) – working with partners across the sites trees have been planted, and areas of wildflower improved. Strategy for implementation in parallel to REH masterplan under development with ERZ landscape architects.
Western General Hospital Urban Realm Strategy (Ongoing)	Improve greenspace quality & quantity. Connect with surrounding green infrastructure. Encouraging more nature-based health activities. Promote the use of the estate as a health asset. Develop a co-ordinated strategic approach	PHASE 1 (complete) - Following a competitive tender process by NHS Lothian, Harrison Stevens (Landscape Architects) have been appointed to prepare a high-level Green Space and Public Realm strategy at the Western General Hospital (WGH), Edinburgh. The commission involves the development of a site strategy that will align with all currently planned and future developments within the site. Harrison Stevens will undertake baseline studies of the site and provide strategic design proposals based on the current site conditions and the strategic development masterplan prepared by NHS Lothian.
Staff Wellbeing Courtyard at Royal Infirmary of Edinburgh (Ongoing)	Improve greenspace quality. Encouraging more nature-based health activities Promote the use of the estate as a health asset	PHASE 1 (COMPLETE) – Following a competitive commission, plans have been developed for a staff wellbeing garden. The concept and detail design have been developed with staff and key stakeholders for a wellbeing space and funding has been secured. PHASE 2 (Ongoing) – Implementation will commence once all approvals have been secured from site partners.

Patient courtyard at Royal Infirmary of Edinburgh (Ongoing)	Improve greenspace quality. Encouraging more nature-based health activities. Promote use of the estate as a health asset	PHASE 1 (ONGOING) – Following a request form staff a courtyard has been identified that could be used by ITU and other patients. Concept and details designs are in development with key stakeholder
Engagement/activity-based programmes		
Royal Edinburgh Hospital Community Garden Green Health Activity Pathway (Year 2 of 3)	Encouraging more nature-based health activities Promote the use of the estate as a health asset	This three-year project led by the Cyrenians will establish a sustainable person-centred green health activity pathway at the Royal Edinburgh Hospital. The therapeutic activities will support the patient community to use the community gardens and associated greenspace to improve their health and wellbeing. From the first connections with nature and gardens on the wards through to ongoing support on discharge the project will support people to move towards positive more stable futures. Working with staff and partners across the site, the project will embed this pathway for the future. (Read more here)
Wild Ways Well at St Johns Hospital (Year 1 of 3)	Encouraging more nature-based health activities Promote the use of the estate as a health asset	Three-year project in partnership with The Conservation Volunteers (TCV), Ladywell Neighbourhood Network (LNN), National Lottery Community Fund and NHS Lothian Charity is creating beneficial links between spending time amongst nature and people's wellbeing. The project supports patients, staff and visitors to St John's Hospital in Livingston to access and experience the natural spaces, species and activities that are on their doorstep. By doing this we want to support more people to live happier, healthier lives. By taking part, people will be supported to realise how easy it is to build contact with nature into their daily lives and the benefits that this can bring. (Read more here)
Nature Prescription at the Western General Hospital (Ongoing)	Encouraging more nature-based health activities Promote the use of the estate as a health asset	Working in partnership with the RSPB on a pilot project to deliver Nature Prescriptions to support the health of people and nature at the Western General Hospital in Edinburgh. NHS Lothian Charity's Green Health team has partnered with the Royal Society for the Protection of Birds (RSPB) in a pioneering pilot project to introduce Nature Prescriptions that support both people and nature at the Western General in Edinburgh. (Read more here)
Havens (Ongoing)	Promote the use of the estate as a health asset	A series of portraits and stories documenting the work-life experiences of NHS Lothian staff uncovering the places where they find time for quiet within hectic work life. Award-winning photographers interviewed and photographed over 75 NHS Lothian staff members holding a variety of posts across a wide range of NHS Lothian sites. The result of their year of working within the hospitals will be a collection of portraits & stories that will be displayed at various NHS Lothian sites and at Stills Gallery in Edinburgh's City Centre in the summer of 2024 (details TBC). (Read more here)
Your Place For Greenspace: Royal Edinburgh Hospital (Complete 2023)	Encouraging more nature-based health activities Promote the use of the estate as a health asset	As part of a move to create a more inviting atmosphere for patients, staff and visitors at the Royal Edinburgh Hospital we've teamed up with a local artist, Andy Archer, to create a series of hand-drawn illustrative artworks celebrating the site. These artworks highlight the green spaces and charity partners connected to the Royal Edinburgh Hospital. (Read more here)

Climate Change Adaptation

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to new conditions we are facing.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: www.ukclimaterisk.org/independent-assessment-ccra3/briefings/.

Adaptation to climate change is becoming increasingly important for the NHS as extreme weather conditions become more frequent and severe, posing a risk to public health and to the resilience of our services. Adapting to our changing climate and mitigating the negative effects as well as raising awareness among our staff, patients and partners will be a major priority. Producing an NHS Lothian Climate Change Risk Assessment and Mitigation Plan is a statutory requirement.

SDF Aim: To work with our partners to make sure that NHS Lothian is prepared to deal with the effects of climate change by ensuring that we have invested in appropriate adaptation and mitigation measures.

What did we do in 2022-2023 to Adapt to Climate Change?

NHS Lothian recognises that significant progress needs to be made in our progress on Adaptation and this is reflected in Adaptation being one of the lowest scoring areas in the NSAT assessment.

NHSL have completed a Climate Change Risk Assessment (CCRA) using the tools developed by NHS Assure. At this time further support and development is required, including in relation to links to Facilities, Capital Planning, Property and Asset Management, Public Health and Resilience planning.

What are we doing in 2023-2024 to Adapt to Climate Change?

Further action is required to develop an Adaptation Plan based on outputs of the Risk Assessment. NHSL are requesting external support from NHS Assure to further develop the CCRA.

NHSL are active participants in the Infrastructure Investment Programme Board (no Net Zero Leadership Board) developed as part of the City of Edinburgh Council's 2030 Climate Strategy. This includes participation in Edinburgh Adaptation Partnership which will add value to the city-wide approach to key themes including a sub-group on adaptation.

Sustainable construction

Where there is a need for new healthcare facilities, we want both the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible. NHS Lothian is working on the following building projects:

- NTC – St John's Hospital, Livingston.
- Edinburgh Cancer Centre at The Western General Hospital, Edinburgh
- Eye Pavilion, Edinburgh

What did we last year to make our construction projects more environmentally sustainable?

The building projects are at early design phase stages, therefore NHS Lothian has adopted the new Sustainable Design and Construction (SDaC) Guide as set-out in SHTN 02-01 to guide the design development process for considering sustainable performance outcomes.

What are doing this year to make our construction projects more environmentally sustainable?

NHS Lothian will continue to develop these projects using the SDaC Guide to evaluate the opportunities and measures for inclusion in the design.

Environmental stewardship

Environmental stewardship means acting as a steward, or caretaker, of the environment and taking responsibility for the actions which affect our shared environmental quality.

This includes any activities which may adversely impact on land, air and water, either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

What steps did we take last year to develop and implement our EMS?

A significant step was implemented in October 2022, when the new role of Environmental Management System Co-ordinator was filled, with Mukhtar Abdullah joining NHS Lothian. Mukhtar brings knowledge and experience of EMS, and with this dedicated resource we are well placed to develop the information, systems and processes to better manage our impacts on the environment.

What did we do last year to improve our environmental performance?

The activities described under the emissions sources' headings give insight into some of the activities that contribute to reducing harm to the environment.

What steps will we take this year to further develop and implement our EMS?

We will continue to develop and design our EMS, with the aim of achieving key milestones on the path to embedding the system across the entirety of the organisation.

The first step will be to develop an implementation work plan, that provides clarity on the activities, milestones and an ability to track our progress.

A significant aspect of implementing the system will be the design and implementation of the governance and reporting structure that will be critical in both the implementation and management of the system for the long-term success.

What are we doing this year to improve our environmental performance?

The activities described under the emissions sources headings give insight into some of the activities that contribute to reducing harm to the environment

Sustainable communities

The climate emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland. We have a responsibility to use our abilities as a large employer, a major buyer, and one of the most recognised brands in the world – an 'anchor' organisation – to protect and support our communities' health in every way that we can.

What are we doing to act as an anchor institution for our local community / communities ?

Our role as an Anchor Institution is a key pillar of NHS Lothian Strategic Development Framework [Strategic Development Framework – Strategies (nhslothian.scot).]

Key outcomes for 2022-2023:

- Lothian hospitals income maximisation service established
- NHS Lothian is Living Wage Accredited
- NSS Community Benefits portal established and in use with local partners
- NHS Lothian Staff Cost of Living working group
- Established outcomes framework and step diagram

In 2022-2023 an Anchor Institution Programme Board was established and an Implementation Plan developed setting out priority areas for 2023-24 and these include reducing our environmental impact.

A key success in 2022-2-23 was that NHS Lothian became a Living Wage Employer.

What are we doing to improve the resilience of our local community / communities to climate change?

Anchor Institution Programme Board committed to develop a 5 year plan for our land and assets which is based on Anchor Institution Principles.

NHS Lothian Sustainability Team continues to embed considerations in relation to inequalities and specifically food poverty in the planning to implement Net Zero Pathways and in scoping our engagement in the development of Heat Networks.

Sustainable Care

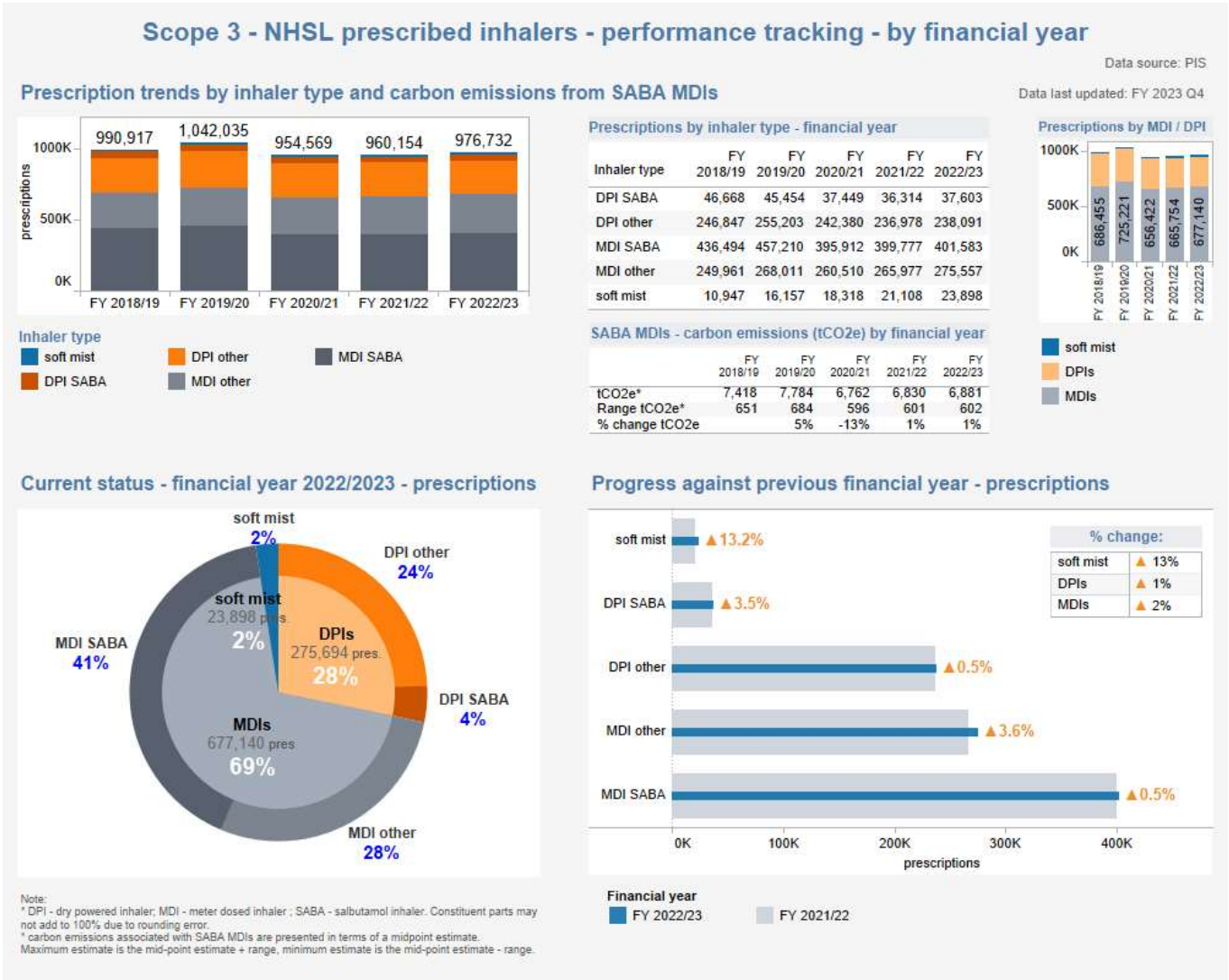
Respiratory medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

As part of NHS Scotland's commitment to greener health care, the environmental impact of inhalers has been examined. The majority of carbon emissions from inhalers come from the propellants in pressurised metered-dose inhalers (pMDIs), which currently account for 66.6% of all inhaler device types prescribed in NHS Scotland. We estimate that emissions over the 2022/23 reporting period from inhalers in NHS Lothian were 6,881 tonnes of CO_2 equivalent.

The Scope 3 emissions section of our Carbon Emissions report shows the significant impact the NHS has on emissions through the services delivered. An area of importance is the use of MDI inhalers, due to the environmental impact of these devices due to the resources used in manufacture of the devices and propellants used in these devices.

A key first step was to be able to baseline and monitor the carbon emissions from MDIs and thanks to Jan Cassels, senior data analyst, NHS Lothian has a comprehensive dashboard under development.



Katie Johnston and Douglas McCabe, Pharmacists in NHS Lothian, have been active advocates in encouraging quality improvement in prescribing practice and management of MDI inhalers to ensure that 'every puff counts'.

Key messages are;

- Recognise it's not simply about switching from MDIs to a DPI inhaler
- Education to prevent waste of inhalers and reduce unnecessary admissions.
- Promote behaviours that improve disease control reduce use of rescue medication – including smoking cessation.
- Ensuring inhalers are used until they are empty, including through lower prescription rates
- Push for movement on the recycling scheme
- Ensure discarded MDI inhalers are incinerated so that any residual hydrofluorocarbons are destroyed
- Remember a device or medication is not greener if a patient can't use it effectively

What did we do last year to reduce emissions from inhalers?

We continued to work on the development of our inhaler prescribing dashboard.

We introduced waste guidelines and publicised the pathway for disposal of used inhalers ensuring that these are destroyed through incineration.

What are we doing this year to improve patient care and reduce emissions from inhalers?

We are working to set a target for reducing emissions from inhalers for 2023-2024.

The East Region Formulary encourages prescribers to have a full discussion of inhaler choices with patients, taking into account environmental impact, inhaler technique and patient factors and when clinically appropriate to prescribe a dry powder inhaler (DPI) as first choice. Further information can be found through PrescQIPP and the NICE Patient decision aid: Inhalers for asthma.

We continued to build networks in advance of the planned Quality prescribing for respiratory illness 2024 to 2027 - draft guidance: consultation

What else did we do last year to make care more sustainable?

Medical Education Fellow in Environmental Sustainability

Dr Shauna Golden was appointed as NHS Lothian's first Medical Education Fellow in environmental sustainability. The aim of the role is to raise awareness of environmental issues, facilitate collaboration and provide education and support to clinical colleagues and service teams. First Medical Education Fellow in Environmental Sustainability – News & Media (nhslothian.scot)

Primary Care

- We undertook an initial scoping exercise to identify work that was already on-going in primary care as a basis for building networks and support environmentally sustainable primary care.

Green Social Prescribing

- The NHS Lothian Charity committed £20k to supporting this test of change and the participating groups decided between themselves how the money should be spent. Three groups received £5k each to run activities, improve infrastructure and equipment to allow them to take more referrals, the rest of the money was used to develop resources and materials to promote referrals and evaluate the project. Other groups did not want funding but took part to increase the referrals to existing services.
- This test of change was designed to see how we can integrate green social prescribing into the health and social care system and was not about just funding more activity. The evaluation report, copy attached, highlights how our strategic approach was successful in this short-term test. The findings from the Exec. Summary really hit home when they said that we have been able to show a big impact in a small amount of time and with limited resources. Beyond the benefits to the participants there has also been positive impacts on the prescribers and providers, allowing people to step out of the normal roles and find new ways of working together flexibly. One key thing was because of this project the Midlothian Wellbeing Service (community link workers) were able to develop a Mindfulness in Nature course that they now offer as part of their core service.
- Next steps are for this approach to expand to more primary care clusters in Midlothian and to use the results to influence other green prescribing activity in Lothian

What else are we doing this year to make care more sustainable?

Our corporate objectives in relation to Sustainable Care in 2022-2023 are as follows.

Strengthen NHS Lothian's strategy and delivery of sustainable models of care by developing clinical leadership, engagement and delivery structures in relation to clinical services, quality improvement and patient engagement.

- Reduction of 10% carbon emissions from medical gases
- Establish targets for reduction in carbon emissions from inhalers
- Green Theatres Programme has comprehensive costed action plan – costed in terms of finance and carbon
- Increase in green health care interventions
- Action plan in relation to sustainable use of medications
- Primary care climate change and sustainability action plan
- Standard generic tool for Climate Change and Sustainability review of care pathways and service provision developed and in use
- Climate Change and Sustainability champions network in place
- Opportunities for Research, Development and Innovation scoped.

Leadership and governance

NHS Lothian Sustainability Champion is Angus McCann, Non-executive member of the board, Chair of Finance and Resource Committee (FRC). The NHS Lothian Committee with responsibility for Climate Emergency and Sustainability Governance is the Finance and Resources Committee.

The Executive Lead is Jim Crombie, Deputy Chief Executive. Reporting on Climate Emergency and Sustainability is to CMT.

NHS Lothian demonstrated strong vision and commitment to tackling Climate Change and Sustainability when it endorsed the Sustainable Development Framework and Action Plan in December 2020 and included the delivery of this plan as a Corporate Objective for the year of this report, 2021-2022.

The Finance and Resource Committee have received update reports at every meeting and there has been regular reporting to the CMT.

Sustainable Development Framework Update

Review of progress on NHS Lothian Sustainable Development Framework (SDF) and Action Plan (to end of March 2023).

		Total actions in framework									
		Action Plan Report					Action Plan Report				
							2022-23				
	SDF	Total no. of Actions	Not started	Some progress	Good progress	Complete	Actions in cycle	Not started	Some progress	Good progress	Complete
People, Partners & Organisation	**34**	**33**	**8**	**18**	**2**	**5**	**11**	**4**	**6**	**0**	**1**
Governance and decision-making for sustainability	7	7	0	4	0	3	0	0	0	0	0
Performance Management/Resource Analysis	3	2	0	2	0	0	1	1	0	0	0
eHealth	1	1	0	0	0	1	4	3	1	0	0
Sustainability & Value	0	0	0	0	0	0	0	0	0	0	0
Our People	5	5	1	2	1	1	5	0	4	0	1
Inequalities, Partners and Communities	10	10	5	4	1	0	0	0	0	0	0
Quality Improvement	3	3	0	3	0	0	0	0	0	0	0
Adaptation to Climate Change	5	5	2	3	0	0	1	0	1	0	0
Sustainable Models of Care	**45**	**46**	**10**	**30**	**4**	**2**	**2**	**0**	**1**	**0**	**1**
Primary Care	10	10	1	8	0	1	1	0	0	0	1
Theatres and Anaesthetics	13	13	2	9	2	0	0	0	0	0	0
Pharmaceuticals	16	16	4	10	1	1	0	0	0	0	0
Outpatient Departments	2	3	1	2	0	0	1	0	1	0	0
Laboratories	0	0	0	0	0	0	0	0	0	0	0
Respiratory Health Care	0	0	0	0	0	0	0	0	0	0	0
Critical Care	4	4	2	1	1	0	0	0	0	0	0
Organisation wide	0	0	0	0	0	0	0	0	0	0	0
Focus Areas	**58**	**58**	**11**	**21**	**17**	**9**	**9**	**0**	**0**	**1**	**8**
Built Environment	13	13	0	4	5	4	3	0	0	0	1
Carbon Emissions and Greenhouse Gases	7	7	0	1	4	2	0	0	0	0	2
Greenspace and Biodiversity	8	8	0	3	3	2	3	0	0	1	2
Environmental Impact	5	5	2	1	1	1	3	0	0	0	3
Sustainable Use of Assets and Resources	16	16	8	8	0	0	0	0	0	0	0
Travel and Transport	9	9	1	4	4	0	0	0	0	0	0
SDF Total	**137**	**137**	**29**	**69**	**23**	**16**	**22**	**4**	**7**	**1**	**10**
								18%	**32%**	**5%**	**45%**

The table above highlights the areas of activities and progress across the NHS Lothian Sustainable Development Framework and actions identified within this reporting cycle.

Areas of Development

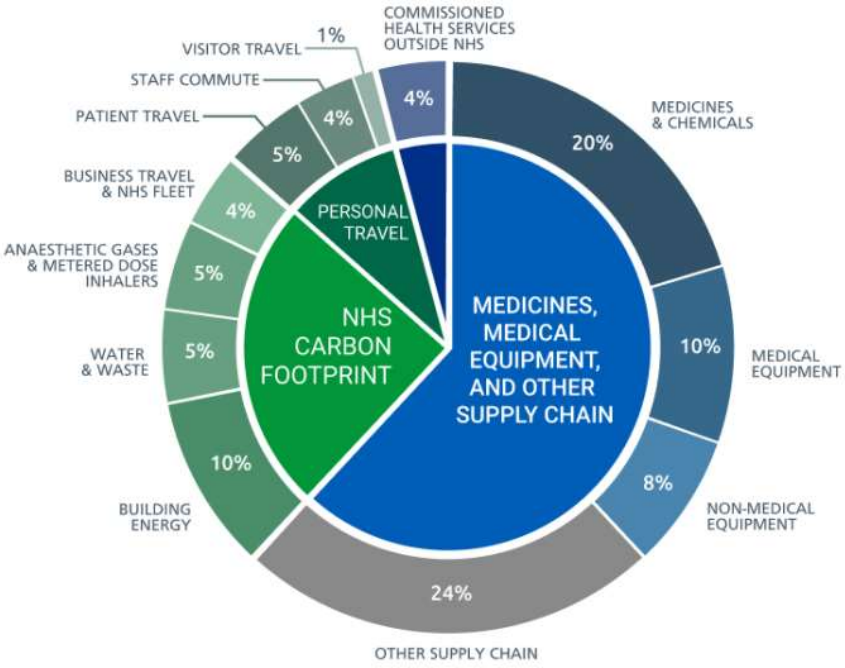
Scope 3 Emissions

Greenhouse gas emissions are categorised into three groups or 'Scopes' by the most widely used international accounting tool, the Greenhouse Gas (GHG) Protocol. Scope 1 covers direct emissions from owned or controlled sources. Scope 2 covers indirect emissions from the generation of purchased electricity, steam, heating and cooling consumed by the reporting company. Scope 3 includes all other indirect emissions that occur in an organisations value chain.

These include;

- Purchased goods and services
- Business travel
- Employee commuting
- Waste disposal
- Use of sold products
- Transportation and distribution (up- and downstream)
- Investments
- Leased assets and franchises

The chart below, from NHS England and NHS Improvement - Delivering a Net Zero National Health Service 2020, shows the proportional impact of scope 3 emissions in blue to be in the order of 66% of total emissions sources. The data quality and quantification of these emissions are still being understood and developed, but this highlights the importance of tackling non-direct emissions.



There are several benefits associated with measuring Scope 3 emissions. For many organisations, most emissions and cost reduction opportunities lie outside their own operations. By measuring Scope 3 emissions, organisations can:

- Assess where the emission hotspots are in their supply chain;
- Identify resource and energy risks in their supply chain;
- Identify which suppliers are leaders and which are laggards in terms of their sustainability performance;
- Identify energy efficiency and cost reduction opportunities in their supply chain;
- Engage suppliers and assist them to implement sustainability initiatives
- Improve the energy efficiency of their products
- Positively engage with employees to reduce emissions from business travel and employee commuting.

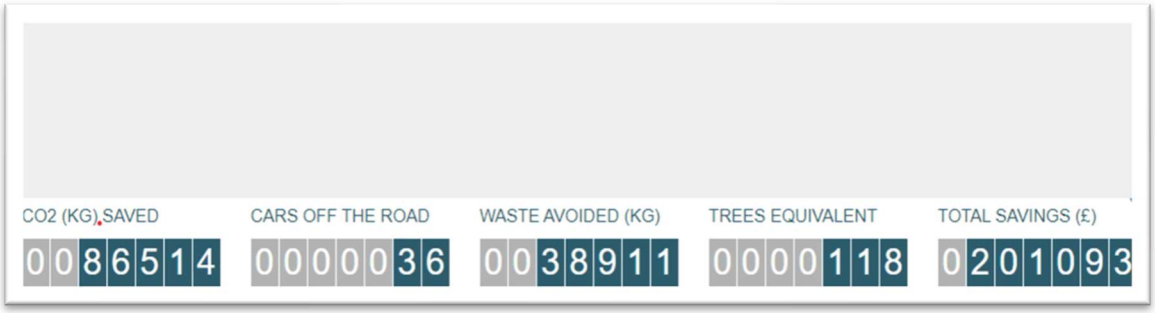
Circular Economy

NHS Lothian Sustainable Development Framework has a focus area on Sustainable Use of Assets, Waste and Recycling and an action to Engage with National Procurement and Zero Waste Scotland to support changes which accelerate the move to a circular economy in health care.

This Annual Climate Change and Sustainability Report seeks to make a start on reporting on the Circular Economy in health care by including data from Warp-it resource re-distribution network of which NHS Lothian is a member and on some indicative commodities.

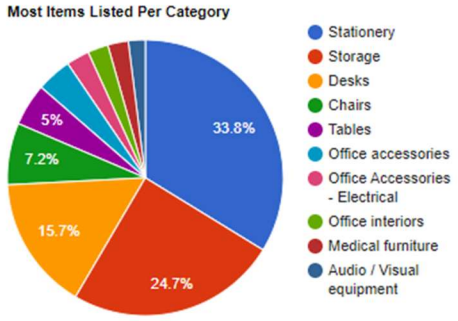
Warp-it

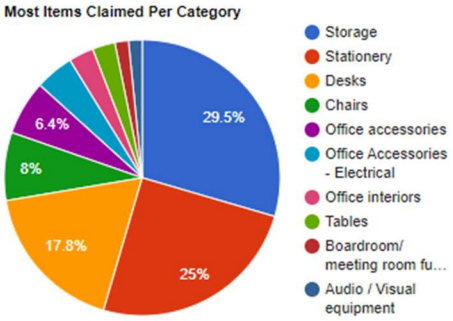
Report for 2022-2023



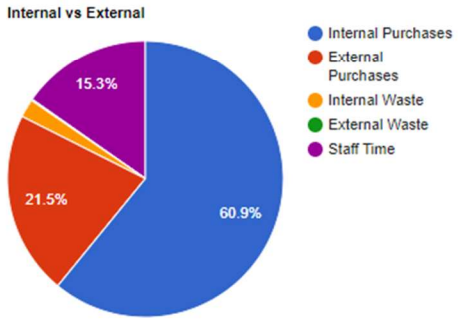
Report for 2021-2022

Categories





Total Savings



Saved on purchases by internal trades	£99317.00
Saved on purchases from external trades	£34970.75
Saved on waste by external trades	£248.53
Saved on waste by internal trades	£3484.33
Saved on staff time	£24950.00
Total Savings	£162971.00

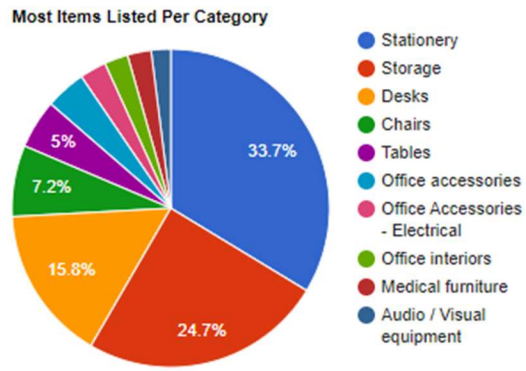
Our Annual Reuse Report from the portal is as below.

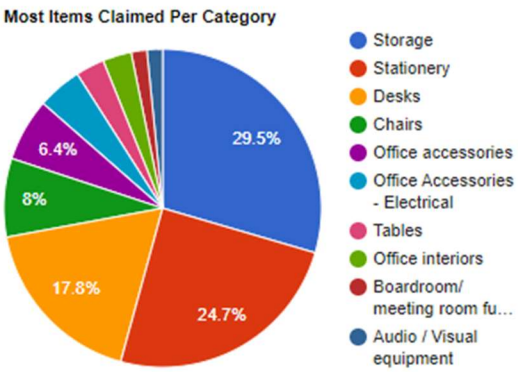
Membership 1,099 in total with 51 active members and 20 partners in current year.

Avoided procurement and waste charges	£2,845
Amount of waste diverted	483kg
Amount of carbon emissions avoided	1,435 kg CO2

The graphs below show the split in items being listed or claimed through the portal.

Categories





Total NHS Lothian Performance to date

This does not represent the full extent of NHS Lothian's activities in relation to re-use – our eHealth and medical physics departments have arrangements in place to donate obsolete equipment to charities and the decommissioning of RHSC has sought to ensure that opportunities for recycling is maximised, however there is currently no organisational overview of practice or accounting for the wider contribution to re-use.

What next?

This report has outlined the significant progress made this year both in reducing our carbon emissions and in strengthening the organisation to make gains in sustainable development in the coming period. Our Sustainable Development Framework and Action Plan lays out the urgency, scope and focus of the action we need to take. Priorities in the coming year will include

- **Buildings** – Continued focus on energy efficiency, development of Energy Management Team and collaboration with regional stakeholders on decarbonisation planning.
- **Carbon** – Further development of reporting process for F-gases, waste and data quality.
- **Environmental Management** – Development of EMS Policy and legal register. System wide engagement.
- **Transport** – eBike pilot.
- **Transport** – Continuation of the Fleet Electric Vehicle strategy.
- **Waste** – Small emissions, but really important. Need to increase recycling, but reducing the volume of waste is key!
- **Waste** – reducing Clinical waste through effective segregation is critical due to intensive waste process.
- **Medical Gases** – Further decommissioning of manifold systems to reduce waste.
- **Data** - Building on the progress made with data collection and analysis to provide greater insight of where action is needed and the progress being made
- **Biodiversity and Greenspace** - Build on the Grounds for Health Network to connect more staff and partners and support them to enhance biodiversity and deliver green health activities
- **Biodiversity and Greenspace** - Develop Greenspace Management Plans for all major sites and support NHSL teams to deliver on the Biodiversity Duty
- **Biodiversity and Greenspace** - Expand provision of green health activity on NHS Lothian sites focused on provision to those facing the highest health inequalities (mental health, long term conditions etc.)

Please visit our Sustainability pages on the following links;

External website - https://org.nhslothian.scot/Sustainability/Pages/default.aspx

Intranet pages – http://intranet.lothian.scot.nhs.uk/Directory/SDF/Pages/default.aspx

Other useful resources;

NHS Scotland – Sustainability Action - https://nhssustainabilityaction.co.uk/

NHS Scotland climate emergency and sustainability strategy 2022 to 2026 - draft: consultation - https://www.gov.scot/publications/nhs-scotland-draft-climate-emergency-sustainability-strategy/

Warp-It – Resource re-use network - https://www.warp-it.co.uk/

NHS England – Greener NHS - https://www.england.nhs.uk/greenernhs/

Edinburgh Climate Compact - https://www.edinburghclimate.org.uk/edinburgh-climate-compact

Contact Us

If you have feedback, questions about this report or other ideas please contact sustainability@nhslothian.scot.nhs.uk email account

A Greener NHS Lothian Facebook group https://www.facebook.com/groups/634498887306205/about/

NHS LOTHIAN

4.13

Board Meeting
24 April 2024

Board Secretary

BOARD SKILLS AND EXPERIENCE AUDIT REPORT 2024

1 Purpose of the Report

1.1 The purpose of this report is to provide to the Board the results of the recent Board Member Skills and Experience Survey and to support alignment with good governance practice.

Any member wishing additional information should contact the Board Secretary in advance of the meeting.

2 Recommendations

2.1 The Board is asked to note the information provided and the intention to maintain and utilise this in support of future Board recruitment and development activity.

3 Discussion of Key Issues

Situation

3.1 The *Board Member and Charity Trustee Skills and Experience Survey* was first issued to all Board members on 15 December 2023. The primary purpose of the survey was to develop an updated collective picture of the skills and experience present amongst the Board's membership and to meet good governance requirements as set out in the Blueprint for Good Governance and the Ethical Standards Commissioner's Code of Practice for Ministerial Appointments to Public Bodies in Scotland.

3.2 This inaugural report presents the collective results of the survey for the Board to note. This information will be utilised to inform succession planning and recruitment activity and to support the individual and overall development needs of the Board. A refresh of the information held will be conducted annually.

Background

3.3 The Blueprint for Good Governance (2022) summarises the requirement to main a record of the Board's collective skills and experience at paragraph 4.65:

"To support succession planning and the deployment of Board Members to standing committees and other roles NHS Boards should maintain a record of the diversity, skills and experience present in the current Board. Any gaps in the diversity, skills, and experience of the Board should be reflected in the Board's succession planning, highlighted to the Cabinet Secretary when recruiting new Board Members and inform the promotion and advertising of vacancies."

3.4 The Ethical Standards Commissioner's Code of Practice for Ministerial Appointments to Public Bodies sets out the need for Scottish Ministers to be able to draw upon such information when planning and conducting any Board appointment activity.

3.5 The NHS Lothian Board recently undertook a self-assessment exercise to consider its alignment with the requirements of the Blueprint for Good Governance. This identified the need to improve the way in which Board members' different skillsets and experiences are identified and recorded. The introduction of this new process addresses that requirement.

Assessment

3.6 The Skills and Experience Survey asked each Board Member to complete a simple self-evaluation of their own proficiency across 24 different skills/experience areas, categorised under the following headings:

- Board Member Core Skills (based on the Scottish Public Appointments Framework).
- Specialist skills & knowledge required to inform the Board's collective knowledge and decision-making.

3.7 The structure and content of the survey questions were designed in collaboration with the NHS Lothian Charity to ensure that the results would be applicable and of practical use to both the NHS Board and the Charity Trustee Board.

3.8 There were four proficiency levels available (0-No/Limited Experience; 1-Core; 2-Adept: and 3-Enhanced), and detailed guidance on each level was included for each skill/experience area to help inform survey responses.

3.9 Responses were received from 25 board members, with responses awaited from two non-executive board members. Nonetheless, there is sufficient data to present the initial results collectively and make practical use of them. A full response will continue to be encouraged in ongoing updates.

3.10 The results of the survey and the current skills/experience mix on the Board are represented by the charts provided in Appendix A, across the two categories mentioned above.

3.11 When considering the results, it is important to acknowledge that, whilst the Board will benefit from the presence of certain skills and experience amongst its membership, not every member will require (or could reasonably be expected) to have every skill or experience and not to the same level of proficiency.

3.12 The key aim is that the Board is assured that there is an appropriate depth and balance of skills and experience amongst its membership. Where an area of skill or experience is considered to be underrepresented on the Board, it can be dealt with in several different ways. Future recruitment processes may seek to appoint new members with a relevant skill/experience in order to compensate – however it will not be possible to recruit for every such area. Alternatively, the Board may simply acknowledge the deficit and mitigate this by ensuring that, when decisions are being made, it has access to the relevant information, advice and guidance from other sources. These sources may include professional staff within the Board, external legal advisors or the content of equality impact assessments and community consultation and engagement exercises.

3.13 In summary, the results indicate (based on a self-evaluation approach):

3.13.1 There is no significant deficit in the presence or collective level of proficiency in Board Member Core Skills, as described within the Scottish Public Appointments Framework.

3.13.2 In six of the nine Core Skills areas, more than 80% of Board members consider themselves to be proficient to either an Enhanced or Adept level.

3.13.3 There are currently Board members with both Enhanced and Adept levels of proficiency in 14 of the 15 specialist skills/areas of knowledge identified.

3.13.4 The only specialist area where no Board claims to be Adept is in Environmental Sustainability, although 20% of members have an Enhanced level of proficiency and 56% Core.

Recommendation

3.14 The Board is asked to note the information provided and the intention to maintain and utilise this in support of future Board recruitment and development activity.

4 Key Risks

4.1 The key risks are that the a) Board is unable to draw upon reliable information to identify its needs when considering development and recruitment activity and b) that the Board cannot take a reasonable level of assurance that it has the required depth and balance of skills and experience amongst its membership to discharge its responsibilities effectively.

5 Risk Register

5.1 The content does not relate to any one specific risk on the Corporate Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 The report contains the summary results of a survey of Board members and there are no direct equality impacts anticipated.

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

7.1 The report does not relate to any service and there are no related duties to inform, engage or consult with service users.

8 Resource Implications

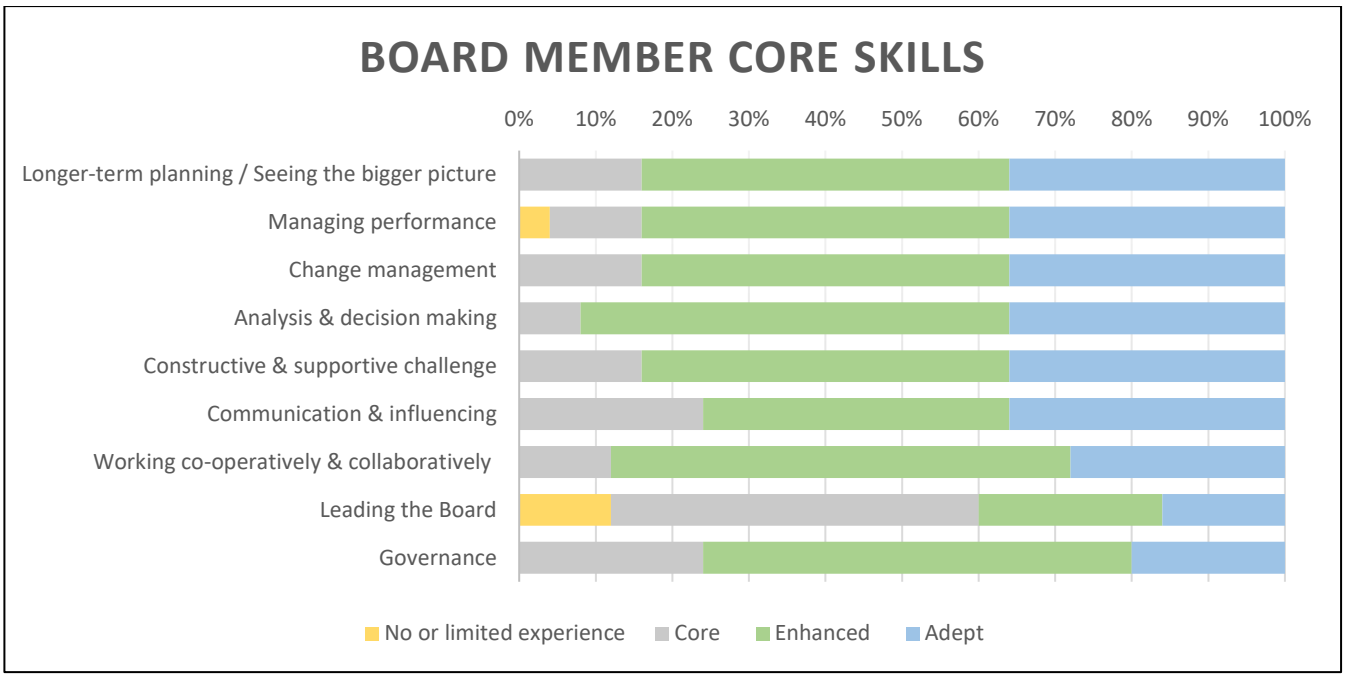
8.1 None, other than the implications of maintaining and updating the information discussed, which will be undertaken within existing staff resources.

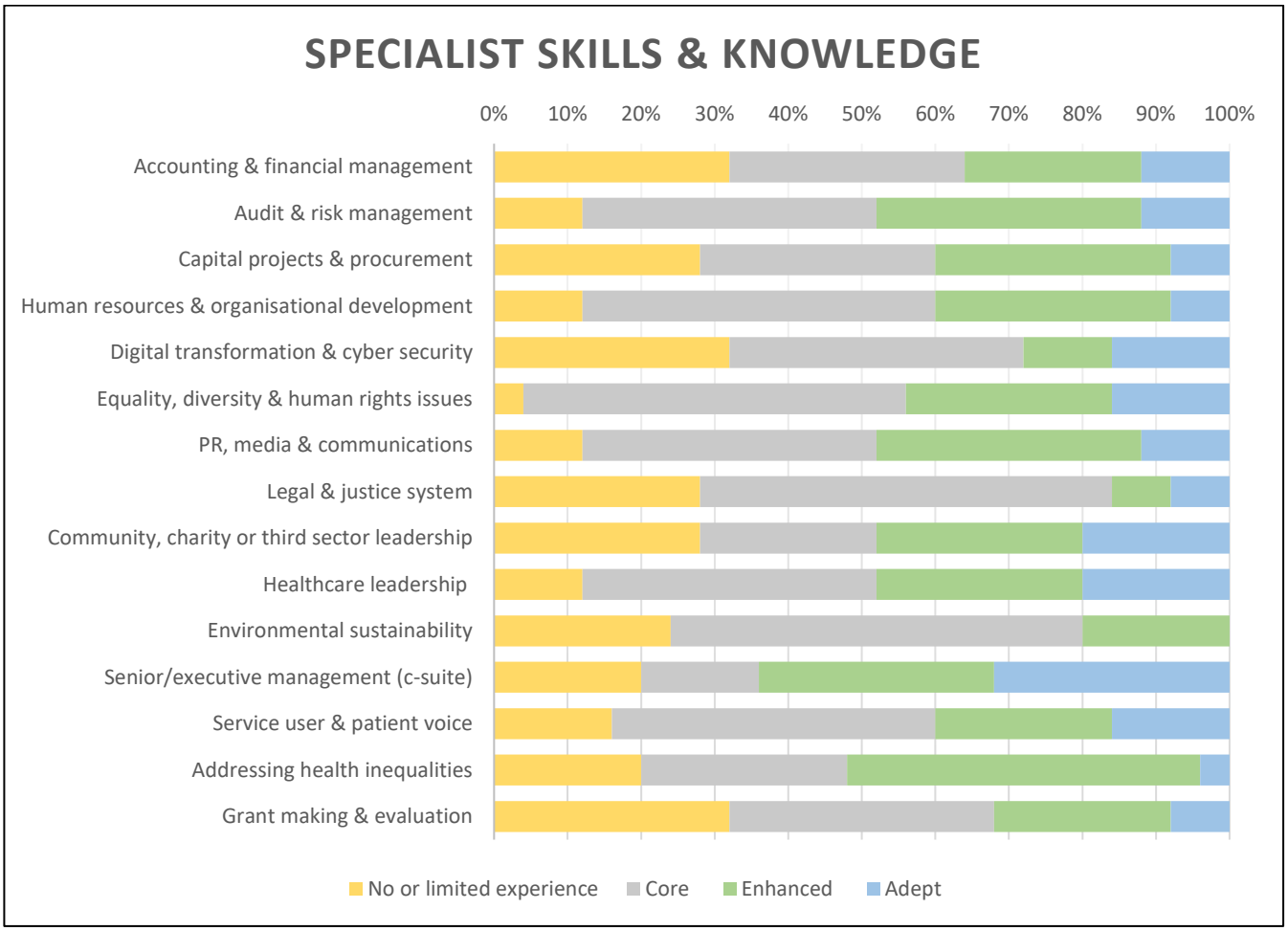
Darren Thompson
Board Secretary
04 April 2024
darren.thompson@nhs.scot

List of Appendices

Appendix 1: Charts

NHS Lothian – Board Skills & Experience Audit Results 2023/24





NHS LOTHIAN

Board
24 April 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 ***approve*:**

2.1 The appointment of Jonathan Blazeby as a Voting Member of the East Lothian Integration Joint Board, with effect from 1 May 2024.

2.2 The removal of Martin Connor as Chair of the Audit & Risk Committee and his appointment as Chair of the Finance & Resources Committee, with effect from 1 September 2024

2.3 The appointment of Jonathan Blazeby as Chair of the Audit & Risk Committee, with effect from 1 September 2024.

The Board is asked to ***note***:

2.4 The resignation of Nadin Akta as a Non-Executive Board Member, with effect from 19 April 2024.

2.5 The appointment of Professor Lorna Marson as the new University of Edinburgh Medical School Representative and Stakeholder Non-Executive Member on the NHS Lothian Board, with effect from 16 April 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.

3 Discussion of Key Issues

East Lothian Integration Joint Board Voting Member

3.1 The end of Fiona Ireland's term as Chair of the Area Clinical Forum and as a Non-Executive Board Member on 30 April 2024will create a vacancy for an NHS Lothian Voting Member on the East Lothian IJB. Jonathan Blazeby has agreed to undertake this additional role from 1 May 2024.

Chair of the Finance & Resources Committee

3.2 The current Chair of the Finance & Resources Committee, Angus McCann, will reach the end of his term as a Non-Executive Board Member on 31 August 2024. Martin Connor has agreed to swap his current role as Chair of the Audit & Risk Committee for the role of Chair of the Finance & Resources Committee from 1 September 2024. He will hold this post until the end of his own term of the office on the Board (31 August 2025).

Chair of the Audit & Risk Committee

3.3 Jonathan Blazeby currently serves as a member of the Audit & Risk Committee and has agreed to undertake the role of Chair of the Committee from 1 September 2024.

Non-Executive Board Membership Changes

3.4 Nadin Akta has tendered her resignation as a Non-Executive Member of the NHS Lothian Board, with effect from 19 April 2024, due to conflicting personal and professional commitments. The resignation has been acknowledged by the Chair and communicated to Scottish Ministers. Discussions are underway with the Scottish Government's Public Appointments Team on how to address the vacancy this creates on the Board.

3.5 The University of Edinburgh has nominated Professor Lorna Marson to serve as the representative of its Medical School and as a Non-Executive Stakeholder Member on the NHS Lothian Board. This appointment has been formally approved by the Cabinet Secretary. Professor Marson, who will take over from Professor Siddharthan Chandran in this important stakeholder role for the Board, is a Consultant Transplant Surgeon and a Professor of Transplantation. She has recently been appointed as the new Dean of Clinical Medicine within the University's College of Medicine and Veterinary Medicine.

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
17 April 2024
darren.thompson@nhs.scot

Meeting Name:	**Board**
Meeting date:	**24 April 2024**

Title: National Whistleblowing Standards – Quarter 3 Whistleblowing Performance Report (October – December 2023)

Purpose and Key Issues of the Report:

DISCUSSION		DECISION		**AWARENESS**	**X**

To note that:

One Stage 2 whistleblowing concern was received in Quarter 3 2023/24.

One Stage 2 whistleblowing concern was closed in Quarter 3.

That in comparison with the same quarter last year, activity in Quarter 3 2023/24 has reduced (4 concerns received in Quarter 3 2022/23)

Work continues to improve the communications around learning and service improvements as a result of whistleblowing concerns and investigations.

Recommendations:

That the Board note and approves the content of the Quarter 3 Whistleblowing Performance report, which was considered and agreed by the Staff Governance Committee in March 2024. The content of which covers the key performance indicators on which all Boards are required to report to the Scottish Public Services Ombudsman.

Author:	**Lynne Barclay**	**Director:**	**Janis Butler**
Date:	**4 April 2024**	**Date:**	**5 April 2024**

NHS LOTHIAN

Board
24 April 2024

Director of HR & OD

NATIONAL WHISTLEBLOWING STANDARDS
QUARTER 3 WHISTLEBLOWING PERFORMANCE REPORT
OCTOBER – DECEMBER 2023

1 Purpose of the Report

1.1 The purpose of this report is to present to the Board for noting the Quarter 3 Whistleblowing Performance report covering the period 1 October 2023 to 31 December 2023.

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

2 Recommendations

The Board is invited to note:

2.1 The content of the attached Quarter 3 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 6 March 2024.

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 3 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 6 March 2024.

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 3 2023/24, one Stage 2 whistleblowing concern was received. This compares to the four Stage 2 concerns received during the same quarter last year.

3.4 As at the end of Quarter 3. There were three ongoing whistleblowing investigations. However, since the production of the Quarter 3 report a further four Stage 2 concerns have been raised, therefore under the whistleblowing standards there are currently seven ongoing investigations. These further concerns will be reflected in the Quarter 4 performance report.

3.5 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 3 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 An integral part of the quarterly performance report is the recognition of learning, changes and/or improvement to services. During Quarter 3 we have identified four key areas of process and procedure learning: **Confidentiality, Communications**, **Clarity and Capacity.**

- The **confidentiality** of a whistleblower or witnesses involved in an investigation are paramount. The identity of those raising a concern is not important, the important thing is that concerns are investigated and where necessary, actions are put in place to address them.
- **Regular communications** are key. By sharing investigation findings, while retaining the integrity and confidentiality of individuals involved in the process, we can learn from concerns raised.
- It is important to have **clarity on** what the strands to the concern are and what resolution the whistleblower is looking for. Guidance on the steps in a Stage 2 investigation process and a FAQ document have been published.
- **Building investigator capacity** and experience is essential. We have established an investigators network to share knowledge, experience and learning to help support the process as we move forward.

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 communications and training plan in place.

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
lynne.barclay@nhs.scot
4 April 2024

List of Appendices

Appendix 1: Whistleblowing Performance Report 23-24 Q3 (October – December 2023)

Whistleblowing Performance Report

Quarter 3 October to December 2023

Lynne Barclay
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – Quarter 3 (October - December) 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.

Processes are in place to gather the details of and outcomes from whistleblowing concerns 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 contracted suppliers who are not contracted through National Procurement. 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 3 Performance Information October 2023 – December 2023

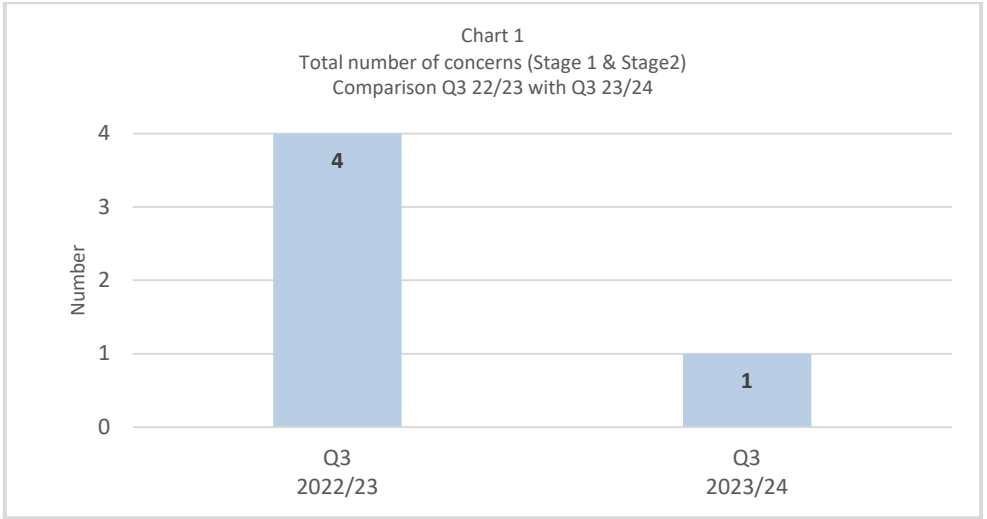
Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

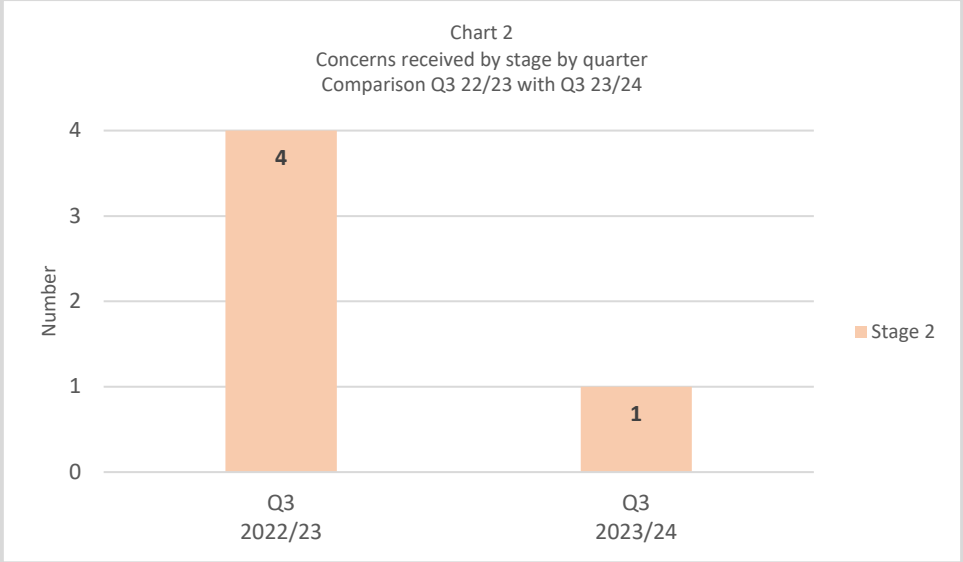
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each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

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

During quarter 3 2023/24 one stage 2 whistleblowing concern was received. During the same quarter in 2022/23 4 concerns were received.

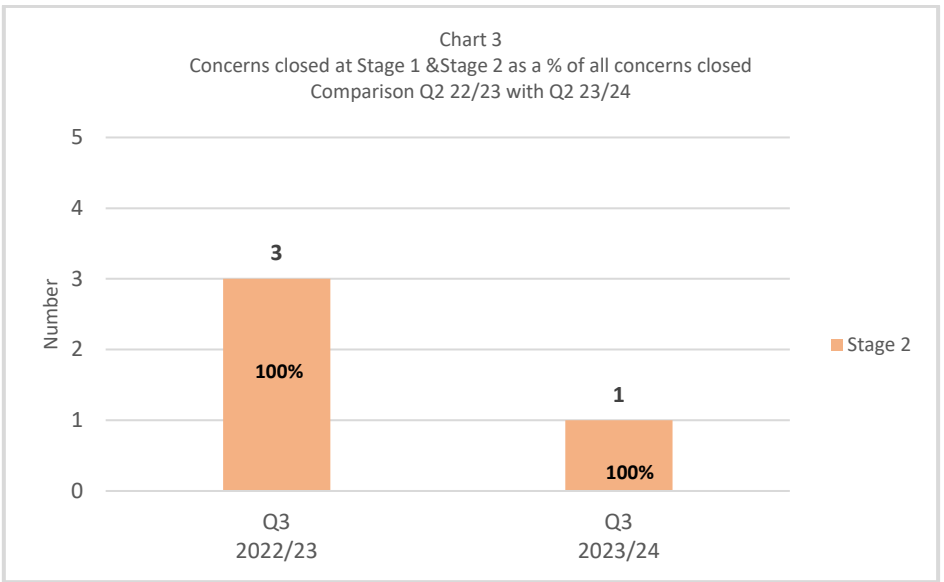
Chart 1 shows the total number of concerns received in Q3 2023/24 compared with Q3 2022/23. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period. No stage 1 concerns were received in either year during Q3.





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

During quarter 3, one stage 2 concerns was closed. Chart 3 below provides a comparison between concerns closed in Q3 this reporting year, with Q3 2022/23. No stage 1 concerns were closed in this quarter in either year.

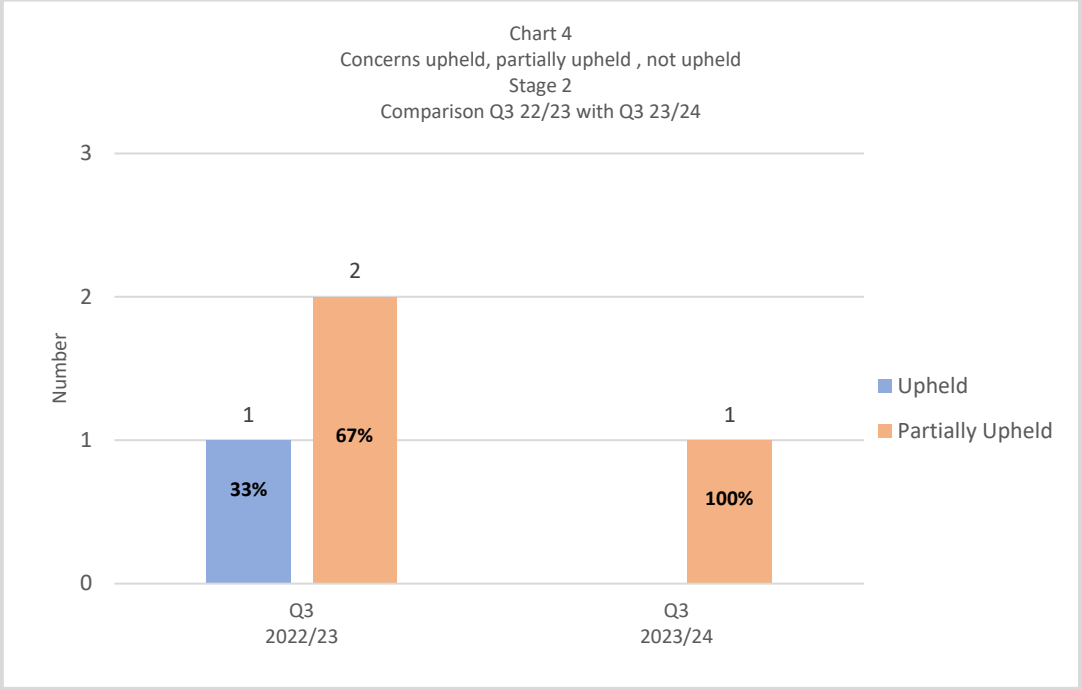


Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

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 Q3 either this year or last year.

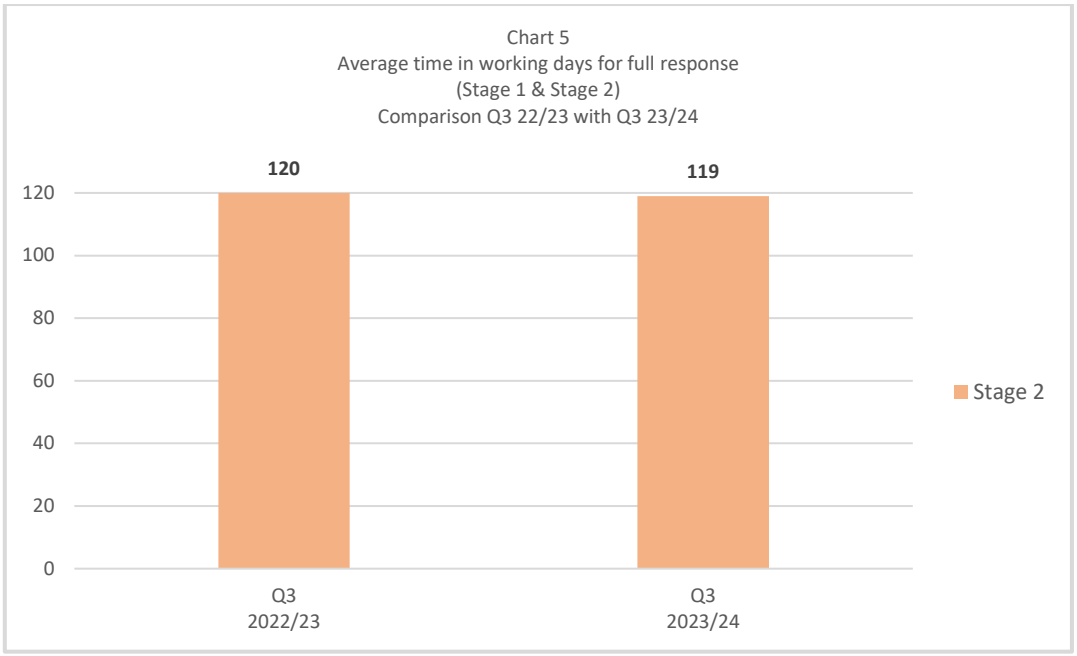
The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Chart 4 below details the outcome of the stage 2 concern closed during quarter 3 (partially upheld). During the same quarter last year, three stage 2 concerns were closed, one being upheld and the other two partially 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 one stage 2 concern was closed, compared with three in the same quarter last year. No stage 1 concerns were closed during this quarter. Chart 5 below details the average number of working days to respond to Stage 2 concerns. The average number of days being comparable across both years, within this quarter.



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 84 returns were received for quarter 3. Details are outlined below:

	No of Q2 Returns received	% Based on number of practices
GP Practices	53	46%
Dental Practices	11	9%
Optometry Practices	12	10%
Community Pharmacies	11	6%

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:

- 116 GP practices including the challenging behaviour practice.
- 177general dental practices.
- 117 optometry practices including domiciliary only.
- 180 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.

As at the end of quarter 3 there are 18 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for quarter 3.

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. However, as a Board we have identified four key areas of process and procedure learning, **Confidentiality, Communications**, **Clarity and Capacity.**

The **confidentiality** of a whistleblower or witnesses involved in an investigation are paramount. The identity of those raising a concern is not important, the important thing is that concerns are investigated and where necessary, actions are put in place to address them.

Regular communications are key. By sharing investigation findings, while retaining the integrity and confidentiality of individuals involved in the process, we can learn from concerns raised.

It is important to have **clarity on** what the strands to the concern are and what resolution the whistleblower is looking for. Guidance on Stage 2 investigations and an FAQ has been published.

Building investigator capacity and experience is essential. We have established an investigators network to share knowledge, experience and learning to help support the process as we move forward.

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 overlayed by cultural, relationship and communication issues.

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, a summary of the responses was reported in the quarter 2 performance report. During quarter 1 2024/25 those who have raised concerns during the previous reporting year, will again be given the opportunity to feedback on their experience of using the Whistleblowing procedure.

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.

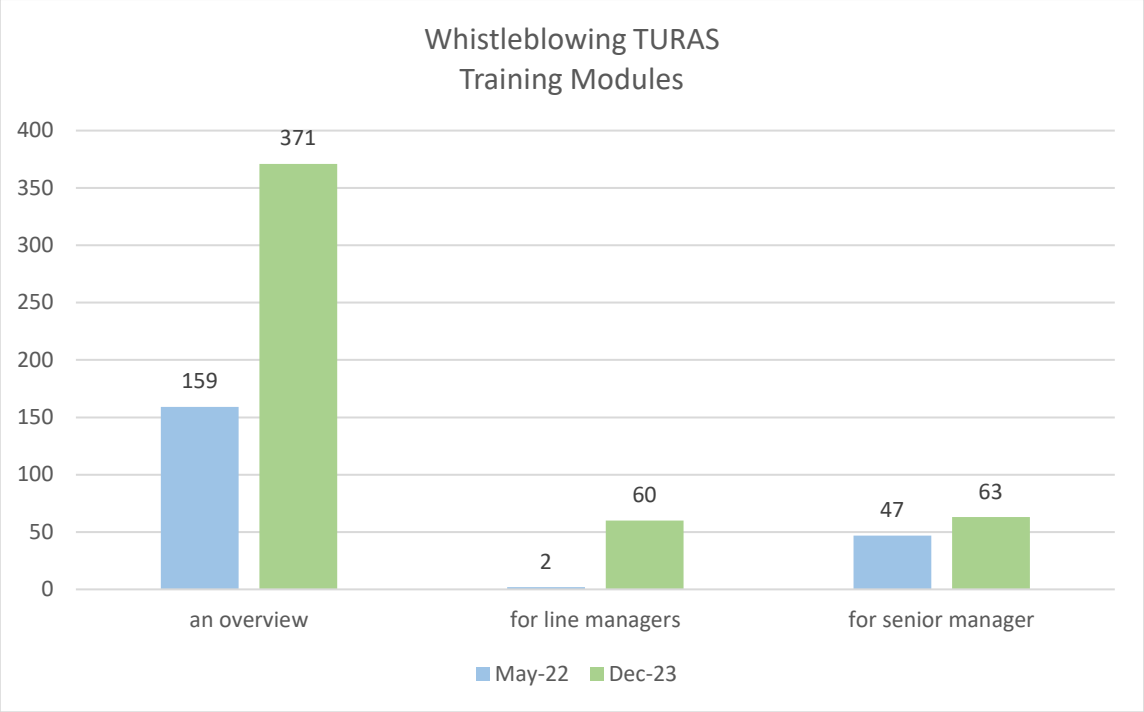
Level of staff perception, awareness and training

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, one session will focus on an Introduction to the Standards, which will be relevant to new managers and exiting managers wishing to refresh their learning. The second session will focus on Learning from Concerns in terms of process and outcomes.

The chart below outlines the improvement the number of staff who have completed the online training, with a significant increase in the number of who accessed and completed the overview module. 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

The stage 2 concerns received this quarter was 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 3 2022/23 and quarter 32023/24. The themes from anonymous concerns are also included in the table below.

Theme*[1]	Q3 22/23	Q3 23/24
Patient Care and/or Patient Safety	7	1
Poor Practice	4	1
Unsafe working conditions	3	1
Breaking legal obligations	0	0
Abusing Authority	2	0

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

Concerns raised by Division

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

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

NHS LOTHIAN

6.

Board Meeting
24th April 2024

Chief Executive

BOARD EXECUTIVE TEAM (BET) REPORT APRIL 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 On the 26 February, the Chair and I attended a meeting at Queen Margaret University (QMU) to discuss a new Clinical Diagnostic Centre at QMU. Representing QMU at this meeting was Sir Paul Grice, Principal & Vice-Chancellor, Dr Sara Smith, Dean, School of Health Sciences, Bruce Laing, Director of Campus Operations, Jeanne Freeman, OBE, Consultant, Former Cabinet Secretary for Health & Sport and Pamela Woodburn, Chair of Queen Margaret University Court.

1.2 The Annual Equality and Diversity Conference took place at the RIE on the 28 February 2024. The Chair and I attended this conference where we both took part in addressing the Transatlantic Slavery Apology.

1.3 On the 11 March 2024, an informal review of performance of NHS Lothian in 22/23 took place. The Chair and Chief Executive met with the Cabinet Secretary and the Chief Operating Officer – NHS Scotland, to discuss the issues and challenges currently being faced. A formal Annual Review has been scheduled for the 7 October 2024.

1.4 The Chair, CEO and Executive Team met with the MSP/MPs on the 15 March, which was their regular quarterly meeting.

2. **Deputy Chief Executive**

2.1 **Little France Staff Shuttle Bus**: Following the Scottish Government budget announcement in December 2023, NHS Lothian was unfortunately unable to extend the temporary staff shuttle bus operating between the Little France Campus and local Park & Ride facility. Public transport between the locations remains available and timetables have been shared with staff. Additionally, staff communication has highlighted that staff throughout NHS Lothian can benefit from the Travel Pass Advance Scheme which allows a staff member to purchase an annual travel pass and benefit from a price reduction without having the personal outlay. Staff are reminded that they can continue to access Car Park 2C without a parking permit from 11.30am each day. Staff who work evenings and weekends can also access Car Park 2C without the need of a permit. Beginning in April 2024 and running until September 2024, we will be trialling a new and expanded car sharing scheme on the Little France campus. Over 1,400 staff currently benefit from the car share scheme and Estates and Facilities, alongside unions and staff-side organisations, have been exploring how we can expand this to enable more staff to benefit from the car parking facilities on site. As part of the initial six-month trial, we are making 100 more car share scheme permits available. This will enable the Traffic Management team to monitor

the impact and effectiveness of increasing car share permit allocations. The current car parking situation on site requires careful management and monitoring, and regular reviews will take place throughout the six months.

2.2 **Whole System Bed Model:** Representatives from the Healthcare Planners held site-based workshops reflecting/refining the current model, delivering early output information and had open discussions with management and teams at each site. There is an upcoming workshop scheduled to take place in April 2024 with representatives from each HSCP and REAS to enter the next phase of the programme. This will allow open and constructive conversation regarding areas of opportunity and the impact Phases 1a and b will have on these services. Wider Health & Social Care data from the HSCPs has been gathered and will now be incorporated ahead of the April workshop. The Programme Board anticipates sharing outputs from the model with SPPC in late summer.

3. **Executive Medical Director**

3.1 I would like to put on record my thanks to Professor Tim Walsh, who has stepped down as NHS Lothian's Director of Innovation and lead of the regional collaboration with Fife and Borders, Health Innovation South East Scotland (HISES). Tim has brought his expertise from his previous role as NHS Director of R and D to this role for the last 4 years and contributed significantly at a national level as well. He will continue to support some projects and innovators at a strategic level from his University role. The link to the most recent HISES newsletter is here : https://hises.edinburghbioquarter.com/march-2024-newsletter/

3.2 The Quality directorate continue to work at aligning our assurance and improvement work to bring links across these elements together and have presented the detailed work on HSMR at the Healthcare Governance committee meeting in March. Professor Nazir Lone, Professor of Critical Care and Epidemiology, has been instrumental in the structure and analysis behind this.

4. **Executive Director of Nursing, Midwifery & AHPs**

4.1 **N&M Workforce Update - Supply & Demand:** We continue to make progress in the reduction in agency staffing and there has been no Off Framework utilised in the past 8 weeks. Demand for framework remains variable, noticeable reductions in majority of areas and first week in April saw a reduction of 50% on previous month. All non-registered agency use ceased at the end of March with the exception of a couple of areas who are under significant pressure. Newly Qualified Registered Nurse recruitment is under way, Advert for applications was open for 4 weeks and closed on the 5th April. A total of 921 applications were received over this period which is an increase from just over 600 last year. Matching applicants to posts will commence at the end of April. Currently advertising for Clinical Skills Boost, a programme run in conjunction with Edinburgh College and we aim to recruit 30 candidates into trainee Band 3 HCSW's.

4.2 **Nursing & Midwifery – Joiners and Leavers:** Improving picture regarding nursing staff retention with the 2223/24 net gain of **563** nurses into the organisation, in comparison to 2022/23 when there was a net loss of 3.

5. **Director of Public Health & Health Policy**

5.1 **Collaboration for population prevention activity:** The Public Health team has been working with national and local colleagues on embedding prevention into our work across the health and care system. You will find in your pack today, a paper which sets out a strengthened approach to prevention for the Lothian health and care system. Prevention is one of the most cost-effective interventions the NHS and wider system can make to improve population health and reduce

inequalities. Maintaining a focus on prevention is critical in delivering long-term sustainability and reducing future burden on the health and care system.

As a directorate, we have been supporting national efforts to develop a 10-year Population Health Plan for Scotland, and develop resources to support prevention and prioritisation decisions, working within the limited financial constraints that exist. Colleagues across Public Health are participating in national Public Health Action Teams, including those focused on embedding prevention across healthcare services to improve patient outcomes and reduce pressure on frontline services.

5.2 **Measles:** Measles is a public health emergency, with each case leading to up to 18 secondary cases in susceptible populations, with many of those affected becoming quite unwell, plus long term impacting a small number of cases. Caring for measles cases can have repercussions for incompletely vaccinated healthcare workers and other staff, potentially requiring incompletely vaccinated staff to take two or three weeks off work. Vaccination rates are variable across the UK, and there have been outbreaks in other parts of the UK and Europe.

Occupational Health is working with staff across NHS Lothian to ensure they have adequate protection (immunity or two MMR doses). The vaccination teams across Lothian provide immunisation to those who are incompletely protected.

Recent data from PHS England shows that the majority of measles cases are in under 10 year olds. In Lothian, our MMR second dose completion by 5 years of age is 89.8% (Scotland 89.6%) – (PHS published Dec 23). This is however below the WHO target of 95%.

The MMR catch up work began in earnest in early February with 18,000 (18m-18 years) Lothian residents being identified and lettered as they had an incomplete history of MMR vaccines. To date 2075 booked appointments from this lettering and a further 796 called to update their records with their vaccine history. This is a significant achievement as this cohort have historically declined or not accessed MMR when invited.

A further 6000 letters have been sent to the 18-25 year olds that we know of with incomplete histories and clinic capacity remains ongoing within the 4 Health and Social Care Partnerships for them to book. As well as the direct lettering we have worked alongside the communications team for social media, posters and leaflets to be widely disseminated to hopefully attract our target audience. The schools' team will continue mop up campaigns in May/June and we have developed a postcard idea for all new primary one pupils starting school to check their vaccine record and ensure they are protected.

6. **Director of Finance**

6.1 **Revenue Financial Position**: Following the routine quarterly financial review process Quarter 3 reported an improved forecast of a £10m year-end projected deficit. The month 11 financial position and forecast for 2023/24 also continued to show improvements and this update was shared with the March Finance & Resources (F&R) Committee. The Month 11 Finance report provided the Committee with significant assurance that NHS Lothian will achieve a breakeven outturn this financial year, allowing the Health Board to meet its statutory financial target.

Moving into 2024/25 the budget announcement on 19th December 2023 resulted in an unprecedented financial challenge for the financial year, and there has been continued discussion at Corporate Management Team (CMT) meetings and through the Financial Improvement Group (FIG) to develop the principles and choices to support the Health Board achieve financial balance within it. The NHS Lothian Financial Plan was also reported to the F&R Committee in March 2024, highlighting an initial financial gap in 2024/25 of £141m, a 7%

shortfall against budget. Offsetting this, the report also updated the Committee on correspondence from the Scottish Government from 19th February 2024 of additional resources being available in 2024/25, which for NHS Lothian totalled £38m. The Financial Plan also shared the progress in the Board's Financial Recovery Plans which now total £53m, bringing the overall gap down to £50m next year. NHS Lothian's FIG have established Executive-led financial improvement programmes to support the identification of opportunities for cost reduction, to bring the remaining gap to breakeven, and this work has identified a further £11m of cost reduction for the Plan, leaving a £39m gap for next year that we will continue to work to reduce back to financial balance.

6.2 **Capital:** The Health Board is now allocating limited funding to higher risk categories in rolling programmes such as Medical Equipment, Backlog Maintenance and Digital Infrastructure, having stood down major projects and paused the development of substantial new build or major refurbishment programmes. Capital is now focussed on maintenance of existing assets and business continuity planning as required by Whole System Planning direction from the Scottish Government.

6.3 **Royal Infirmary Edinburgh (RIE) Consort**: Contract mechanisms available to the Health 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, in terms of management of subcontractors, undertaking lifecycle works and to develop asset information, although progress has been slow. Focus on resolving fire issues has intensified with all parties receiving enforcement notices from Scottish Fire and Rescue Services. The implication of these notices contractually and for the scope of future works is currently being considered.

6.4 **RIE Replacement Vanguard Unit:** The extension of the Emergency Department (ED) at the RIE for the observation of patients prior to their discharge from the ED has continued to operate on a temporary occupation certificate from City of Edinburgh Council (CEC) Building Control. This has not impacted on its availability for use. Final works to achieve a completion certificate have been undertaken and only final specification documents are required to complete the certification process.

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 **Agenda for Change Reform:** On 1st March, the Cabinet Secretary for NHS Recovery, Health and Social Care confirmed a series of measures, designed to modernise the NHS Scotland, Agenda for Change (AfC) system. This was following significant engagement and corresponding agreement with national Staff Side representatives and forms part of the AfC pay deal for 2023/24.

From 1st April 2024 the following will be effective:

- A consistent approach to Protected Learning time, including completion of statutory, mandatory and profession specific training within working hours.
- A national process for undertaking reviews of Band 5 nursing roles will come into effect.
- The first 30-minute reduction in the working week pro rata for part time staff should commence. Where due to service pressures, safety or wellbeing issues determined within Boards, it is not possible for the 30-minute reduction to be effected on 1st April, staff will be recompensed accordingly until such times as the reduction can be accommodated.

Given the size and scale of this programme of work it will be necessary to establish a Programme Management Structure to provide appropriate oversight and governance. An Agenda for Change Reform Programme Board co-chaired by the Director of HR&OD and the Employee Director has been established and meets for the first time on 11 April.

There are several risks associated with this programme: capacity, resources, and safety. All of which will be assessed as part of the project risk management and mitigation plans, with appropriate escalation via the Corporate Management Team.

There will also be significant cost implications from implementation of the AfC review both in terms of increased pay bill costs and infrastructure to support implementation. The Scottish Government have advised that this risk will be held centrally.

7.1 **Chamber of Commerce award for Developing Young People**: We were recently successful in winning the Edinburgh Chamber of Commerce award for outstanding efforts in Developing the Young Workforce.

7.2 **Equality and Diversity Conference:** A very successful Equality and Diversity conference was held on Wednesday 28 February 2024. Around 150 staff, managers and Non-Executive Board members attended the event. The conference focussed on some of the key themes outlined in the Equality, Diversity and Human Rights Strategy. There was a panel discussion on understanding racism and being anti-racist and what this means and thought provoking and challenging workshops on Taking a Zero Approach to Sexual Misconduct, Being an LGBT+ Ally, Practices and Approaches to Supporting Autistic Wellbeing at Work, Meeting the Needs of People who are Care Experienced and the Royal Infirmary's Connections to Transatlantic Slavery. The Chair and Chief Executive also attended the conference to make the public apology on behalf of the Board around the RIE connections to Transatlantic Slavery and outline the actions to be taken to address this. The conference also had a key- note address on Neuro Inclusion and Autistic Wellbeing at Work. The conference will be an annual event and plans will start in due course for the 2025 conference.

7.3 **Celebrating Success Awards:** Our Annual Celebrating Success Awards will continue to run in 2024 with nominations being submitted in each of the categories and awards made to the winning individual/teams following judging. However, unfortunately we can no longer host the awards event in its usual format. We have been advised by HMRC that we will now be subject to a significant tax charge to host a dinner reception. We have always taken great care to ensure the Awards are funded by the generosity of NHS Lothian Charity and commercial sponsors, but this additional cost makes the original plans for the Ceremony unviable. The Corporate Management Team reviewed the options available and agreed to progress with a virtual Ceremony this year which will be live streamed for staff later in September 2024. We will be encouraging teams to make the most of the virtual Ceremony by watching it together where possible. We will also be encouraging leaders and managers to celebrate the presentation of the trophies to their staff. Nominations are open until midnight Friday 12 April 2024 and judging will take place in mid- May.

8. **Director of Strategic Planning**

8.1. During the period since the last Board meeting, the work of myself and the SP team has been focussed on supporting financial stability for the organisation. This has included the drafting of the Annual Delivery Plan and Corporate Objectives and developing methods for "Plan B" approaches to the LSDF.

8.2. With the Chair and Chief Executive, I have been involved in work to develop a partnership with Queen Margaret University, seeking to bring together the resources from both sides and potentially look to both expand capacity and improve the career development pathway for student nurses, podiatrists, physiotherapists, audiologists, and other future professionals.

8.3. Wearing my national and regional hats, I have been working with Scottish Government colleagues on approaches to service sustainability and have joined the National Cancer Strategic Board.

8.4. We have been delighted to welcome Michelle LeBlanc and Klaudia Bielecki to the team to work on Children and Young People, and Mental Health, Illness, and Wellbeing, respectively. Klaudia is the current NHS Lothian Young Achiever of the Year, and Michelle has joined us from her previous post as Child and Maternal Health policy lead for the National Governors' Association in Washington DC."

9. **Chief of Acute Services**

9.1 **Scheduled Care:** In line with Scheduled Care priorities of urgent, suspected cancer and long waits, there has been a real focus on targeting those routine patients at the end of the list, ensuring patients are being booked in turn and maximising use of all available capacity. This has seen a reduction in the longest waiting patients for both outpatients and inpatients. Unfortunately, patient choice has meant that a number of patients are unavailable to come in currently.

Capacity plans for 24/25 have been developed by all services. These allow modelling of core capacity and any additional activity that might have been planned e.g. additional substantive staffing, waiting list initiatives and Golden Jubilee National Hospital. Long wait trajectories have been developed based on core capacity and show a challenging position for 24/25. This highlights the importance of focussing on efficiencies and productive opportunities across both outpatient and inpatients including reducing DNAs (Did Not Attends) and short notice cancellations and maximising both clinic and theatre utilisation. Engagement with colleagues from the Centre for Sustainable Delivery (CfSD) and other Boards will help drive improvements through high impact changes and specialty pathways where appropriate.

Inpatient/Day Case - Theatre Session uptake continues to improve with continued focus on maximising utilisation within each session by improving booking accuracy, reducing late starts and avoidable short notice patient cancellations. Theatre staffing is improved with a steady reduction in agency staffing and agreed exit plans for areas with specific skill gaps. Theatre teams are working closely with services to respond dynamically to the reduction in external provision and waiting list initiatives.

Theatre Utilisation Data - The TRAK theatre module issue reported at last update is now resolved and NHS Lothian are now able to transfer data to the National Theatres efficiency dashboard. There remain minor technical issues to work through, but this will be resolved over next few months with Public Health Scotland (PHS).

9.2 **Unscheduled Care:** Initiatives aimed at enhancing capacity, improving patient safety and flow, continue to progress at Western General Hospital (WGH) including:

- Pan-Lothian RACU - Business case has been supported in principle by the USC Tactical committee, however due to financial pressures approval has not been given through USC Programme Board whilst uncommitted Unscheduled Care investment is under review.
- Formal evaluation of Rapid Assessment and Triage or Re-Direction (RAToR) is underway. Given funding is due to cease at the end of March, a formal evaluation is underway and a

proposal to ensure work continues across WGH front door through Q1 of 2024 is being formulated to maintain the benefits realised.
- Flowthian continues within the initial General Medicine and Medicine of the Elderly wards. Stakeholder meetings and data analysis is in progress to determine areas for expansion.

RIE EAS (Emergency Access Standard) Improvement programme continues to work on the recommendations made by the External Review team. Key achievements include:
- Increase of available assessment capacity to reduce overcrowding and decongest the Emergency Department (ED)
  - Increasing the temporary modular unit capacity (from 6-12 spaces) utilised for ED observation and major ambulant patients.
  - Relocation of GP interface from the ED to out-patient space in OPD 5 has resulted in 7 additional assessment spaces within ED (Pod D).
  - Capacity for an additional 10 assessment spaces in OPD 5 has been created for GP interface.
- Successful implementation of the Manchester Triage System to improve time to triage and improve flow through the department.
- Improved Discharge Lounge utilisation to support flow on site from ED and AMU to in-patient wards.
- Implementation of operational management of 'Flowthian' to improve performance against daily discharge targets and timely flow of patients to in-patient wards. This guarantees the movement of a minimum of 21 patients between 9am and 3pm to designated wards and has supported an increase of pre noon discharges.
- Development and establishment of RIE Clinical Leadership Forum to agree internal professional standards and pathway redesign from the front door to discharge.
- Review of internal emergency care pathways – 5 pathways completed to date, with a further 5 to be signed off at April 2024 CMG.
- Review the function, purpose, and operating model of AMU – workshop held 18 March 2024
- Formulising data supported escalations to Acute and Partnership SMTs for awareness and action is progressing. The aim is to provide visibility and insight into barriers to discharge and formulate timely strategic interventions.

Ongoing work at SJH front door has shown positive results in optimising whole system flow.
- Test of Change has taken place within the Rapid Occupational Therapy Assessment Service (ROTAS) in St. John's Hospital between Dec 23 and March 24. The Test of Change involved "enhancing" the existing ROTAS (i.e. by pulling some experienced staff currently working in REACT/ the Integrated Discharge hub) to allow the team to be much more proactive and present within A&E and EMA. An evaluation is now underway to measure the success of the test of change. The enhanced rotas team are still operational while the evaluation is underway.
- ED (Emergency Department) admission rate has remained stable despite winter pressures.
- A scheduled pathway for ambulatory patients referred by GP is being explored.

9.3 **Acute Adult Scottish Patient Safety Programme:** At the final collaborative event for the Acute Adult Scottish Patient Safety Programme the Acute Nurse Director presented NHS Lothian achievements designing and implementing NEWS on TRAK locally.

The national team shared the impacts of the programme across Scotland. Two improvement measures were the focus of the update. Of the 5 boards in Scotland who have shown at least a 9% reduction in falls NHS Lothian is one of them. There were also only 3 Hospitals in Scotland who achieved a sustained reduction in Cardiac Arrests and two of these hospitals are in NHS Lothian, St Johns and WGH. This is a significant achievement given the context and evidences the benefits of a committed focus on patient safety, quality, and person centredness.

10. **Director of Primary Care**

10.1 The GP Out-of-Hours and Dental Out-of-Hours services successfully managed the Easter public holiday weekend, despite the significant demand, using established escalation processes and mitigating actions.

10.2 We have had good interest in response to the tendering exercise for a new GMS contract at a new practice at Maybury. Interviews will take place later this month.

10.3 There remain 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.

10.4 I continue to work with various stakeholders, including our primary care contractor group representatives and the Primary Care Programme Board, to co-ordinate the impact of budget reductions and develop mitigating measures.

11. **Director of Communications, Engagement & Public Affairs**

11.1 **Financial Outlook:** A meeting was held in late March with Lothian's MSP's and MPs to brief them on the financial outlook following the Budget of December.

Discussions continue with Scottish Government comms colleagues to develop a national comms strategy to support awareness and understanding of the financial position and to understand the role of reform.

A second Round of 'Town Hall's for staff is planned for late April to update them on the development of the Annual Delivery Plan.

11.2 **Scottish Hospitals Inquiry – RHCYP / DCN:** The final oral diet of hearings was held from 26 February for 3 weeks. Topics covered included the development of the building design, project financing, governance and decision-making, knowledge-sharing and lessons learned. Final written submissions are being developed and closing submissions from core participants will be heard during w/c 17 June 2024.

11.3 **Surgeons; At the Edge of Life:** NHS Lothian is hosting the next series (Series 7) of *Surgeons; At the Edge of Life*, a 6-episode run of this science series which is broadcast UK wide on BBC2. The series focuses on complex surgeries and the innovative techniques and achievements of modern surgery. The production team are filming at RIE, WGH and SJH. Governance arrangements for the selection of cases to be filmed, and detailed agreements covering access and consent are in place. The is the first time the series has been based in Scotland.

Episode 5 of the current run, filmed at University Hospital Southampton, airs on Wednesday 24 April 9pm on BBC2 - **https://www.bbc.co.uk/programmes/b09m60sk/episodes/guide**

11.4 **Equality and Diversity Conference:** We supported the Equality and Diversity Conference held on 28 Feb that covered a wide range of issues prioritised in our Equalities and Diversity Strategy. This included media publicity to launch our plan to tackle racism and reduce

inequalities in health and work and the apology made by our Chairman on behalf of NHS Lothian for the historical links to slavery which helped support the Royal Infirmary of Edinburgh in the early 18th century.

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 continuing with Edinburgh HSCP to identify alternative pathways for patients; both to avoid admission, where possible, and to minimise delays to discharge. The Scottish position remains similar with almost all Boards significantly above 95%

12.2 **Masterplanning:** Ongoing discussions around what might be achievable as we go forward given the two outline business cases for Rehab/Low secure and Intellectual Disabilities are not going ahead at this point in time. NHS Lothian does not have low secure accommodation. This is on the Corporate Risk Register. Discussions are ongoing with Board Chief Executives and the MH Minister around female high secure accommodation. This is also on the Corporate Risk Register

12.3 **CAMHs and PT Waiting Times:** Both have continued to improve at the slower rate previously highlighted. CAMHs have been focussed on longest waits and have seen a 47% decrease in over 52 weeks since last reporting period.

12.4 **Mental Welfare Commission Reports:** MWC visited Redwood Ward and made no recommendations which is a significant improvement on the previous report.

13. **Chief Officer Edinburgh IJB/HSCP**

13.1 **Performance:** The number of people delayed in hospital has increased since the last report but is 9% lower than March last year. Historically, delays have increased across January and February, so we continue to follow the seasonal trend. A daily resilience huddle has been initiated from December 2023 to monitor performance, identify any fragility or gaps in service delivery and ensure sustainability in our performance.

At the end of the financial year the number of people delayed in hospital is lower than the number set out in our trajectory, agreed with the NHS Lothian Corporate Management Team. When benchmarking nationally, Edinburgh has remained in the top 50% for the number of people over the age of 18 delayed in hospital, according to latest data from Public Health Scotland (PHS). Edinburgh continues to focus on delivery of its Home First programme with a focus on the reduction of occupied bed days at the Royal Infirmary Edinburgh (RIE) and Western General Hospital (WGH).

13.2 **Finance:** In line with integration authorities and other public bodies throughout Scotland, the Edinburgh Integration Joint Board (EIJB) is facing significant financial challenges, exacerbated by a structural deficit. The EIJB's medium term financial strategy (MTFS) estimates an opening gap of £60m for 2024/25, which rises to £109m by 2026/27. This MTFS was agreed by the board in March 2024, along with the associated savings and recovery plan for 2024/25. It recognises that the current level of service provision is not sustainable in the prevailing financial circumstances and aims to protect the most vulnerable and adhere to the statutory duties of its partner organisations. Every effort was made to identify savings which aligned to the strategic plan, however the scale of the deficit requires reductions in services with a likely consequent impact on performance.

13.3 **Restructure:** Work continues on the operational senior management structure with a view to strengthening managerial oversight, professional leadership, accountability and ensure consistency of practice across the city. Engagement sessions took place with the ESHCP staff in March to seek views on the initial proposals.

Several savings proposals including for the restructure was presented at the EIJB meeting in March along with the Medium-Term Financial Strategy. Organisational Change for NHS and Business Case for Council is currently being drafted and will be presented for sign off at the Partnership Forum meeting on 17th April. Once papers are agreed, formal consultation with staff directly affected in NHS Lothian and the Council will run for 45 days from 23rd April to 7th June 2024. JDs are being drafted and evaluation panels set up to provide indicative grades/bands for consultation stage. The consultation responses will be considered in partnership at the end of the period and the final proposals agreed as a result.

It is planned to implement the change from current management structure to phase 1 in two stages. First, fill the Head of Service posts. Second, fill the Service Manager posts involving the Heads of Service in the process. It is planned to complete this by the end of June 2024. The Heads of Service and Service Managers would then be involved in Phase 2.

13.4 **An Older People's Pathway:** In response to the EIJB agreeing a strategic commissioning exercise on older people's bed-based services in June 2023, the EIJB received an updated report on, 'An Older People's Pathway' and agreed to commission a costed proposal to open 40 – 50 new nursing and frailty beds at Castlegreen and North Merchiston Care Homes in 2024 that will support people who would otherwise use hospital-based complex care. A copy of the full report can be accessed here.

14. **Chief Officer West Lothian IJB/HSCP**

14.1 **West Lothian IJB Budget Plan:** At its meeting on 26th March 2024, the West Lothian IJB agreed the updated 2024/25 to 2025/26 budget plan and associated saving measures as part of the updated four-year financial outlook. West Lothian Council Committee Information - View Committee Document

14.2 **Community Hospital Provision:** In August 2023, the IJB agreed to the consolidation of community hospital provision on the Craigshill Care Facility site in Livingston following the decision to close of Craigmair interim care home. The proposal was for community hospital services to withdraw from the Tippethill site and collocate on a single site in Livingston.

Officers have been working on the clinical brief and have been developing plans to inform the full business case. Information on anticipated costs is expected back from quantity surveyors within the near future and those costs will be incorporated into the business case.

A further update will be provided at the next meeting of the IJB when it is anticipated that a clearer timeline for the project will be available.

14.3 **School Careers Fair:** The West Lothian Health and Social Care Partnership and Skills Development Scotland hosted a School Careers Fair on Wednesday 31st January 2024 at Howden Park Centre. Twenty teams, from across the partnership, attended to speak to children about a potential career in health and social care, with a particular focus on career pathways. Teams in attendance included Social Work, Care Homes, Podiatry and Health Visitors, as well as representation from Carers of West Lothian, NHS Workforce Development and Independent Care Sector.

The event was attended by circa 700 children from a variety of schools within West Lothian. Going forward, the School Careers Fair will be scheduled to take place twice per year.

14.4 **West Lothian Alcohol and Drug Partnership (ADP) Governance:** The West Lothian Alcohol and Drugs Partnership (WL ADP) is the multi-agency partnership in West Lothian with strategic responsibility for:

- leading the development and delivery of a local comprehensive and evidence-based strategy to deliver local outcomes;
- commissioning, leading and co-ordinating the planning and development of alcohol and drug services.

At the recent meeting of the ADP Executive Alison White, Chief Officer was appointed as Chairperson and Mike Reid, General Manager Mental Health and Addictions appointed as Vice Chair for a period of three years as outlined in the Terms of Reference.

15. **Chief Officer East Lothian IJB/HSCP**

15.1 **East Lothian IJB Budget Setting 2024/25:** A series of meetings and workshops took place with stakeholders from December to March to develop proposals to address the funding gap of £10m faced by East Lothian IJB. Subsequently, the March meeting of the IJB agreed the following:

- Efficiency / grip and control savings in the region of £6m.
- Permanent closure of 9 inpatient beds at Edington Hospital (beds currently situated in Ward 6 at East Lothian Community Hospital (ELCH) following Covid-19 and workforce issues in September 2021).
- Permanent closure of 6 in-patient beds at Belhaven Hospital (beds currently situated in ward 6 at ELCH due to water quality issues in 2022).
- Permanent closure of Blossom House Care Home in Belhaven (11 care home beds). Residents were evacuated to Ward 6 of ELCH in March 2024 due to risk associated with fire hazards, security, and lone working. Belhaven is an outdated infrastructure, which does not fully meet care home and inpatient standards.
- Permanent closure of the Abbey Care Home (30 care home beds). due to the building's infrastructure being unable to fully meet current and future care and safety standards.
- A reduction in funding for the Primary Care Link Worker programme and in the Commissioned Services budget.

15.2 **Care Home Project ('Home First'):** The Care Home Project aims to reduce the use of care home places by supporting the option of discharge home over discharge to a care home where appropriate, ensuring that care home places are used for those with the highest level of need. This is being achieved through:

- Setting up a social work hospital discharge team to carry out early assessment and care package design to help identify alternatives to care home admission.
- Management scrutiny of all care home referrals through a resource panel.
- Enhanced management through supervision and social work duty team to identify cases for early intervention.
- Review of Track hospital admissions to identify whether these could have been prevented.
- Review of free home care capacity to further build on alternatives to care home admissions.

From December 2023 to April 2024, this approach helped to deliver a 5% reduction in private care home places from 566 to 538.

15.3 **Planning Older People's Services Project:** The Planning for Older People's Programme has been established to develop options for future service delivery that is sustainable and meets the needs of older adults in the longer term. Significant levels of engagement with communities, staff and the third sector has taken place, with the most recent activity being a hurdle criteria event in February.

At the event, a 'long-list' of 105 suggestions was collated following engagement which was assessed against pre-set 'Hurdle Criteria'. A representative selection of Project Team and Independent Community Panel members took part in the hurdle criteria exercise. Where a total of 61 options were shortlisted. The next stage will involve modelling and further development of the short-list suggestions to identify the preferred options for public consultation and consideration by the IJB.

16. **Chief Officer Midlothian IJB/HSCP**

16.1 **Midlothian Integration Joint Board Strategic Commissioning Plan:** The HSCP Planning, Performance and Programme Team continue to support the development of a new Strategic Commissioning Plan due for publication in April 2025. In the January 2024, the Board established the main proposals, and a first draft was produced for an early assessment of Place and Wellbeing undertaken alongside the Improvement Service and Public Health Scotland. Officers of the HSCP have also been working with our council colleagues in CLLE, Community Planning, people who experience our services, and the Citizens Panel to better understand the ambitions and priorities of people and communities.

16.2 **Midlothian IJB Model Scheme of Publication:** The Midlothian IJB Scheme of Publication was reviewed, approved, and then submitted to the Scottish Information Commissioner in December 2023. NHS Lothian internal audit have now completed an audit of this Model Scheme and returned a recommendation of 'Reasonable Assurance.' The actions resulting from this audit will be progressed in Q1 and Q2 of 2024/25.

16.3 **Midlothian IJB Community Engagement Self-Evaluation and Action Plan:** The HSCP Planning, Performance and Programme Team are supporting the Strategic Planning Group by leading on the completion of the Healthcare Improvement Scotland Quality Framework for Community Engagement self-evaluation. This work is well underway and on target for completion alongside a proposed action plan by September 2024.

16.4 **Workforce:** The officers of Midlothian HSCP continue to work closely with Scottish Government workforce planning colleagues and are representing all HSCPs on the Scottish Government led Workforce Planning Guidance Sub-Group. This group complements the work of the Workforce Planning Practice Sub-Group which aims to review the existing workforce planning guidance in time for the completion of the 2022-25 workforce planning cycle and new Integrated Workforce Plans for 2025-28. The officers of Midlothian HSPC have also proactively reviewed the IJBs duties and delivered a benchmark position report in readiness for the application of the Health and Care (Staffing) (Scotland) legislation.

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

Authors

Calum Campbell (Chief Executive)
Jim Crombie (Deputy Chief Executive)
Tracey Gillies (Executive Medical Director)
Alison Macdonald (Executive Director of Nursing, Midwifery, & AHPs)
Dona Milne (Director of Public Health and Health Policy)
Craig Marriott (Director of Finance)
Janis Butler (Director of Human Resources and Organisational Development)
Colin Briggs (Director of Strategic Planning)
Michelle Carr (Chief Officer Acute Services)
Jenny Long (Director of Primary Care)
Judith Mackay (Director of Communications, Engagement and Public Affairs)
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Pat Togher (Director/Chief Officer, Edinburgh IJB/HSCP)
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Fiona Wilson (Director/Chief Officer, East Lothian IJB/HSCP)
Morag Barrow (Director/Chief Officer, Midlothian IJB/HSCP)

NHS LOTHIAN

Board Meeting
24th April 2024

8.

Director of Finance

FEBRUARY 2024 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 February 2024 (Month 11).

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** this report as a source of **significant assurance** that NHS Lothian will achieve a breakeven outturn this financial year.

3 Discussion of Key Issues

Financial Position as at 29th February 2024

3.1 The Finance and Resources Committee (F&R) considered a paper on the month 11 financial position and year end forecast for 2023/24 at its March meeting. The F&R paper highlighted a year to date overspend of £9.4m against its Revenue Resource Limit. A summary of this position is shown in Table 1 and in Appendix 1

Table 1: Year to date Financial Position – February 2024

	Year to Date Variance from Budget £'000
Pay	4,779
Non Pays	(61,541)
Income	15,187
Operational Position	**(41,575)**
Corporate Flexibility	32,225
Total	**(9,350)**

3.2 Notification from the Scottish Government on 19th February that the CNORIS costs for 2023/24 would reduce by just over £6m for NHS Lothian, which has improved this Quarter 3 forecast outturn from £10.6m to £4.4m. In addition, at month 11 further refinement of the latest operational positions has now brought that forecast position to breakeven for 2023/24.

3.3 Based on the information provided at month 11, the F&R Committee accepted that it had **significant assurance** that the Board can achieve a breakeven outturn in 2023/24.

3.4 The F&R Committee was also informed that the achievement of a balanced outturn for 2023/24 is largely achieved due to one-off benefits and did not resolve the issue of recurrent financial sustainability in future years.

4 Risk Register

4.1 The corporate risk register includes the following risk:

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

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

5 Impact on Inequality, Including Health Inequalities

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

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

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

7 Resource Implications

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

Craig Marriott
Director of Finance
11th April 2024
Craig.Marriott@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 29th February 2024

Appendix 1 – NHS Lothian Income & Expenditure Summary to 29th February 2024

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	363,998	333,708	346,520	(12,812)
Nursing	622,828	569,734	559,096	10,638
Administrative Services	199,916	173,815	169,685	4,130
Allied Health Professionals	112,748	103,484	103,075	409
Health Science Services	54,791	50,328	49,331	997
Management	8,644	7,630	7,136	494
Support Services	96,221	87,750	91,744	(3,994)
Medical & Dental Support	18,389	16,879	16,728	152
Other Therapeutic	66,664	60,169	55,842	4,327
Personal & Social Care	3,460	2,976	2,370	607
Other Pay	(14,194)	(14,157)	(14,639)	482
Emergency Services	0	0	30	(30)
Vacancy Factor	(677)	(620)	0	(620)
Pay	**1,532,788**	**1,391,696**	**1,386,917**	**4,779**
Drugs	153,635	145,042	157,884	(12,842)
Medical Supplies	111,658	101,848	113,926	(12,079)
Maintenance Costs	9,155	8,379	12,963	(4,584)
Property Costs	55,889	51,165	50,832	333
Equipment Costs	36,208	29,756	38,693	(8,937)
Transport Costs	9,454	8,757	11,368	(2,611)
Administration Costs	159,921	80,949	91,269	(10,320)
Ancillary Costs	11,876	10,863	16,459	(5,596)
Other	(20,479)	(23,074)	(23,075)	1
Service Agreement Patient Services	42,014	42,249	41,261	988
Savings Target Non-pay	83	75	0	75
Resource Transfer/LA Payments	122,946	122,208	123,325	(1,117)
Non-pay	**692,358**	**578,216**	**634,904**	**(56,688)**
Gms2 Expenditure	161,638	144,925	146,367	(1,442)
NCL Expenditure	813	745	709	36
Other Primary Care Expenditure	87	80	73	6
Pharmaceuticals	168,875	156,199	159,707	(3,508)
Primary Care	**331,412**	**301,949**	**306,856**	**(4,907)**
Other	**(183)**	**(164)**	**(275)**	**111**
Income	**(390,739)**	**(352,210)**	**(367,396)**	**15,187**
Extraordinary Items	**0**	**0**	**57**	**(57)**
CORE POSITION	**2,165,636**	**1,919,488**	**1,961,063**	**(41,575)**
Corporate Reserves / Flexibility	32,225	32,225	0	32,225
TOTAL	**2,197,861**	**1,951,713**	**1,961,063**	**(9,350)**

9.

Meeting Name:	**Board**
Meeting date:	**24 April 2024**

Title: NHS LOTHIAN FINANCIAL OUTLOOK AND OUTLINE PLAN 2024/25

Purpose and Key Issues of the Report:
This paper sets out the 2024/25 Financial Plan for NHS Lothian as considered by Finance & Resources Committee.

DISCUSSION		DECISION	**X**	AWARENESS	

The report sets out the NHS Lothian Financial Plan for 2024/25 for approval by the Board. The Finance & Resources Committee, in its consideration of the Financial Plan for 2024/25 and longer term financial outlook has endorsed the following plan, in order for initial budgets to be set.

Key issues within this paper are as follows:

- The starting financial gap for 2024/25 before any recovery actions is £140m c7% and £53m of Financial Recover Plan savings are identified. Executive led financial improvement programmes have been established to support the identification of opportunities for immediate cost reduction to achieve financial balance. The remaining Financial Plan gap following above totals £39m and we continue to look at other options for further savings across other workstreams, with further work required to understand impact.

- The Scottish Government set that all Boards should set out savings plans of 3% and present an improved forecast outturn position compared to the start of 2023/24. These two requirements have largely been met based on this final version.

Recommendations:

- **Approve** the Financial Plan as a basis for opening budgets only and submit to Scottish Government as required.

- **Acknowledge** progress in delivery of the Scottish Government requirements to achieve a target of 3% recurrent savings and an improved forecast outturn compared to start of 2023/24.

- **Endorse** the allocation of resources included in the Financial Plan and agreed by the Finance & Resources Committee for the purposes of budget setting.

- **Endorse** the agreement at the Finance and Resources Committee to declare the Royal Victoria Hospital site surplus.

Author:	Claire Flanagan	**Director**:	Craig Marriott
Date:	17th April 2024	**Date:**	17th April 2024

NHS Lothian

Board Meeting
24th April 2024

Director of Finance

NHS LOTHIAN 5-YEAR FINANCIAL OUTLOOK AND OUTLINE PLAN 2024/25

1 Purpose of the Report

1.1 The Director of Finance, with the management team, has been developing the NHS Lothian Financial Plan for 2024/25 for approval by the Board. This is consistent with the Board's Standing Orders which state the requirement: "The Health Board shall approve the financial plan for the forthcoming financial".

1.2 The Finance and Resources (F&R) Committee, in its consideration of the Financial Plan for 2024/25 and longer term financial strategy has endorsed the following plan, in order for initial budgets to be set.

1.3 The Board also has a requirement to set budgets for the delegated functions of the IJBs for next year. The outline plan presented at this stage will form the basis of a formal allocation of budgets to the IJBs.

1.4 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 The Board is asked to:

- **Approve** the Financial Plan as a basis for opening budgets and submit to Scottish Government as required.
- **Acknowledge** progress in delivery of the Scottish Government requirements to achieve a target of 3% recurrent savings and an improved forecast outturn compared to start of 2023/24.
- **Endorse** the allocation of resources included in the Financial Plan and agreed by the Finance & Resources Committee for the purposes of budget setting.
- **Endorse** the agreement at the Finance and Resources Committee to declare the Royal Victoria Hospital site surplus.

3 Discussion of Key Issues

Financial Outlook 2024/25 to 2028/29

3.1 The F&R Committee received routine updates on the Financial Plan in recent months. Each update was provided based on the latest information available at that time. The final iteration in March is now presented to the Board for endorsement.

3.2 Since the last update the Scottish Government has asked Boards to assume further New Medicines Funding in Boards Financial Plans. For Lothian this represents an additional £15m of non-recurring resource. In addition, on 19th February the Scottish Government notified Boards that additional Health Consequential funding would be available in financial year 2023/24, however NHS Lothian have requested that this funding be carried by the SG and made available to the health board in 2024/25 as it is not required to achieve financial balance in the current year. Therefore £22.6m is also now reflected in this final iteration of the Financial Plan, also on a non-recurrent basis.

3.3 Table 1 below provides a summary of the 5-year financial outlook for 2024/25. Further breakdown is provided in Appendix 1, with the plan split by Business Unit in Appendix 2. Based on the latest updates and additional resource, the overall position for 2024/25 now indicates a £50m gap after financial recovery actions.

Table 1 – Projected 5 Year Financial Outlook Summary

	24/25 Variance £k	25/26 Variance £k	26/27 Variance £k	27/28 Variance £k	28/29 Variance £k
Baseline Carry Forward Pressures	-96,293	-75,803	-96,243	-122,209	-149,013
Additional Expenditure, Growth, Uplift & Commitments	-58,198	-42,105	-43,256	-44,094	-45,897
Total Projected Expenditure	**-154,491**	**-117,908**	**-139,499**	**-166,303**	**-194,910**
Additional Resources	51,687	1,733	1,733	1,733	1,733
Subtotal Financial Outlook before Financial Recovery Plans	**-102,804**	**-116,175**	**-137,766**	**-164,570**	**-193,177**
Financial Recovery Actions	52,917	6,024	1,650	1,650	1,650
Total Financial Outlook Gap	**-49,887**	**-110,151**	**-136,116**	**-162,920**	**-191,527**

3.4 The improvement from the £110m financial gap reported to the F&R at its February Committee is due to the additional £15m New Medicine Funding, Health Consequential funding of £22.6m and additional financial recovery savings identified of £20m along with refinement of the underlying baseline and update of additional 2024/25 cost pressures. These amendments are summarised in Table 2 below.

Table 2 – Movement from Previous Financial Plan

	Feb Version 24/25 Variance £k	Mar Version 24/25 Variance £k	Movement in Plan £k
Baseline Carry Forward Pressures	-97,653	-96,293	1,360
Additional Expenditure, Growth, Uplift & Commitments	-58,652	-58,198	453
Total Projected Expenditure	**-156,305**	**-154,491**	**1,814**
Additional Resources as at Feb 2024	14,018	14,018	0
Subtotal	**-142,287**	**-140,473**	**1,814**
Further Non Recurring Resources at Mar 2024	0	37,669	37,669
Financial Outlook before Financial Recovery Plans	**-142,287**	**-102,804**	**39,483**
Financial Recovery Actions	32,616	52,917	20,301
Total Financial Outlook Gap	**-109,671**	**-49,887**	**59,784**

Baseline Carry Forward Pressures

3.5 £98m of carry forward pressures from 2023/24 identified in the previous plan have been adjusted marginally in the latest update to £96m and takes account of latest changes impacting on the 2023/24 financial position.

3.6 The breakdown of these carry forward pressures is highlighted below in Table 3, and largely reflects shortfalls in uplift resources to funding of non-pay inflation over recent years as well as for Medical and Dental pay costs reflecting the impact of discretionary points and seniority, again costs where no specific uplift funding is provided by the SG.

Table 3 – Baseline Carry Forward Pressures

	Total £k
Medical & Dental Pressures	(14,375)
Drugs	(12,724)
Medical Supplies	(11,934)
Property Costs & Energy	(22,845)
Equipment & Maintenance	(14,963)
PFI Costs	(10,902)
GMS & Prescribing	(8,550)
Total Baseline Pressures	**(96,293)**

Additional Expenditure, Growth, Uplifts and Commitments

3.7 Table 4 below shows the latest summary of additional expenditure for 2024/25 now totalling £58.2m, reflecting a small reduction from the previous reported estimate.

Table 4 – Summary of Additional Expenditure for 2024/25

	% Assumed	Total £k
GP Prescribing	3.50%	5,516
Hospital Drugs	10.00%	21,385
Non Pay Uplift	2.00%	5,090
CNORIS		3,303
Consultant Seniority & Discretionary Points		3,001
NSD & Risk share		3,786
Invest to Save		2,000
Growth/Increases in Activity		14,117
Total		**58,198**

Available Resources

3.8 The most significant impact of the Scottish Government's publication of spending plans for 2024/25 announced in December related to available resources for 2024/25 and beyond. The impact of these were previously highlighted to the F&R Committee in a briefing on the 20th December.

3.9 Previously, assumed base uplift of 2% was included across all years and was subsequently removed following the letter received from the Director of Health and Social Care Finance. Although the letter stated that a 4.3% uplift would be received, this only reinstates funding relating to 2023/24 pay costs and baselined Sustainability and NRAC funding received during 2023/24. Therefore, no new uplift resources are available for 2024/25 with this having a further significant impact on being able to fund non-pay pressures.

3.10 The letter also states that pay for NHS staff remains subject to agreement for 2024/25, and the Scottish Government will work with Directors of Finance to finalise the funding position once the outcome of negotiations is known. Therefore, there is no financial pressure included relating to any pay negotiations or in relation to employer's pension contribution increase currently in the plan.

3.11 To sustain NHS Lothian at -0.6% parity in 2024/25 a total of £10.2m of resources will be received and this is reflected in the plan. NHS Lothian, along with other Boards, have not been able to make any further advance to parity as was initially discussed with Scottish Government. It is expected that moving Boards closer to parity will be part of ongoing discussions in the coming year with SG colleagues.

3.12 For NHS Lothian the increase in New Medicines Funding from NRAC shares of £80m to £180m is an additional £15m resource and that is now included non-recurrently in the final plan, as noted at the start of this paper.

3.13 Also highlighted earlier, the Scottish Government informed Boards on 19th February of £150m Health Consequential funding for 2023/24; NHS Lothian's NRAC share of this is £22.6m. For NHS Lothian, a request was agreed by the Scottish Government to provide this funding in 2024/25 and this has now been included in the plan. There is currently no confirmation of the recurrency of this funding. Total additional resources now assumed in the plan are shown in Table 5 below, with the Health Consequential and New Medicine Funding having a positive impact from the February Financial Plan presented.

Table 5 – Summary of Additional Resources

Additional Resources	**24/25 £k**
NRAC	10,200
Other Health Board Income	1,733
Total Recurring Resources Assumed	**11,933**
Health Consequential	22,599
Asset Disposal	2,085
New Medicine Funding	15,070
Total Non Recurring Resources Assumed	**39,754**
Additional Resources	**51,687**

3.14 Of the £52m of additional resources, £31m remains unallocated against specific cost pressures in the plan currently. During 2023/24 there was agreement through the Corporate Management Team to allocate available non-recurring resource (largely generated through the management of flexibility) to offset recurring pressures in Facilities and PFI contracts. As this was non-recurrent resource against recurring cost pressures we propose to again allocate available resources against those same pressures as a priority in 2024/25. We would also look to support the Energy financial pressure, similar to the 2023/24 financial plan treatment. This leaves a balance of £10m available for further assessment following Quarter 1 reviews. Table 6 below shows the presentation of the allocation of the available resources.

Table 6 – Application of Resources

	Total £k	**Recurring £k**	**Non-Recurring £k**
Total Available Resources	**51,687**	**11,933**	**39,754**
Existing SMC Drugs Funding	15,070		15,070
Invest to Save	2,000		2,000
B2 - B3 Regrading	1,000	1,000	
NSD Risk share	1,500	1,500	
Other FP Commitments	1,025	940	85
Total Resources Allocated	**20,595**	**3,440**	**17,155**
Resources Remaining for Distribution	**31,092**	**8,493**	**22,599**
Facilities/PFI Pressures Funded N/R in 2023/24	10,375	8,493	1,882
Energy Funded N/R in 2023/24	10,000		10,000
Balance for review at Q1 Review	**10,717**	**-**	**10,717**

Energy Assumptions

3.15 In 2023/24, £4.4m of recurrent and a further £10m non-recurrent Financial Plan funding was assigned to Facilities to meet the inflationary cost rises of Energy at the start of the year. The assumptions made at the time was that Energy costs would reduce in the subsequent years. This reduction has not occurred with costs remaining high.

3.16 Within the current 2024/25 plan there is a £22m financial pressure relating to Energy consumption, (£10m arising as a 2023/24 recurring cost pressure with non recurrent funding allocated last year, plus a £12m expected increase in costs). There is the potential, based on the very latest pricing updates, that the £47m of costs previously expected in 2024/25 may reduce by £5-6m based on latest predictions. Based on this assessment of costs for 2024/25 £10m of non-recurrent resource will be assigned to support Energy costs again per Table 6.

3.17 The offset of resources against total current pressures gives rise to a resulting financial gap, before financial recovery plans, of £103m, as shown in Table 1 above.

Financial Recovery Actions

3.18 NHS Lothian has requested every Business Unit, 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 recurringly drive expenditure down.

3.19 Based on the latest update, £53m of recovery plans have been identified, equalling 2.9% achievement. Of this, £6m is categorised as high risk, £25m as medium risk and a further £22m as low risk. Appendix 3 gives a more detailed breakdown of the schemes by risk rating. The Financial Oversight Board (FOB) will act as performance escalation for Business Units based on thresholds of not achieving the 3% target or slippage against delivery of these plans.

Expectations from Scottish Government

3.20 The Scottish Government expectation around Financial Plans for 2024/25 was that all Boards should set out recurring savings plans of 3% of baseline budgets and present an improved forecast outturn position compared to your forecast position as reported at the start of 2023/24.

3.21 For NHS Lothian this requires identifying £54m of financial recovery plans and an overall gap better than £52m. These two requirements have largely been met based on this final version. The SG Director of Finance communicated to NHS Lothian on 4th of April that the Financial Plan had been approved by the SG.

Integrated Joint Boards (IJBs) Financial Plans

3.22 The IJB mapping table used to collate the delegated IJB budgets, and the consequential share of costs has been through a routine review and update following external audit recommendations in 2023 and at the request of Chief Finance Officers. This updated mapping table has been used to review the latest financial plan position by IJB.

3.23 The output of this work is shown in detail within Appendix 4. This shows the split of the anticipated cost pressures and identifies the potential level of savings required in 2024/25 for them to be in financial balance given the lack of additional resources available in 2024/25. Of the £103m gap before recovery actions, £28.8m relates to Delegated IJB functions.

3.24 NHS Lothian can expect Directions from each of the IJBs in relation to the deployment of resources for next year. This process may produce further risks and issues that are not yet identified.

3.25 The IJBs will subsequently consider their own strategic plans for the next 3-5 years. NHS Lothian will formally write to Chief Officers and Chief Finance Officers following Board approval of the Financial Plan to set out the share of the overall gap within their IJB up to 2028/29 and invite IJBs to prepare strategic plans that will support delivery of financial balance within their delegated functions.

4 Actions to Achieve Balanced Financial Plan

4.1 Given the scale of the challenge following the Budget announcement in December, it was apparent that a different approach was required to work towards a balanced outturn for 2024/25. Identification of 3% financial recovery plan savings is insufficient to achieve financial balance and due to the timescales, it was unlikely that local schemes beyond 3% would be deliverable. Therefore, Executive led financial improvement programmes have been established to support the identification of opportunities for immediate cost reduction with the target of reducing the £50m gap to financial balance.

4.2 In 2024/25 the Financial Improvement Group (FIG) will focus its attention on supporting the rapid development and implementation of these financial improvement programmes.

4.3 The Workstreams are listed below with the main area of review briefly described:

- **Pause and Assess Capacity Workstream**
  Reviews uncommitted allocations, pausing investment until NHS Lothian is forecasting a breakeven position. Reviews existing performance in terms of productive opportunities and maximisation of efficiencies to offset the impact on access performance; as well as working in close collaboration with the Treatment Options workstream to identify opportunities for reducing demand to support improved performance at no additional cost.

- **Pause and Assess Treatment Options**
  Clinically-led approach to the identification of actions that stop, reduce or delay treatment options. It may include identification of procedures and medicines of low clinical value, review of the process for introduction of medicines post SMC approval and review of treatment thresholds.

- **Estates Rationalisation**
  Based around a complex review of the utilisation of estate, seeking opportunities for rationalisation of both the leased and owned estate based on date of renewal, occupancy, running costs, service plans and other factors. This work includes review of Waverley Gate as corporate office accommodation and asset disposals

- **Procurement Non Pay Controls**
  Enhanced controls and increased restrictions on spend, realised through implementation of enhanced controls processes. Examples of areas in scope includes reviewing overseas travel and booking of external venues for meetings.

- **Workforce**
  Reduction in workforce costs, including through reduction of WTE; but also including reduction in premium costs staffing options. Optimisation of current workforce, including management of absence, optimisation of protection arrangements and the stopping of Agency usage across all professions.

- **Corporate Controls**
  Implementation of a number of processes which offer an additional level of authorisation control for particular areas of funding allocations and expenditure. A structured assessment methodology to understand the risks and impact of decision will be developed. In scope will be Scottish Government allocations, Financial Planning assumptions and new investment approvals.

4.4 These workstreams remain at an early stage and more work is required to further quantify what is in scope and the level of savings targeted by these workstreams, with FIG providing ongoing review and oversight on progress.

4.5 Currently within the Pause and Assess Capacity Workstream, there is £8.6m of quantified cost reduction from Scheduled Care. The consequences of utilising this resource to close the financial gap is documented in the Annual Delivery Plan (ADP). It should also be noted that there are active discussions with the Scottish Government regarding the protecting of Planned Care. By assuming this benefit the financial gap reduces from £50m to £41m, however this may have an adverse impact on operational performance and waiting times across Lothian as a result.

4.6 In addition, since the completion of the Financial Plan, notification has been received from Scottish Government regarding the 2024/25 NSD risk share assumptions, with the SG asking that some of the NSD risk-share costs are not included in the Plan at a value higher than 23/24 costs. Adjusting for this allows the financial plan gap above to reduce further by £2.4m bringing the total financial gap to c£39m.

4.7 Given the above financial gap remaining there may be the requirement to accelerate asset sales and work progressing this is underway. On 27th March 2024 the F&R Committee agreed to declare the Royal Victoria Hospital site formally surplus to Lothian Health Board's requirements. The site had previously been declared surplus as part of the Royal Victoria Building Business Case, however given the passage of time it was considered best practice that the declaration be again considered by F&R. Whilst recognising the time required to complete asset sales there remains an option of utilising bridging finance for the capital receipt value in 2024/25 until completion of any sales if required. The Board is asked to endorse the F+R Committee's agreement to declare the RVH site surplus.

4.8 Following the F&R Committee in March there has been further work within Pause & Assess Workstreams across Unscheduled Care, Primary Care and Mental Health services as part of ongoing considerations to maximise efficiencies in support of achieving financial balance.

4.9 Within Primary care an initial cost reduction of £1.0m within the COVID Community Antiviral service, Oral Health improvement and central costs of the COVID and Flu vaccination programme have been identified, with more options being assessed to seek further efficiencies from the 2024/25 vaccination programme and deliver greater value for money from the Primary Care enhanced services.

4.10 Mental Health services have reviewed all funding streams across previous financial years and will support achieving financial balance with £1.3m of unallocated flexibility from this. In addition, £1.5m of efficiency can be delivered from capacity reductions, enabled through reducing the number of delays on the Royal Edinburgh Hospital site, and a reduction in the bed base within the Directorate.

4.11 The Unscheduled Care programme has identified cost saving opportunities through the cessation of service expansion plans beyond 2023/24 levels, including the Flow Centre and the Rapid Assessment Care Unit (RACU), which together will provide £1.8m of savings. Assessing the performance of interface care prior year investments including both discharge without delay (DWD) and hospital at home is expected to yield a further £1m. Finally, the review of funding streams across previous financial years and of further previous investments is anticipated to save £3.1m.

4.12 Work continues to quantify and present options for agreement in the other areas and the above is at risk of impacting on patient care. There is work underway to understand the impact assessment of these additional cost reduction measures to deliver financial balance in 2024/25.

4.13 Once further work has completed around a full Integrated Impact Assessment across all the cost saving opportunities, updates will be presented back through appropriate governance routes.

4.14 Table 7 below sets out the improvement to the overall financial position as a result of these savings being delivered, reducing the overall gap to circa £29m. Even with the actions described, NHS Lothian remains some way off achieving balance and work will continue to be progressed to seek further cost reduction opportunities.

Table 7 – Financial Plan 2024/25

	April Version **24/25 Variance £k**
Total Financial Outlook Gap from Table 1 above	**-49,887**
Opportunities identified	
Pause & Assess Capacity - Scheduled Care	8,600
NSD Risk Share	2,400
Financial Outlook Gap submission to Scottish Government	**-38,887**
Other proposals under review	
Pause & Assess Capacity - Primary Care	1,000
Pause & Assess Capacity - Mental Health Services	2,800
Pause & Assess Capacity - Unscheduled Care	5,900
Asset Sales	tbc
Revised Financial Outlook Gap	**-29,187**

Census information and NRAC shares

4.15 The population share element of the NRAC formula is driven by the Scottish Census. In order to update the NRAC formula between each census which is only completed every 10 years, NRS produces population projections. The projections give expected population for each year; however, this calculation is only updated once every two years. Scotland's census was updated in 2022 with populations at NHS board level becoming available in May 2024.

4.16 Between the 2011 census and the 2022 census, each time the population projection was updated, Lothian's share grew. When 2022 was projected from 2012, Lothian's expected population share was 16.70% of Scotland. When 2022 was projected in 2018, Lothian's share had grown to 16.88% of Scotland. No projection was carried out in 2020 due to the impact of Covid, so the 2022 census represents the first update of population shares since the 2018 projection. Based on information held on GP list sizes, and recognising this is not a direct comparison to census populations, NHS Lothian's population share has been growing more rapidly than the NRS projections would suggest. On this basis it is anticipated that there will be small upward correction to NHS Lothian's population share.

5 Risks and Assumptions

5.1 Whilst every effort has been made to ensure all likely additional costs and committed national, regional, and local priorities for investment have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.

5.2 A number of risks should be considered by the Committee. A risk register is set out in Appendix 5 with the key risks being the balance of operational performance alongside financial performance.

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 As this particular paper relates to a financial outlook and not an agreed financial plan 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

8.1 The resource implications are as defined in the body of this report.

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11th April 2024
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Appendix 1 – 5 Year Financial Outlook
Appendix 2 – 2024/25 Financial Outlook by Business Unit
Appendix 3 – 2024/25 Financial Recovery Plan Breakdown
Appendix 4 – 2024/25 Financial Outlook by Integrated Joint Boards
Appendix 5 – Financial Outlook Risk Register

Appendix 1 – 5 Year Financial Outlook

	24/25 Variance £k	25/26 Variance £k	26/27 Variance £k	27/28 Variance £k	28/29 Variance £k
Baseline Pressures	**-96,293**	**-75,803**	**-96,243**	**-122,209**	**-149,013**
Projected Expenditure Uplifts & Commitments	-12,660	-9,449	-8,207	-7,886	-8,021
Growth and Other Commitments	-23,522	-17,720	-19,122	-20,651	-22,319
Policy Decisions	-18,031	-15,557	-15,557	-15,557	-15,557
Strategic Investments	-2,429	-207	-369		
Essential Service Development	-1,555	828			
Projected Expenditure Uplifts & Commitments	**-58,198**	**-42,105**	**-43,256**	**-44,094**	**-45,897**
Projected Costs	**-154,491**	**-117,908**	**-139,499**	**-166,303**	**-194,910**
Recurring Resources					
NRAC	10,200				
OHB Income	1,733	1,733	1,733	1,733	1,733
Non Recurring Resources					
Health Consequentials	22,599				
Asset Disposal	2,085				
New Medicine Funding	15,070				
Additional Resources	**51,687**	**1,733**	**1,733**	**1,733**	**1,733**
Financial Outlook Gap before FRP's	**-102,804**	**-116,175**	**-137,766**	**-164,570**	**-193,177**
Financial Recovery Plans	**52,917**	**6,024**	**1,650**	**1,650**	**1,650**
Total Financial Outlook Gap	**-49,887**	**-110,151**	**-136,116**	**-162,920**	**-191,527**

Appendix 2 – 2024/25 Financial Outlook by Business Unit

	NHS Lothian £k	Acute Services Division £k	REAS £k	Directorate Of Primary Care £k	East Lothian HSCP £k	Edinburgh HSCP £k	Midlothian HSCP £k	West Lothian HSCP £k	Facilities And Consort £k	Corporate Services £k	Strategic Services £k	Income & Health Purchases £k	Research & Teaching £k	Reserves £k
Baseline Pressures	**(96,293)**	**(52,438)**	**(1,424)**	**1,047**	**(2,213)**	**1,612**	**(2,280)**	**(950)**	**(35,950)**	**(10,321)**	**(4,832)**	**5,867**	**(845)**	**6,433**
Projected Expenditure & Commitments	(12,660)	(4,674)	(331)	(126)	(83)	(407)	(85)	(179)	(1,217)	(109)	(1,403)	(258)	845	(4,631)
Growth and Other Commitments	(23,523)	(14,025)	(174)	(2,258)	(888)	(3,698)	(830)	(1,459)		(92)	(98)			
Policy Decisions	(18,031)	(14,728)									(3,303)			
Strategic Investments	(2,429)	(128)								(239)				(2,062)
Essential Service Development	(1,555)	(90)				(828)				(638)				
Projected Expenditure & Commitments	**(58,198)**	**(33,644)**	**(506)**	**(2,384)**	**(971)**	**(4,933)**	**(915)**	**(1,638)**	**(1,217)**	**(1,078)**	**(4,805)**	**(258)**	**845**	**(6,693)**
Projected Costs	**(154,491)**	**(86,082)**	**(1,930)**	**(1,337)**	**(3,184)**	**(3,321)**	**(3,195)**	**(2,588)**	**(37,167)**	**(11,399)**	**(9,636)**	**5,609**	**0**	**(260)**
Recurring Resources														
NRAC	10,200	394												9,806
OHB Income	1,733									239				1,494
Non Recurring Resources														
Asset Disposal	2,085								85					2,000
Health Consequential	22,599													22,599
New Medicine Funding	15,070	15,070												
Additional Resources	**51,687**	**15,464**	**0**	**0**	**0**	**0**	**0**	**0**	**85**	**239**	**0**	**0**	**0**	**35,899**
Financial Outlook Gap before FRP's	**(102,804)**	**(70,618)**	**(1,930)**	**(1,337)**	**(3,184)**	**(3,321)**	**(3,195)**	**(2,588)**	**(37,082)**	**(11,160)**	**(9,636)**	**5,609**	**0**	**35,639**
Financial Recovery Plans	**52,917**	**21,878**	**3,235**	**953**	**4,294**	**4,854**	**3,453**	**4,141**	**3,630**	**6,091**		**388**		
Total Financial Outlook Gap	**(49,887)**	**(48,740)**	**1,305**	**(384)**	**1,110**	**1,533**	**258**	**1,553**	**(33,452)**	**(5,069)**	**(9,636)**	**5,997**	**0**	**35,639**

Appendix 3 – 2024/25 Financial Recovery Plan Breakdown

High Level Category	HIGH	MEDIUM	LOW	Total
	£k	£k	£k	£k
Avoid Investment	130	59	189	**378**
Bed Capacity	0	0	500	**500**
Capacity & Job Planning	0	200	0	**200**
Demand Management	354	90	100	**544**
Diagnostic Review	150	0	0	**150**
Discretionary Spend	288	660	20	**968**
Drug Tariff/Pricing	591	10,415	4,860	**15,867**
Income Generation	80	90	1,572	**1,742**
Local Contracts	228	531	647	**1,406**
Medicines Redesign	40	60	189	**289**
Other Local Schemes	1,776	3,635	5,390	**10,801**
Reduce Agency/Bank	303	1,902	2,146	**4,351**
Reduce Medical Locums	0	554	0	**554**
Reduce Overtime	0	330	108	**438**
Reduce Sickness Absence	188	0	0	**188**
Service Redesign	1,544	3,118	5,525	**10,188**
Skill Mix Redesign	0	51	437	**488**
Standardise/Rationalise	0	20	507	**527**
Transport & Travel	10	20	0	**30**
Vacancy Management	276	407	2,626	**3,309**
Total	5,958	22,142	24,817	**52,917**

Appendix 4 – 2024/25 Financial Outlook by Integration Joint Boards

	NHS Lothian £k	East Lothian IJB £k	Edinburgh IJB £k	Mid Lothian IJB £k	West Lothian IJB £k	Non Delegated £k
Baseline Pressures	(96,293)	(3,767)	(7,113)	(3,664)	(2,686)	(79,062)
Projected Expenditure Uplifts & Commitments	(58,198)	(1,431)	(6,562)	(1,362)	(2,394)	(46,449)
Projected Costs	(154,491)	(5,199)	(13,676)	(5,026)	(5,080)	(125,511)
Additional Resources	51,687	12	64	10	106	51,494
Financial Outlook Gap before FRP's	(102,804)	(5,186)	(13,611)	(5,016)	(4,974)	(74,016)
Financial Recovery Plans	52,917	5,108	8,455	3,926	5,000	30,428
Total Financial Outlook Gap	(49,887)	(78)	(5,156)	(1,090)	26	(43,588)

Appendix 5 – Financial Outlook Risk Register

Key Assumptions / Risks	24/25 FP Risk Rating	Impact
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current plans based on committed expenditure proposed by the Scheduled Care Board are not acceptable.
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges. There remains ongoing pressure in the system and the requirement to closely manage bed position.
Winter Costs	High Risk	The costs of winter in 24/25 are expected to be within normal tolerance and planned levels. There is a risk that the financial impact of winter exceeds that currently planned.
Unfunded Beds	High Risk	There is a requirement to remove unfunded beds open across the system. The risk is that the operational pressures within the system will be adversely impacted, or a financial risk that these beds cannot close.
Efficiency Savings	High Risk	There is a risk that Directorate Management Teams are not able to achieve or deliver 3% efficiency target recurrently.
Workstream Expenditure Reductions	High Risk	There is a risk that the Workstreams developed to help financially bridge the 4% additional gap in the financial plan are not operationally accepted and therefore the expenditure reductions do not happen.
Capital Funding	High Risk	The level of available Capital Funding poses operational risk for supporting infrastructure both planned and unplanned.
Non Pay Elements of AFC Pay Award	High Risk	There is a risk that the nationally agreed changes to AFC terms and conditions relating to reducing working week, protected learning time and Band 5-6 regrading results in a cost burden to the Board that is not fully funded by the SG.
Non Pay Cost Inflation	Medium Risk	With no non pay uplift allocated by the SG, there is a risk that non pay overspends will continue to worsen on key service delivery products and facilities costs with no additional funding able to be attributed.
GP Prescribing	Medium Risk	GP Perscribing and other Community Pharmance elements remains volatile, with Price and volume continuing to fluctuate. Reporting issues from the previous year are now almost resolved. There is a risk that cost, rebate and discount assumptions made in the Financial Plan change significantly during the year.
Energy	Medium Risk	Energy costs remain volatile and high there is an ongoing risk that costs may increase beyond that anticipated.
Vaccination Prgramme and Covid Testing Services	Medium Risk	There is a degree of uncertainty relating to the future requirements for these services, requested to be delivered post Covid and what funding will be available to cover substantive staffing put in place to deliver the required services. This plan assumes that no pressure exists.
SGHD Allocations	Medium Risk	There is a degree of uncertainty relating to Non-Recurring and Earmarked SG allocations, leaving services uncertain around ongoing funding for delivery plans and recruitment.
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue, with a degree of uncertainty of levels of funding available from the New Medicines Fund.
Availability of Trained staff	Medium Risk	The availability of trained staff has resulted in supply issues within some specialities and services. This has seen an increased use of supplementary staffing, but with the use of Agency being closely monitored, there is a risk on service provision.
Pay Award & Employers Pension Contributions	Medium Risk	There is a risk that any pay settlement agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made within the Financial Plan are that pay awards will be fully funded and Employers Pensions Contributions will also be fully compensated.
IJB Reserves	Low Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within NHS Lothian The IJBs may wish to consider other options for utilising any flexible resource, but given operational pressures, liklihood of available reserves is minimal
Backdated pay claims	Low Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.

NHS LOTHIAN

10.

Board
24th April 2024

Director of Finance
Director of Strategic Planning

CAPITAL PRIORITISATION UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to brief the Board on the outcome of the Capital Prioritisation session held on 25th March and to provide a summary of the current position.

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

2 Recommendations

2.1 The Board is recommended to:

- Note the outcomes in category A, B and C
- Note that the financial position for capital continues to constrain capacity as the ability to fund what is required to meet demand is curtailed.
- Note the planned next steps to understand anticipated risk impacts on performance and service delivery from the capital position.

3 Discussion of Key Issues

Background

3.1 The previous capital prioritisation update to the Board in December included discussion on the impact of capital allocations to NHS Lothian and the significant constraints these place on service delivery. These constraints included;

- Demographic change within the Lothians showing that the population in Lothian has grown from c 850,000 in 2008 to c 950,000 now. It is estimated that 84% of Scotland's population expansion over the next ten years will be in the Lothians, with 74% of the growth over the last ten having been in the area.
- Due to the delay in fully implementing the NHS Scotland Resource Allocation Committee (NRAC) formula this has led to a shortfall in funding to NHS Lothian of £160m over the past 10 years.
- An associated capacity and care gap has been created as the ability to fund required capacity has been restricted by the financial position.

3.2 Following the Scottish Budget on 19th Dec 2023 the Board has been instructed to stand down our major capital projects (the Edinburgh Cancer Centre (ECC), National Treatment Centre for Lothian (NTC-L) and Princess Alexandra Eye Pavilion (PAEP)) as well as stopping business case development for projects including 27 Primary Care facilities, the Royal Edinburgh Hospital (REH) redevelopment and reprovision of the Hospital Sterilisation and Decontamination Unit (HSDU).

3.3 The impact of restricted capital also extends to our 4 Rolling programmes (Backlog Maintenance, Medical Equipment Replacement, Digital and the rolling programmes and projects under the Capital Steering Group). These programmes prioritise the available capital to meet the current maintenance only approach requested in the budget letter of 19th Dec 2023 and a subsequent Scottish Government (SG) guidance note DL (2024) 02.

3.4 A paper on the 2024/25 Property and Asset Management Investment Plan (PAMIP) was presented to the Strategy Planning and Performance Committee (SPPC) and Finance and Resource Committee (FRC) in March 2024 setting out a detailed review for Rolling Programme investment allocation. This showed a gap of £32.4m investment for 2024/25 against prioritised high-risk assured in year delivery. The extent of significant residual unfunded gaps was also highlighted (E.g. predicted residual investment gap of £12.1m in Digital and £26.9m in Medical Equipment Replacement for 25/26) that will continue to grow under available investment levels. Risk was also identified in the rolling programmes from the impact of our major capital projects stopping and associated need to maintain failing estate and respond to escalated infrastructure and asset failure (E.g. HSDU service failures, Regional Infectious Diseases Unit (RIDU) building failure and increasing downtime of medical equipment with overdue lifecycle replacement need).

Progress

3.5 The Capital Prioritisation process has now run 3 times in March 2023, September 2023 and March 2024.

3.6 The Board approved the capital prioritisation process at its meeting in February 2023 further supported by a corporate objective on this work led by the Director of Finance and Director of Strategic Planning.

3.7 It was noted in previous update papers that the panel had not considered significant capital need within the Digital, Medical Equipment and Backlog Maintenance Rolling Programmes (noted as a development of the agreed Capital Prioritisation process restarted in March 2023). Following the review and risk-based assessments completed as part of the Property and Asset Management Investment Plan (PAMIP) for 24/25 this has been considered. A number of recommendations were made within the March 2024 PAMIP paper that will support a process of regular quarterly review of rolling programme risk and need that will be reported into Lothian Capital Investment Group (LCIG) on a regular basis and inform inter-dependencies with the capital plan.

3.8 Finalisation of capital prioritisation outcomes is the responsibility of the Board, based on the recommendation of the Capital Prioritisation Panel. The panel consists of the Chief Executive, Director of Finance, Executive Medical Director, Executive Nurse Director, Director of Public Health, and Director of Strategic Planning.

Output from the third cycle

3.9 The process for capital prioritisation has been set out in detail in papers to SPPC in November 2023 and the Board in December 2023.

3.10 The panel for the March session is summarised below:

- The full list of existing prioritised projects from the September session were reviewed.
- Project categorisation (A/B/C, relating to urgency of need) was reviewed and agreed as unchanged for this session.
- Scorings were reviewed (using the Scottish Capital Investment Manual (SCIM) investment criteria) project by project and agreed where new information changed scores.
- It was agreed to separate the Royal Edinburgh Hospital Learning Disability adult and adolescent units to allow consideration of 2 distinct projects and the associated business case need.
- Paused projects (those not yet able to be scored) were reviewed with recommendations of next steps sought by the panel, 4 projects were removed.
- New projects were presented for consideration – Waverley Gate accommodation
- Capital Rolling Programme risks were considered against each project

3.11 The 3 categories below (Table 1) are those used in the prioritisation process allowing categorisation according to need, hence projects responding to immediate population pressure were placed in category A. This does not reflect the overall importance of each project but rather when they are required. Categorisation included consideration of a range of factors including Health and Safety, Compliance, Clinical Risk, service failure risk and demographic change.

3.12 *Table 1 – project categories*

CATEGORY A	CATEGORY B	CATEGORY C
Very High Corporate Risk	Planned change – facilitates major service change	Alternates MAY be possible
Health and Safety / Compliance	Medium risk of service failure	Not as high priority as category A or B
Clinical Risk to current patients	Model redesign possible as interim to long term option	
Demographic change	Demography pressure	
No alternate	Excessive backlog maintenance need	
Facilitates other movement		
Realistic risk of service failure		
PROJECT NEED WITHIN 5 YEARS	**PROJECT NEED WITHIN 5-10 YEARS**	**PROJECT NEED WITHIN 10-15 YEARS+ OR Additional specific formula funding can be allocated centrally**

3.13 Following categorisation, projects were scored using the Scottish Capital Investment Manual (SCIM). This involved each project being scored using Scottish Government Investment Criteria and a sixth score of strategic fit to ensure capital investment need is fully aligned to the Lothian Strategic Development Framework (LSDF). Each criteria is weighted and the final weighted score determines the project ranking within the category. The full scoring template can be seen in Appendix 1. This allowed the projects to be ranked in order of priority. Table 2 below shows the subsequent prioritised outcome and ranking of all the projects including those within category A. Category A represents the ranked capital investment need required by NHS Lothian within the next 5 years, with the Hospital Sterilisation and Decontamination Unit and National Treatment Centre for Lothian at the top of this priority and the Princess Alexandra Eye Pavilion ranked ninth in this list.

3.14 It should be noted that due to the scale of the previously mentioned population growth and associated care and capacity demand (with the additional pressure created by the aforementioned delay in implementing the NRAC formula), not only do we have a significant backlog expressed as the care gap, but this will expand into other areas as we run out of physical space in which to provide treatment.

*(*Appendix 2 shows a brief summary of category A projects*).*

Table 2 – ranked projects within category A, B and C

Project	Rank	Project	Rank	Project	Rank
Category A - required within 5yrs		Category B - required within 5-10yrs		Category C - required within 10-15 years+)	
Hospital Sterilisation & Decontamination Unit	1	Primary Care (Cat B projects x11)	1	Primary Care (Cat C projects x7 plus Cat D x2)	1
National Treatment Centre -Lothian	1	Edinburgh Cancer Centre	1		
Edinburgh Cancer Centre enabling project	3	Additional Angiosuite	3		
Primary care (Cat A x7 projects)	4				
Royal Edinburgh Hospital Rehab Low Secure	5				
Royal Infirmary Edinburgh Front Door (modular)	6				
Royal Edinburgh Hospital Learning Disability - adult unit	7				
Western General Hospital Critical Care Ward 20	8				
Princess Alexandra Eye Pavilion	9				

Next Steps

3.15 The Capital Prioritisation process will continue as part of the governance structure that will support our financial decision and clarity on what the financial challenges mean to our capital investment need.

3.16 In advance of the next panel in September, projects unable to progress will be asked to bring forward a risk assessment from lack of capital investment on performance and service failure. Programme Boards will also consider capital investment risk relevant to each of the pillars in the LSDF (Children and Young People, Primary Care, Scheduled Care, Unscheduled Care, Mental Health Illness and Wellbeing, and Anchor Institution). A draft approach will be brought to the Corporate Management Team for discussion in May. Risk assessments and associated mitigation need will also support development of the requested 'maintenance only business continuity plan based on a risk-based assessment of Boards existing infrastructure' (Scottish Government guidance DL 2024 02) due to be submitted to Scottish Government (SG) by 31st Jan 2025.

4 Key Risks

- It is assumed that all available capital funding will be utilised within the rolling programmes in line with the SG budget letter of 19th Dec 2023 and DL 2024 02 requesting a maintenance only approach to capital. All investment need should therefore be considered within these parameters.
- Residual funding gaps across the 4 rolling programmes are significant and will continue to grow increasing risk from lack of capital investment.
- Completed risk assessments from projects and pillar programme boards will identify further risk and cost impacts.
- Increasing Backlog Maintenance risk from major capital reprovision projects stopping and need to extend lifecycle of ageing estate in poor condition.
- Inflationary pressure and demand impacts on costs and rolling programme delivery.

5 Risk Register

5.1 No change to NHS Lothians risk register is proposed as part of this paper.

6 Impact on Inequality, Including Health Inequalities

6.1 Impact on people arising from the capital programme is reported through the business case and governance for each project. This paper is providing factual information, with no proposals for action or change that will impact on people.

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

7.1 Impact on people arising from the capital programme is reported through the business case and governance for each project.

8 Resource Implications

8.1 The main resource implications are:

- The time of those supporting the risk assessments and subsequent development of the required risk-based assessments of Board infrastructure and maintenance only business continuity plans.
- Increasing unplanned escalated costs associated with growing risk profiles.

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10th April 2024
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List of Appendices
Appendix 1: Scoring Tool
Appendix 2: Category A project summaries

Appendix 1

Scoring Tool used in Capital Prioritisation for every project within each Category

Priorities (Safe , Patient Centred , Value & Sustainability , Health of the Population , Effective Quality of Care) plus NHSL Criteria Strategic Fit

x score of 5 for each criteria: 5 - Significant delivery against criteria 4-Substantial delivery against criteria 3- A moderate level of delivery against criteria 2- A minimal level of delivery against criteria 1-An insignificant level of delivery against criteria 0- Does not deliver against criteria

Weighted Score	100.00

2. Safe (weighting 20)	Max Points 5
Aims	
Reduces Healthcare Associated Infection, C. Difficile and MRSA/MSSA Infections	
Reduces adverse harmful events	
Reduces Hospital Standardised Mortality ratio	
Increases safety of people receiving care and support	
Improves statutory compliance	
Reduces significant and high risk backlog maintenance	
Total Score	5

3. Effective Quality of Care (weighting 10)	Max Points 5
Aims	
Improves end of life care to be as comfortable as possible in a homely environment	
Reduces A&E attendances, emergency admissions and readmissions to hospital	
Ensures timely discharge from hospital	
Supports access targets, including 4 hr A&E wait and 18 weeks	
Improves the Functional Suitability of the Healthcare Estate	
Reduces the rate of emergency inpatient bed days for people aged 75	
Total Score	5

4. Health of the Population (weighting 10)	Max Points 5
Aims	
Local and social benefit supported through expenditure	
Supports delivery of and widening access to employability and recruitment opportunity for local populations	
Supports contribution to public service reform through partnership collaborations (eg 3rd sector) supporting our learning and provision of services resilience and quality	
Supports areas of deprivation and/or accessibility measures for local population groups	
Supports reducing our environmental impact and achievement of our roadmap to Net Zero	
Can support local communities through proposed use of buildings and spaces (Eg community use)	
Total Score	5

5.Value & Sustainability (weighting 20)	Max points 5
Aims	
Optimises resource usage.	
Improves accommodation space utilisation	
Optimises overall running cost of buildings, including both hard and soft fm, or PPP facilities management costs.	
Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	
Improves design quality in support of increased quality of care, value for money and environmental impact.	
Improves financial performance	
Total Score	5

6. Strategic Fit (weighting 30)	Max Points 5
Aims	
Advances Implementation of Lothian Strategic Development Framework	
Takes appropriate cognisance of principles and assumptions made in the LSDF	
Supports delivery of the capital plan and financial balance.	
Total Score	5

Appendix 2

Category A project summaries

PROJECT SUMMARIES	
Hospital Sterilisation and Decontamination Unit (HSDU)	Reprovision of unit across NHS Lothian
National treatment Centre Lothian (NTC-L)	Purpose built facility to deliver high volume planned surgical care
Edinburgh Cancer Centre enabling project (Western General Hospital)	Demolition of 21 existing buildings to provide site space for the construction of the Edinburgh Cancer Centre
Primary Care x7 projects	Provision of primary care facilities to meet population growth
Royal Edinburgh Hospital Rehabilitation Low Secure	Provision of an integrated rehabilitation centre encompassing psychiatric rehabilitation in both low secure and open environments
Royal Infirmary of Edinburgh Front Door Modular	Provision of a bespoke modular unit to host front door surgical services
Royal Edinburgh Hospital Learning Disability adult unit	Provision of a centre for both inpatient care and supportive outreach for adults with learning disability
Western General Hospital Critical Care ward 20	Reprovision of critical care unit at Western General in a compliant fit for purpose facility
Princess Alexandra Eye Pavilion	Redesign and reprovision of eye services in Lothian

NHS LOTHIAN

Board Meeting
24th April 2024

12.

Director of Strategic Planning

CORPORATE OBJECTIVES 2024/25

1 Purpose of the Report

1.1 The purpose of this report is to brief the Board on Corporate Objectives for 2024-25 and seek approval from the Board for these.

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the background
- **Note** that full detail on performance against the 2023-24 Corporate Objectives will be part of the LSDF Annual Report, which will be presented to the May Strategy, Planning, and Performance Committee (SPPC)
- **Approve** the Corporate Objectives for 2024-25

3 Discussion of Key Issues

Background

3.1 The Board remains committed to the delivery of the Lothian Strategic Development Framework (LSDF). Given the changes to the financial position of Scotland's public sector announced in the Scottish Government Budget of 19th December 2024, there is a recognition that delivery needs to be thought of in terms of ten years, rather than five.

3.2 For the 2023-24 financial year, NHSL's Corporate Management Team (CMT) moved to a more streamlined approach to Corporate Objectives, which were better aligned to the strategic direction of the Lothian Health and Care System (LHCS). Hence, each of the six pillars and five parameters of the LSDF were assigned an objective. A further three objectives were added to reflect our priorities regarding promoting health and reducing inequalities, quality and safety, and the management of the PFI contract for the Royal Infirmary of Edinburgh.

3.3 As described through discussions at SPPC during 2023-24, the expectation of the CMT is that each corporate objective will be based on the Implementation Books which support each pillar and parameter, and for "non-LSDF" corporate objectives, an underpinning action plan would be in place.

3.4 The change in financial position requires us to review and reframe the Implementation Books and the CMT will review these revisions over the first four months of the 2024-25 financial year.

3.5 For 2024-25, it is proposed that the organisation continues with the same approach to the Corporate Objectives, but with the addition of a 16th to cover equalities and human rights. We have previously taken the view that this is embedded into all of our activities but given the financial position, and the increased visibility of the need to carefully assess the impact on equalities of this position, we have reflected this explicitly.

LSDF Annual Report

3.6 In adopting the LSDF in June 2022, the Board mandated that an Annual Report should be produced for public and stakeholders. The report for 2022-23 is available online - LSDF-Annual-Report-2022-23-Final. It is proposed that the 2023-24 report will include information on performance against our Corporate Objectives for that year.

3.7 Clearly, Board members will need to have the opportunity for scrutiny of performance before publication, and so a full assessment of performance against the 2023-24 Corporate Objectives will come to the May SPPC.

2024-25 Corporate Objectives

3.8 The draft Corporate Objectives for 2024-25 are at Appendix 1.

3.9 For clarity, the Corporate Objectives reflect the content of the draft ADP, are reflected in Executive personal objectives, and progress will be reported back to SPPC as close to quarterly as is possible, given the SPPC schedule.

4 Key Risks

4.1 The LSDF is intended to be a tool for managing the key risks facing the organisation and the system. As the Corporate Objectives are explicitly linked to the LSDF – or to other major risks – and to Executive personal objectives, this provides a clear link to risk management.

5 Risk Register

5.1 No implications, other than as referred at 4.1.

6 Impact on Inequality, Including Health Inequalities

6.1 As noted at 3.5, a greater explicitness on inequalities and health inequalities and the assessment of proposals is a new Corporate Objective.

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

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

8 Resource Implications

8.1 None from the Corporate Objectives themselves.

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17th April 2024

Appendix 1 – Draft Corporate objectives 2024-25

Corporate objectives 2024-25

Area of work	Objective	Lead officer
Anchor Institutions	Implement the revised 2024-25 plan of the LSDF Anchor Institutions pillar Implementation Book, with a specific focus on meeting outcomes linked to the Annual Delivery Plan related to workforce, procurement and land and assets that demonstrate our role as an Anchor organisation in addressing inequalities. Anchors work will be part of the Board's new Prevention Framework.	**Dona Milne**
Children and young people	Implement the 2024-25 step of the LSDF CYP Implementation Book, with specific focus on neurodevelopmental pathway, single point of access for mental health, UNCRC, and The Promise	**Calum Campbell (Allister Short)**
Primary Care	Review the Primary Care LSDF implementation book and adjust due to resource constraints. Implement 24/25 step, with particular focus on developing the plan B for primary care premises due to capital restrictions and driving revenue efficiencies while still sustaining access to primary care services for a growing population.	**Jenny Long**
Mental Health, Illness, and Wellbeing	Implement the 23-24 and 24-25 steps of the LSDF MHIWB Implementation Book, with a particular focus on implementing plans to reconfigure our bedded capacity in adult mental health and services for people with intellectual disabilities, reflecting the longer-term vision for people to live in communities and not institutions wherever possible. Specifically, we will focus on delayed discharges in older people's mental health and in changing the model of care to deliver this.	**Alison White**
Unscheduled Care	Review the Implementation Book and implement the revised 24-25 step, with a focus on non-admitted performance to be at least 85% across the system.	**Fiona Wilson**
Scheduled Care	Oversee delivery of scheduled care trajectories as per ADP, prioritising USOC, urgent and clinically urgent returns (ie. surveillance of precancerous conditions, conditions at risk of clinically significant deterioration, necessary disease or drug monitoring), within available financial resource and demonstrating efficiency and productivity against agreed KPIs.	**Michelle Carr**
Revenue	Maximise options to deliver a balanced financial outturn in 24/25 by reducing the current financial plan gap of £39m (including cost reductions for Access) through the identification of non-recurrent corporate flexibility, additional resources derived via the Scottish Government and other cost reducing actions, minimising impact on direct patient care as far as possible. In achieving this, ensure full recurrent delivery of the 3% efficiency target and management of other risks within the Financial Plan, and contain the current estimated recurrent gap of £96m as far as practicable in support of longer term financial sustainability.	**Craig Marriott**

Area of work	Objective	Lead officer
Capital	Develop "plan B" for capital plan in light of capital restrictions to both formula and specific allocations. Develop response to Scottish Government DL for "business continuity" plan by 31st March 2025, and develop first draft of "long-term plan" for submission in 2025-26. Continue to develop capital prioritisation process to include backlog, digital, and medical equipment replacement streams.	**Craig Marriott /Colin Briggs**
Workforce	Optimise workforce capacity and efficiency by delivering key enabling and supporting actions through the Workforce Efficiency Programme Board to reduce workforce costs and implement revised complimentary actions from the 3-year Workforce Strategy, alongside the necessary actions to implement Agenda for Change Reform which may adversely affect capacity and efficiency plans.	**Janis Butler**
Digital	Agree Digital Implementation Book and deliver the 24/25 funded components thereof.	**Martin Egan**
Environmental Sustainability	Maximise the opportunities of carbon and financial savings through delivery of NHS Lothian Sustainable Development Framework and Action Plan.	**Morag Campbell**
Royal Infirmary of Edinburgh	To continue mitigation measures to increase safety at the RIE with a specific focus on fire detection and control via working with the other duty holders and Scottish Fire and Rescue Service. This will be facilitated by finalising a commercial agreement with the PFI provider which will enable the Board to dictate interim fire safety measures, lifecycle and remedial works to be undertaken in the RIE. The Board will be presented options on the future management of the RIE and its relationship with the PFI provider.	**Craig Marriott /Jim Crombie**
Quality and Safety	Increased clarity will be brought to areas reported through Healthcare Governance committee by introduction of an assurance framework approach for all annual reports. This will take two years to implement, 24/25 will focus on safety and 25/26 will incorporate reporting on person centred and effective care. This will ensure the reporting from all areas of clinical care for which the board committee has oversight and governance responsibility describes and shows the evidence that the assurance proposed is based on. Internal and external sources will be referenced as appropriate.	**Tracey Gillies /Alison MacDonald**
Equality and Human Rights	To lead compliance with our statutory equality duties and delivery of NHS Lothian Equality and Human Rights Strategy by ensuring equality and children's rights impact assessments are embedded into decision-making processes and integrating anti-racist actions into corporate strategies and action plans.	**Calum Campbell**
Improving the People's Health	Continue to develop collaborative strategies which address the social determinants of health, poverty and inequality by taking a place and wellbeing approach and embedding a programme of prevention activity across the Lothian health and care system. These programmes will include a focus on children, poverty, and safe and healthy communities.	**Dona Milne**

Meeting Name:	**Board**
Meeting date:	**24 April 2024**

Title: NHS LOTHIAN BOARD PERFORMANCE PAPER					
Purpose of the Report:					
DISCUSSION	**X**	DECISION		**AWARENESS**	**X**

The Board is being asked to consider the performance report, so they are aware of the operational performance challenges as NHS Lothian progresses throughout 2023/24.

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

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

Recommendations:

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

- National standards are being met for the follow KPI's:
  - 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:
  - 12 Weeks 1st Outpatient Appointment
  - Treatment Time Guarantee
  - 18 Weeks Referral to Treatment
  - Accident and Emergency Waiting Times
  - CAMHS Waiting Times
  - Cancer Waiting Times
  - Smoking Cessation
  - Psychological Therapies Waiting Times

Author: Wendy Reid **Date: 04/04/2024**	**Director: Jim Crombie** **Date: 11/04/2024**

NHS LOTHIAN

Board Meeting
24 April 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 most recent workforce report is available from Staff Governance Committee in March 2024.

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.

3.3 **Flow and Unscheduled Care:** Both Mental Health and Acute Services adult bed occupancy levels remain 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 290 delays in the month of February. Delayed discharges are exceeding the two-year average. NHS Lothian in February 2024 accounted for approximately 14% of Scotland's total delayed

discharges at census point[1]. 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 February, the average 4-hour % performance across Lothian was 61.3%, with performance at the Royal Infirmary of Edinburgh (RIE) remaining challenging at approximately 47.6%. 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, with an evaluation now underway from the recent Test of Change within the Rapid Occupational Therapy Assessment Service. Their Emergency Department admission rate remains stable despite winter pressures, averaging 20.7% vs a Lothian-wide average 25.9%. Similarly, at the WGH a number of local improvements have been embedded and a formal evaluation of Rapid Assessment and Triage or Re-Direction is underway. These are detailed in appendix 1.

3.5 **Scheduled Care:** As the Board is aware, 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.

Although the Board is seeking to deliver a 7% saving across the organisation, a principle of the pause and assess review is to protect cancer pathway activity, in line with clinical prioritisation.

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 6,729 patients waiting over 52 weeks in January and this has increased each month since March 2023, with the highest numbers of patients waiting in Ophthalmology and Dermatology. The increase last year in urgent suspicion of cancer demand across all new outpatient referrals continues; with a 6.9% increase in January 2024 compared to January 2023. This results in the conversion of routine capacity for USOC, which could have been available for the long wait patient cohort.

The target to have no TTG patients waiting over 104 weeks by September 2022 remains unmet, with 673 patients waiting in January, 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 Theatre 24 is fully open, delivering ten sessions per week by the end of January 2024. Further improvement work has been included in the appendix.

[1] All delays at Census point - https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-february-2024/#section-3-1

3.5.1 NHS Lothian performance exceeded Scotland's 62-day performance by over 6%, with 73.4% in January 2024 vs 67.2% across Scotland. However, NHS Lothian 62-day cancer performance remained below the local trajectory of 84% and the 95% national standard. 31-day cancer performance did not meet the 95% standard and was below the 92% local trajectory agreed, with 90.5% performance in January 2024. There is limited assurance provided to meet the local trajectories during this financial year in our improvement actions as noted in appendix 1 of this report for cancer waiting times performance.

3.6 **Public Health:** Smoking cessation numbers for Q2 2023-24 showed an increase on numbers for Q2 2022-23 but still under 50% of the quarterly target of 295 successful 12 week quits. Caution should be taken when analysing data for one or two quarters in isolation. There are signs that the non-pharmacy performance is stable to improving with 72% of the six-month 12 week quit target achieved. 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 PT LDP standard is at 78.4% 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) with a further reduction since December 2023 to February 2024 detailed in the appendix.

Across all CAMHS Lothian, the overall performance for the LDP standard was at 70.1% in February 2024. This is down slightly from the 77% position at the end of Dec-23, this is due to allocation of capacity to the longest waiting patient's cohort. In CAMHS, the number of patients who have been waiting more than 52 weeks for assessment or treatment was 42 at the end of February 2024, a 47% decrease from 79 in the previous submission (Dec 2023).

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 Executive Leadership 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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04/04/2024
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List of Appendices
Appendix 1: Performance Metrics Appendix

Appendix 1

NHS LOTHIAN BOARD PERFORMANCE

April 2024

APPENDIX I

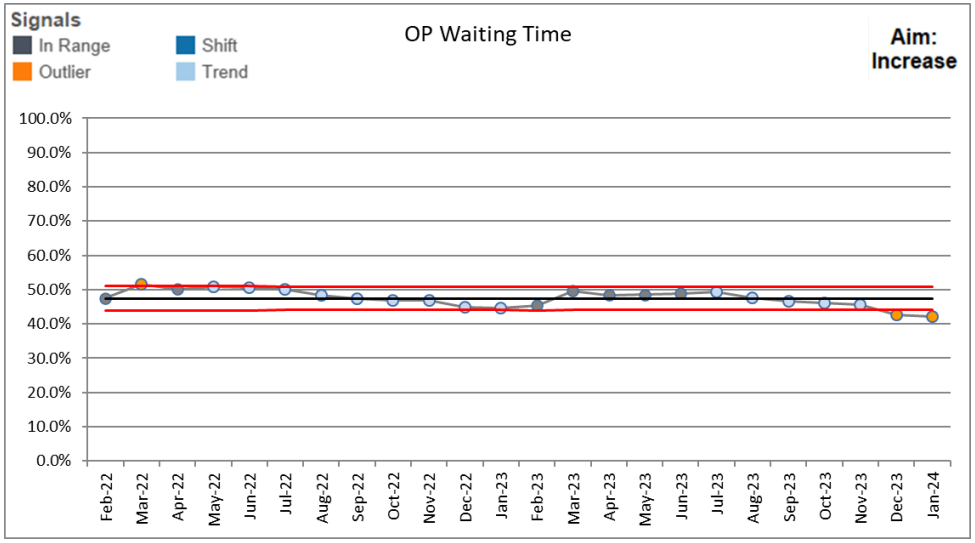
OVERVIEW 23-24 NHS LOTHIAN BOARD INDICATORS

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 1st Outpatient Appointment *(Local Delivery Plan (LDP) Standard)*	3	5185 – Access to Treatment	42%	95%	Not Met	Limited	Jan-24
Treatment Time Guarantee *(Local Delivery Plan (LDP) Standard)*	4	5185 – Access to Treatment	57.3%	100%	Not Met	Limited	Jan-24
18 Weeks Referral to Treatment *(Local Delivery Plan (LDP) Standard)*	5	5185 – Access to Treatment	71.7%	90%	Not Met	Limited	Feb-24
31 Day Cancer Performance *(Local Delivery Plan (LDP) Standard)*	6	5185 – Access to Treatment	90.5%	95%	Not Met / Not Met Local Trajectory	Limited – National Limited - Local	Jan-24
62 Day Cancer Performance *(Local Delivery Plan (LDP) Standard)*	7	5185 – Access to Treatment	73.4%	95%	Not Met/ Not Met Local Trajectory	Limited – National Limited - Local	Jan-24
Accident and Emergency 4 Hour Performance *(Local Delivery Plan (LDP) Standard)*	8	5186 – 4 Hours Emergency Access Target	47.6%	95%	Not Met/Not Met Local Trajectory	Limited – National Limited - Local	Feb-24
Delayed Discharges *(Internal Target)*	9	3726 – Hospital Bed Occupancy	275	173	Not Met	Moderate	Jan-24
IVF Waiting Times Performance *(Local Delivery Plan (LDP) Standard)*	10	N/A	100%	90%	Met	Significant	Jan-24
Early Access to Antenatal Services *(Local Delivery Plan (LDP) Standard)*	11	N/A	91.9%	80%	Met	Significant	Jan-24
Psychological Therapies Waiting Times Performance *(Local Delivery Plan (LDP) Standard)*	12	N/A	78.4%	90%	Not Met	Moderate	Feb-24
CAMHS Waiting Times Performance *(Local Delivery Plan (LDP) Standard)*	13	N/A	70.1%	90%	Not Met	Moderate	Feb-24
Smoking Cessation Performance *(Local Delivery Plan (LDP) Standard)*	14	N/A	46% (Q1: 141; Q2: 131)	(100%) 295 per quarter	N/A	Moderate	July-Sept- 23
General Practice Activity Measures *(Internal Target)*	15-16	3829 - Sustainability of Model of General Practice	-	N/A	N/A	N/A	March-24

12 WEEKS FIRST OUTPATIENT APPOINTMENT

Reporting Month:	January 2024	**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 (March 24) – Pause & Assess Capacity
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 (Jan 2024)	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%	Internal Management	Limited



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

- There continues to be a focus on cancer, urgent referrals, and long waiting patients for outpatients, with NHS Lothian activity remaining higher than pre-COVID levels.
- The target of having no patients waiting over 52 weeks by March 2023 remains unmet. In January 2024 there were 6,729 patients waiting over 52 weeks (6,799 in December) with the biggest challenges remaining in Ophthalmology and Dermatology. The number waiting over 78 weeks has however decreased (from 1,503 in December to 1,416 in January).
- The increase last year in urgent suspicion of cancer demand across all new outpatient referrals continues; with a 6.9% increase in January 2024 compared to January 2023. This results in the conversion of routine capacity for USOC, which could have been available for the long wait patient cohort.
- USOC and urgent activity delivered in January was 8.9% higher than the same month last year (+712 patients).

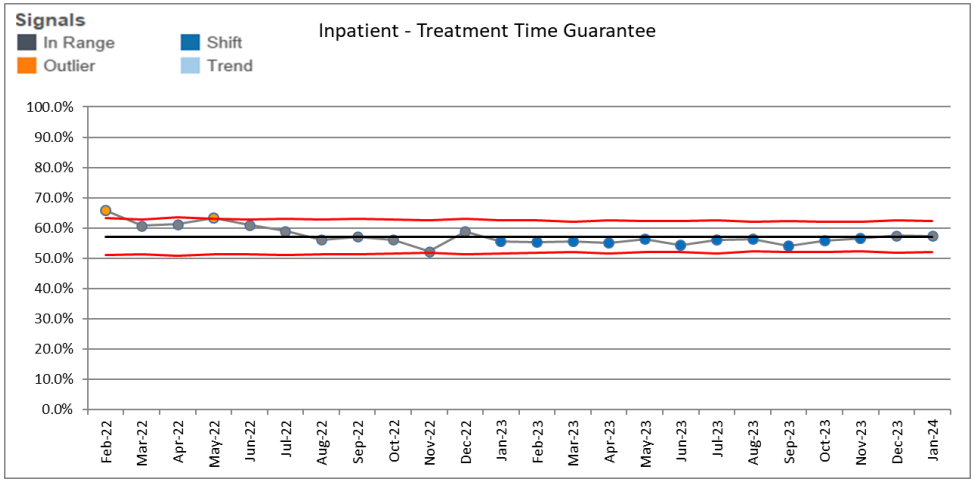
Improvement actions planned, timescales and when improvements will be seen:

- Specialty level plans have been developed by services detailing their core capacity, vacancies and proposed additional activity. A model showing the impact of various activity/financial decisions has been produced to support this work.
- Long wait trajectories have been developed and submitted to Scottish Government as planned.
- Key focus remains on maximising efficiencies and the closely monitored Outpatient Recovery Board KPI's *(DNA rate, virtual appointments and time to triage)*. Expanded KPIs are in development as part of the Pause & Assess Capacity Workstream.

TREATMENT TIME GUARANTEE (TTG)

Reporting Month:	January 2024	**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 (March 24) – Pause & Assess Capacity
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 (Jan 2024)	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).	57.3%	Internal Management	Limited



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

- For inpatients, there continues to be an ongoing focus on cancer, urgent and long waiting patients.
- Services continue to increase activity levels. Activity delivered in January (3,600) was 12.3% higher than the same month last year (3,258, +402 patients). Notably, Hip/Knee Arthroplasty 'core' activity is currently the highest since the pandemic.
- The target to have no patients waiting over 104 weeks by September 2022 is not being met, with 673 waiting at the end of January, although there continues to be an improving trend *(vs 749 in December)*.

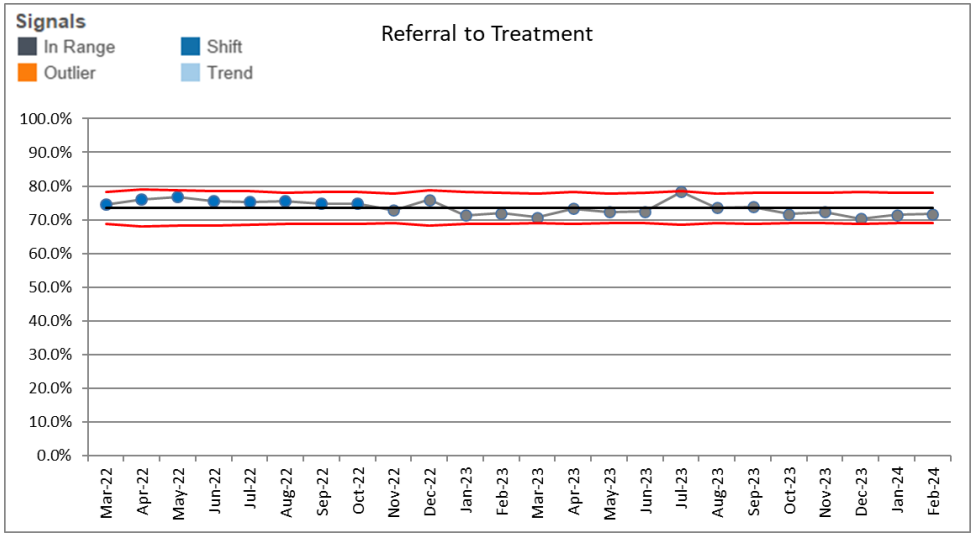
Improvement actions planned, timescales and when improvements will be seen:

- Specialty level plans have been developed by services detailing core capacity, vacancies and proposed additional activity. A model showing the impact of various activity/financial decisions has been produced to support this work.
- Long wait trajectories have been developed and submitted to Scottish Government as planned.
- The key focus remains on maximising efficiencies and the closely monitored Inpatient Daycase Recovery Board KPI's *(in-session utilisation, session uptake and same day cancellations)*. Expanded KPIs are in development as part of the Pause & Assess Capacity Workstream.
- The ring fencing of Orthopaedic capacity at the Royal Infirmary continues. Theatre 24 is fully open and delivering 10 sessions per week.
- Additional capacity provided for plastic surgery at SJH with the reopening of Theatre 11 at end of January 2024. Capacity due to come online shortly for ophthalmology in SJH Theatre 12 has been delayed due to necessary repair work.

18 WEEKS REFERRAL TO TREATMENT (RTT)

Reporting Month:	February 2024	**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 (March 24) – Pause & Assess Capacity
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 (Feb-24)	Data Source	Assurance Level – Delivery by 2023/24
Not met	90% of planned / elective patients to commence treatment within 18 weeks of referral.	71.7%	Internal Management	Limited



To note:

- SCRB approval for expansion of MRI rotas over 7 days is now suspended due to financial pressures.
- NHSL commissioned commercial provision now ceased.

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 services, which is a key stage in many 18-week pathways.

- Radiology continue to focus on long waiting patients over 26 weeks. As at 22 March 2024 there were:
  - CT – <5 cases over 26 weeks (improved position)
  - MRI – <10 cases over 26 weeks (maintained position)
  - General US – <5 cases over 26 weeks (maintained position)
- Current trends indicate 2023/24 activity to be in excess of 2022/23 activity levels. Predicted demand levels for 2024/25 are uncertain in light of financial pressures affecting referring services.

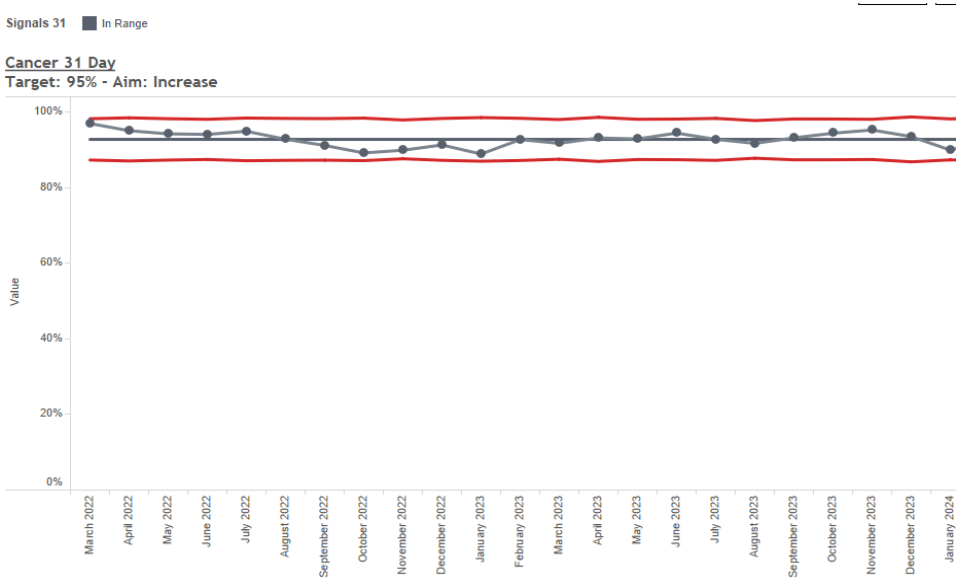
Improvement actions planned, timescales and when improvements will be seen:

- Direction of 10 longest waiting CT Cardiograms to Golden Jubilee National Hospital (GJNH) every week.
- Continued use of GJNH (US & CT) & NHS FV National Treatment Centre (MRI) 24/25.
- Confirmation of SG commissioned commercial scanning – 2500 per annum (MRI).
- Using completed DCAQ data for MR to monitor demand/activity and proactively highlight changing trends in demand from key areas.
- Plans to progress with DCAQ for CT and mammography by the end of May.

CANCER WAITING TIME PERFORMANCE – 31 DAY

Reporting Month:	January 2024	**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 (March 24) – Pause & Assess Capacity
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 (Jan 2024)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	90.5%	Internal Management	Limited
Not Met	92.0% Local Trajectory	90.5%	Internal Management	Limited



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

- NHS Lothian performance of 90.5% in January 2024 did not meet the 95% standard and is below the local trajectory of 92.0%.
- This was also below the Scotland January 2024 performance average which was 91.7%.

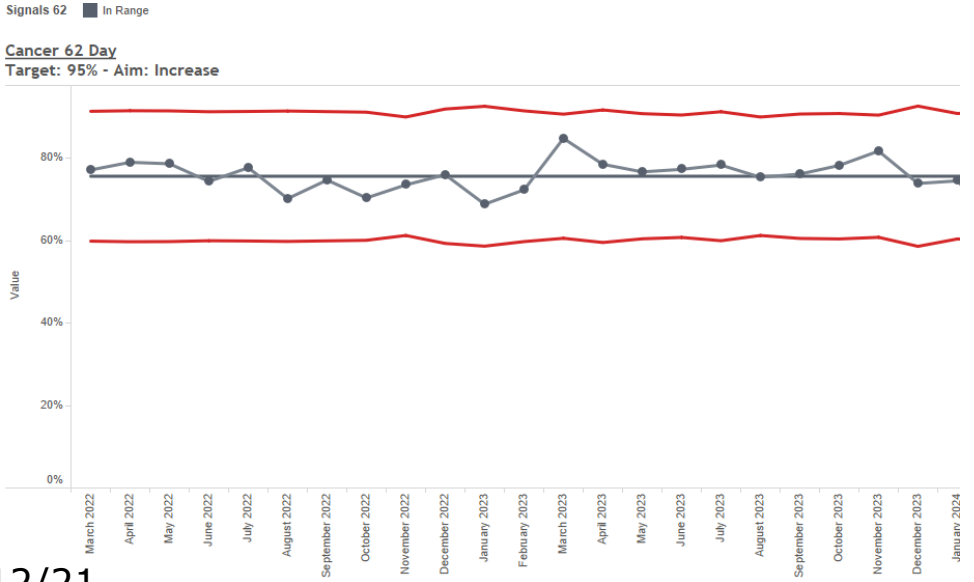
Improvement actions planned, timescales and when improvements will be seen:

- Although the Board is seeking to deliver a 7% saving across the organisation, a principle of the pause and assess review is to protect cancer pathway activity, in line with clinical prioritisation.
- Changes to the Cancer Waiting Times Questionnaire (including fixed fields/ drop down boxes) went live on 28/02/24, enabling automatic generation of patient tracker and breach analysis reports and saving administration time. These changes will also enable teams to look at trends over time for individual pathway steps (e.g. what was the average wait for MRI for Prostate patients over a specific 3-month period). This means we can provide services with accurate data to support the most impactful changes in pathway design and capacity.
- Implementation of the Framework for Effective Cancer Management (FECM) is ongoing and is managed by the Cancer Recovery Board. Individual actions within FECM have been agreed for completion during 2023/24, these include:
  - MDT review plan agreed and started, with every MDM to be reviewed by end of Q3 2025.
  - Development of cancer-specific capacity and demand modelling in Q2 2024.

CANCER WAITING TIME PERFORMANCE – 62 DAY

Reporting Month:	January 2024	**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 (March 24) – Pause & Assess Capacity
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 (Jan 2024)	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.	73.4%	Internal Management	Limited
Not met	84.0% Local Trajectory	73.4%	Internal Management	Limited



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

- NHS Lothian performance of 73.4% in January 2024 did not meet the 95% standard and is below the local trajectory of 84.0%.
- This was above the Scotland January 2024 performance average which was 67.2%.
- There has been an increase in referral volumes (100-150 more per 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).
- Cessation of waiting list initiatives (WLIs) and outsourced activity is impacting capacity across all pathways, particularly in Diagnostic services.

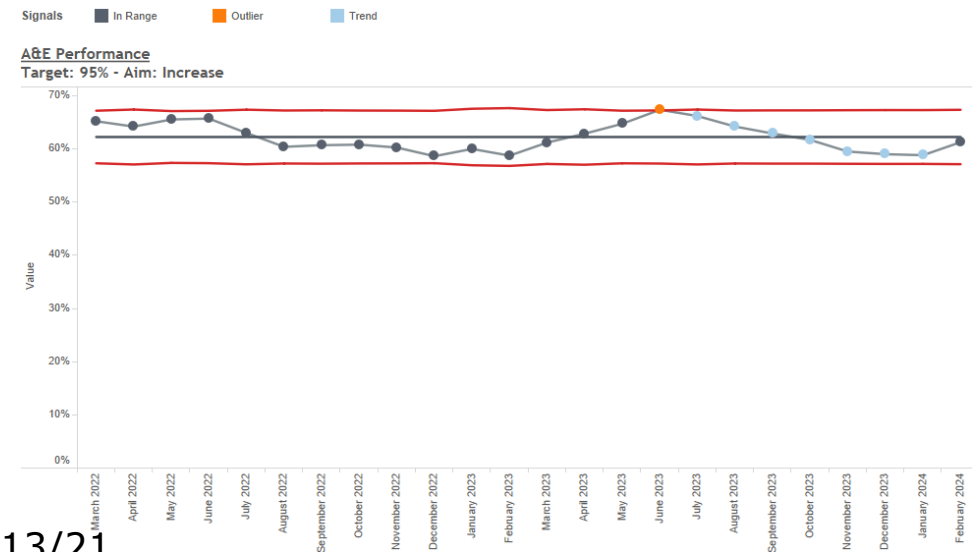
Improvement actions planned, timescales and when improvements will be seen:

- Options for increasing core capacity for Robotic-Assisted Radical Prostatectomy (RARP) procedure for Prostate patients are under review, including considering a suggestion from the Centre for Sustainable Delivery that moving both robots to one site could potentially allow a surgeon to see a higher number of patients per list.
- 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:
  - MDT review plan agreed and started, with every MDM to be reviewed by end of Q3 2025.
  - Development of cancer-specific capacity and demand modelling Q2 2024.

A&E 4 HOUR PERFORMANCE

Reporting Month:	February 2024	**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 (Feb 2024)	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%.	61.3%	Internal Management	Limited
Not met	70%+ (local trajectory) - RIE	47.6%	Internal Management	Limited



RIE

RIE EAS Improvement programme continues to work on the recommendations made by the External Review team. A progress update from end of February is outlined below:

- Increasing the temporary modular unit capacity by 50% (from 6-12 spaces) utilised for ED observation and major ambulant patients.
- Relocation of GP interface from the ED to out-patient space in OPD 5 has resulted in 7 additional assessment spaces within ED (Pod D).
- Relocation of GP Interface service from ED Pod D to OPD 5 (7 to 10 spaces) to create assessment space.
- Updated Acute Escalation framework is now in place with actions focussed on creating flow.
- Updated ED operating model has been developed and will be implemented in April 2024.
- Key patient pathways (including the form and function of AMU) is under review with first three signed off for implementation at Acute CMG.

Data Interpretation:

- Over the last 6 weeks 4-Hour performance has seen a variance of -0.60% and is currently at 47.4%.
- Both admitted and non-admitted performance has shown slight improvement and is currently at ~24% and ~56%.
- Overall presentations have gone up by ~100.
- While ED time to triage has improved over the last 6 weeks, time to first assessment has increased.
- 8- and 12-hour breaches have reduced over the last 6 weeks.
- The average front door length of stay has improved, whilst admission from front door and the admission conversion rate has mostly remained the same with very slight variation.

SJH

- Test of Change has taken place within the Rapid Occupational Therapy Assessment Service (ROTAS) "enhancing" the existing ROTAS (i.e. by pulling some experienced staff currently working in REACT/ the Integrated Discharge hub) to allow the team to be much more proactive and present within A&E and EMA. An evaluation is now underway to measure the success of the test of change with enhanced rotas still operational while the evaluation is underway.
- Since November 2023, SJH ED admission rate has remained stable despite winter pressures, averaging 20.7% vs a Lothian-wide average 25.9%.
- A scheduled pathway for ambulatory patients referred by GP is being explored.

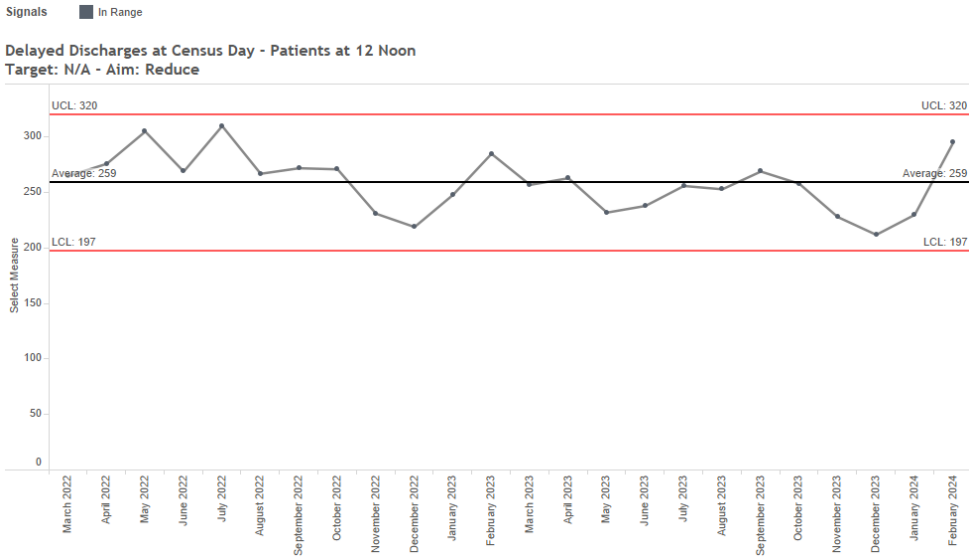
WGH

- Pan-Lothian RACU Business Case was supported in principle at the USC Tactical Committee. Approval has not been given through USC Programme Board due to financial position. It is assumed that uncommitted, planned Unscheduled Care investment will follow the same re-evaluation process as Scheduled Care.
- Formal evaluation of Rapid Assessment and Triage or Re-Direction (RAToR) is underway. Funding is due to cease at the end of March, therefore as part of the evaluation a proposal is being formulated to ensure the collaborative working across the WGH front door areas is maintained into Q1 2024 to maintain the benefits realised.
- Flowthian continues within the initial General Medicine and Medicine of the Elderly wards. Stakeholder meetings and data analysis, is in progress, to determine areas for expansion.

DELAYED DISCHARGES

Reporting Month:	February 2024	**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 (Feb 2024)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	173 by March 2024	275	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.
- The rising number of delayed discharges is correlated with an increasing proportion of health-related delays on various sites.
- High levels of occupied bed days for delays on all acute sites and increasing LOS.

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

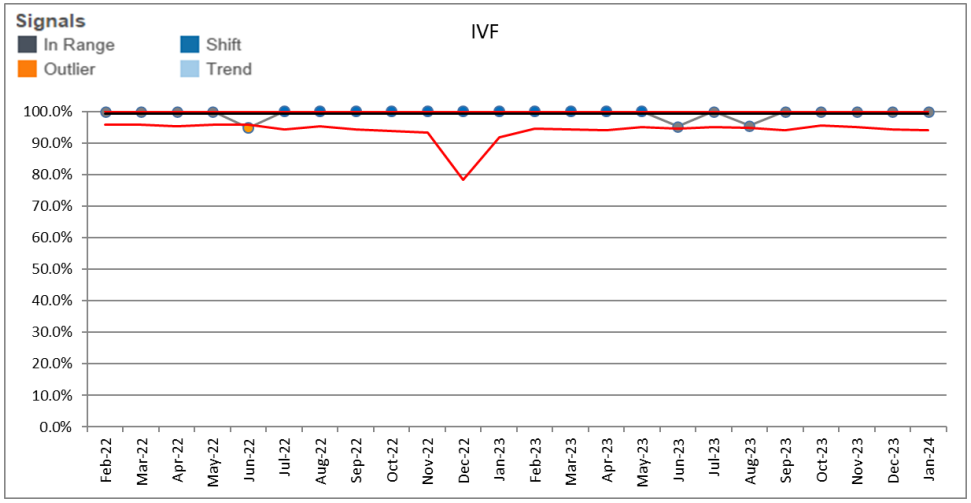
Improvement actions are outlined for implementation during 23-24 step of the LSDF USC Implementation Book, as summarised below:

- 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).
- Acute Hospitals are currently developing their Planned Date of Discharge (PDD) spread plans for 2024-25 aligned to the Lothian Discharge Framework. Hospitals will follow a Standard Operating Procedure, which is underpinned by a range of co-designed operational resources for wider PDD implementation. There will also be a focus on the impact and correlation of the use of the PDD model in effectively reducing length of stay across specialties.
- 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.

IVF WAITING TIMES PERFORMANCE

Reporting Month:	January 2024	**Oversight Mechanism:**	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	**Relevant Papers:**	N/A
Corporate Risks:	N/A	**Corporate Risk(s) if applicable:**	N/A

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Jan 2024)	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



The LCL (lower red line) drops in Dec-22 as the calculation is based on a single patient – the low number affects the control limit calculation.

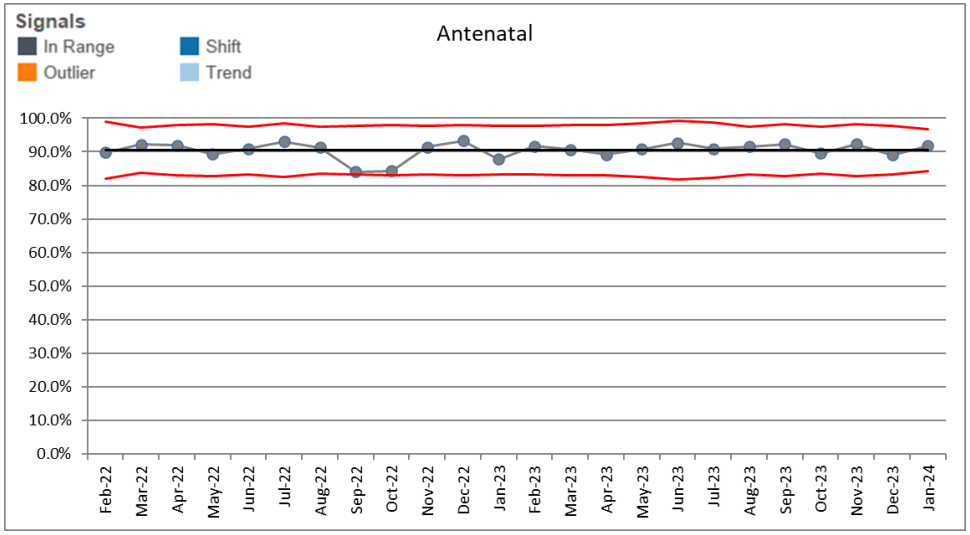
Background, what the data is telling us, underlying issues and risks:

- 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.

EARLY ACCESS TO ANTENATAL SERVICES

Reporting Month:	January - 2024	**Oversight Mechanism:**	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	**Relevant Papers:**	N/A
Corporate Risks:	N/A	**Corporate Risk(s) if applicable:**	N/A

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Jan 24)	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.	91.9%	Trak	Significant



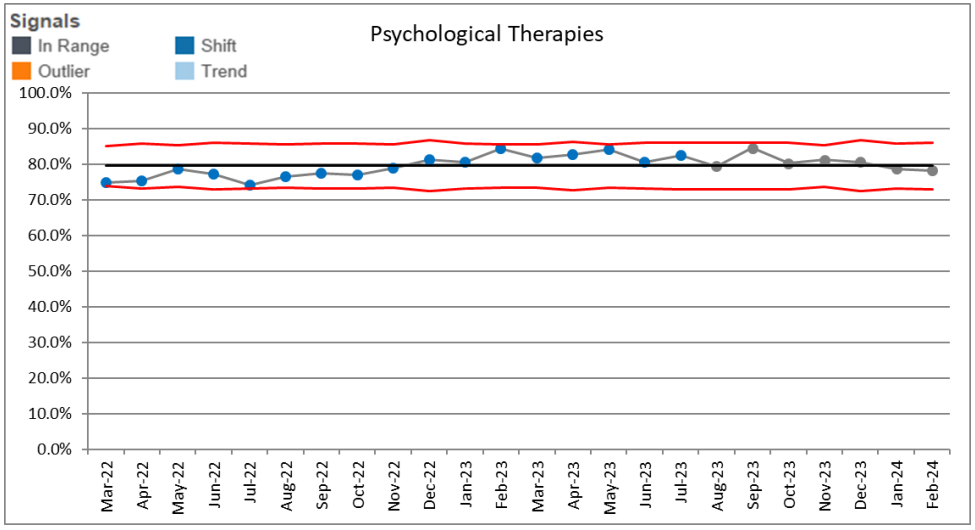
Background, what the data is telling us, underlying issues and risks:

- The target of 80% of pregnant women in each SIMD quintile being booked for antenatal care by the 12th week of gestation continues to be met.
- In the last 24 month rolling period, no quintile has dropped below the target, with a minimum of 84.51% of patients in quintile 2 being booked in October 2022.
- Booking rate has remained around 90% for the last 12 months.

PSYCHOLOGICAL THERAPIES

Reporting Month:	Feb-24	**Oversight Mechanism:**	Mental Health, Illness and Wellbeing Programme Board Reported via REAS Senior Management Team, CMT, Performance Support Oversight Board and SPPC, clinical and corporate risk(s) overseen by Healthcare Governance Committee.
Responsible Director(s):	Tracey McKigen	**Relevant Papers:**	N/A
Corporate Risk Grading (if applicable):	N/A	**Corporate Risk(s) if applicable:**	N/A – removed from CRR in August 2023

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Feb 2024)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	78.4%	Internal Management	Moderate



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

Across Lothian, the assessment and treatment waiting lists for all psychology services have continued to reduce steadily. The overall performance for the LDP standard is at 78.4% currently (end Feb 2024 position); 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 3,655 (end of Dec 2023) to 3,581 (end of Feb 2024). Of the 3,581 waiting; 2,768 are waiting <18 weeks (77%) and 813 (23%) are waiting >18 weeks. The number of patients waiting >52 weeks has continued to decrease from 77 (end Dec 2023) to 73 (end of Feb 2024). There is a continued focus on reducing long waiting patients.

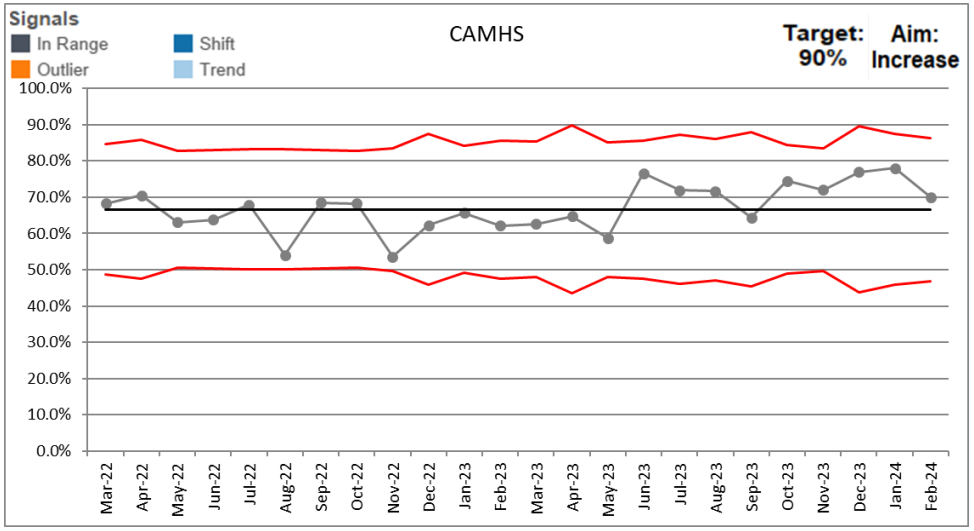
Staffing levels have increased slightly in January 2024, with staff recruited from training courses coming into post. All vacancies are now being reviewed by Psychology Senior Management Team (SMT) with future financial planning in mind. A review of workforce monitoring is being implemented to ensure accuracy of Whole Time Equivalent (WTE) vacancy in real time. This will support future SG funding, WTE per service management and Safe staffing legislation. Being able to retain staff to sustain capacity remains a critical factor for ongoing performance to meet the LDP standard.

Demand remains steady across services, with some decline in referrals to Digital PT to pre-COVID levels. This will be monitored.

CAMHS

Reporting Month:	February 2024	**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 (Feb 2024)	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.	70.1%	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 70.1% (end Feb 2024 position). This is down slightly from the 77% position at the end of Dec-23, this is due to allocation of capacity to the longest waiting patients cohort. The assessment and treatment waiting lists across all CAMHS has decreased from 2,084 (end Dec 2023) to 1,863 (end Feb 2024), since the previous submission. This is a decrease of 11%. Of the 1,863 patients on the waiting list, 1,295 (69.5%) have waited <18 weeks, and 568 (30.5%) were waiting >18 weeks. In March 2021 the number of patients who waited more than 18 weeks was 2,161; a reduction of 74%.
The number of patients who have been waiting more than 52 weeks for assessment or treatment is currently 42 at the end of February 2024, a decrease from 79 in the previous submission (Dec 2023); a reduction of 47%.

In the last 12 months, average treatment demand has been 155 – this compares to 120 in the period March 2022 - February 2023. This is a rise in treatment demand of 35 per month.

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.

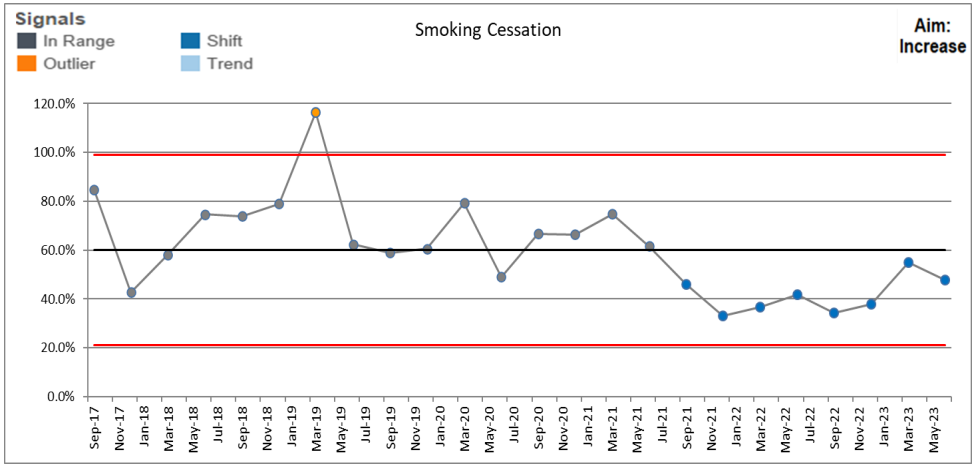
CAPA job planning process is subject to a three-monthly planning cycle and undergoes constant refinement. From October – December 2023 it was expected that there would be 245 new patient appointments from the treatment waiting list, and the teams were able to exceed this with 261 new appointments booked.

SMOKING CESSATION

Reporting Month:	July to September 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

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).	46% of target quit attempts 272 Quit Attempts (Q1: 141; Q2: 131)	PHS	Moderate

Q2 2017 to Q4 2022-23 NHS Lothian Performance %



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

Smoking cessation numbers for Q2 2023-24 showed an increase on numbers for Q2 2022-23 but still under 50% of the quarterly target of 295 successful 12 week quits.

Caution should be taken when analysing data for one or two quarters in isolation but there are signs that the non-pharmacy performance is stable to improving with 72% of the six-month 12 week quit target achieved.

But pharmacy numbers remained poor during this quarter and through Q1 and Q2, only 20% of the contribution to the target has been achieved. Delays to recruitment to the Pharmacy Assist Team in Qs1-3 have contributed to this poor performance.

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

- The new Pharmacy Assist Team has been in place since January 2024. The Community Pharmacy Smoking Cessation Working Group is providing additional momentum to support pharmacy activity.
- Internal Audit action plan implementation underway.
- Referral pathway for community partners referring direct to Quit Your Way is now accessible via the SCI-Gateway referral route.

PRIMARY CARE

Reporting Month:	March 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

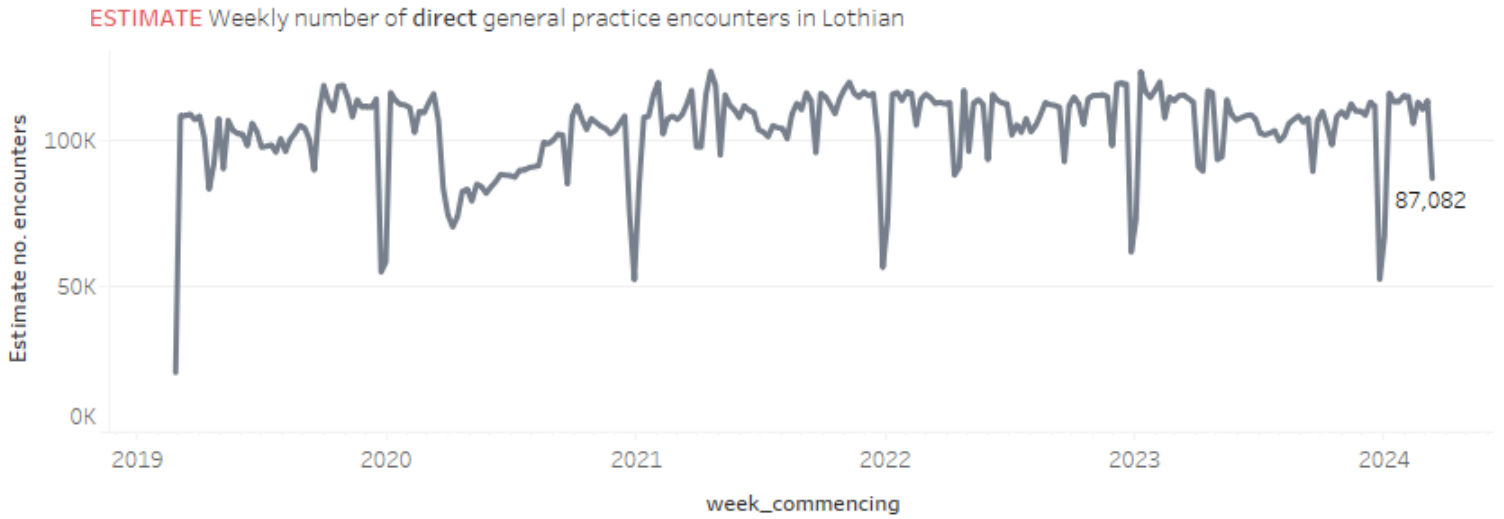
Note: *Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 32 GP practices. Please note this sample 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:

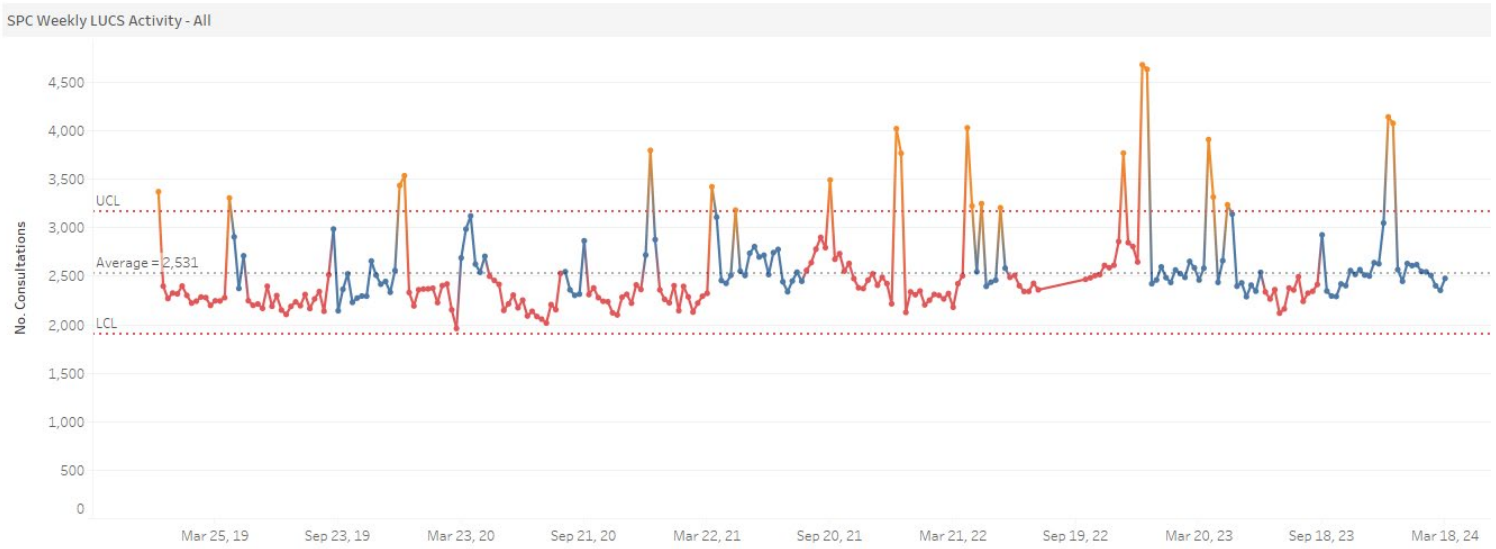
- Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) direct patient activity across Lothian based upon a sample of 66 practices where data reporting is robust. This data is now available in a weekly format and shows that for w/c 4 March 2024 there were an estimated 113,731 patient consultations across the 116 General Practices in Lothian, the equivalent of 22,700 consultations a day. The chart clearly shows the seasonal fluctuations and the 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 4 March LUCS managed 2,402 patient consultations, compared with an average weekly number of patient consultations of 2,531.

PRIMARY CARE (2)

A



B



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.

NHS LOTHIAN

14.

Board
24 April 2024

Executive 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 February 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1.

2.2. Note the overall impact on risk mitigation plans following the financial settlement from the Scottish Government, and the notification that no new capital funding will be available for at least 2 years.

2.3. Note the overview of the changes in the CRR over the past 2 calendar years in table 1.

2.4. 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

3.2.1 Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS, HSCP level as well as corporate single system risks registers such as Public Health, Nursing and Pharmacy were reviewed at the July 2023 CMT.

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

3.3 Summary of risk profile

3.3.1 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, 2023 and 2024											
	April 22	June 22	Aug. 22	Oct. 22	Dec. 22	Feb. 23	April 23	June 23	Aug. 23	Oct. 23	Dec. 23	Feb. 24
3600 - Finance	20	20	20	25	25	25	25	25	25	25	25	25
5186 - 4 Hours Emergency Access Target	20	20	16	20	20	20	25	25	25	25	25	25
3726 - Hospital Bed Occupancy	20	20	15	20	20	20	25	25	25	25	25	25
3829 - Sustainability of GP	20	12	12	12	12	12	12	12	12	12	12	12
5185 - Access to Treatment	20	20	20	20	20	20	25	25	25	25	25	25
5388 - HSDU Capacity			20	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 Management	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	12
5510 - Royal Edinburgh Bed Occupancy						25	25	25	25	25	25	25
5687 Inappropriate and Inadequate Accommodation in the Secure Estate						New risk approved by Board August 2023				25	25	25
5187 - Access to Psychological Therapies	20	20	20	20	20	20	16	16	16	Risk Closed		
5188 - Access to CAMHS	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	9	Risk Closed								
3454 - Timeliness and Learning from Complaints	9	Risk Closed										
5034 - Care Homes	Risk Closed											
5737 – Royal Infirmary of Edinburgh Fire Safety	New risk approved by Board December 2023										20	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

6.1 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 5 April 2024
jill.gillies@nhs.scot

List of Appendices

Appendix 1: Risk Assurance Table

Appendix 1

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
3600	**Finance** 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. Executive Lead: Craig Marriott	Finance & Resources Committee • 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. **Outcome of Executive Lead Discussions** **November/December 2023 Update** • Mid-year review now complete. • 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 2023/24, to support an improved outturn position. • The Scottish Government has 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 2023/24. • Following the autumn statement, it is clear that the financial challenge will escalate in 2024/25.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• 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 2024/25. • 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 Cancer Centre. • The Scottish Budget on 19th December will confirm the capital and revenue challenges facing the Board in 2024/25. **<u>January/February Update 2024</u>** **<u>Performance in relation to 2023/24</u>** • **The Board has moved from a no assurance level to moderate assurance in terms of ability to delivery break even in 2023/24.** • **Challenges remain with delivery of efficiency savings and the ongoing impact of inflation. The Board is now focussing attention on financial planning for 2024/25.** **<u>Finance Planning 2024/25</u>** • **The financial settlement from the Scottish budget of the 19th of December has identified that the Boards financial challenge for next year has increased from a 3% efficiency gap to a 7% efficiency gap. This is due to the removal of non-pay uplift and a reduction in other sources of funding.** • **The Board is embarking on a plan to deliver a balanced financial plan for 24/25, however, this will have a significant impact on performance levels due to the actions required.** • **The 7% target is split into 3% to be delivered from efficiency schemes and a 4% target where we will have to make difficult decisions to deliver a balanced financial plan, which will impact on system performance.** • **The Board has never delivered a 7% efficiency target and as such will need to adopt a more aggressive approach to the identification of options to deliver a balanced plan.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
5186	**4 Hours Emergency Access Target** 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. New risk created from previous risks 3203 & 4688. Approved by June 2021 Board. Executive Lead: Jim Crombie	Healthcare Governance Committee – person-centred, safe and effective care. • 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. Strategic Planning and Performance Committee – Performance • 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. **Outcome of Executive Lead Discussions** **November/December 2023** • 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) • 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%.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• 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. **<u>January/February 2024 Update</u>** • **The current average 4-hour % performance at the Royal Infirmary of Edinburgh (RIE) remaining challenging at approximately 43.5%** • **The external review is complete, with approximately 30 recommendations.** • **The external review has developed an RIE ED Improvement Programme.** • **There are implementation plans in place to address the top 5 recommendations made in the external review report.** • **These recommendations are being managed by the RIE EAS Board, on a weekly basis, that is chaired by the RIE site director, there is additional management oversight from PSOB.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	Very High 25
3726	**Hospital Bed Occupancy** 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.	<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care<u>.</u> • 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.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	Executive Lead: Jim Crombie	• 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. <u>Strategic Planning and Performance Committee</u> – Performance • 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.
		<u>Outcome of Executive Lead Discussions</u> **<u>November/December 2023</u>** • 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. • 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• NHS Lothian will implement all of the external reviewers' recommendations, as agreed at the Board. **<u>January/February 2024 Update</u>** • **No change to risk grading.** • **The external review is complete and has developed an RIE ED Improvement Programme with approximately 30 recommendations.** • **There are implementation plans in place to address the top 5 recommendations made in the external review report.** • **These recommendations are being managed by the RIE EAS Board, on a weekly basis, that is chaired by the RIE site director, there is additional management oversight from PSOB.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	Very High 25
3829	**Sustainability of Model of General Practice** There is a risk that the Board will be unable to meets 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. Executive Lead: Tracey Gillies	<u>Healthcare Governance Committee</u> • 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.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions **November/December 2023 Update** • 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. **January/February 2024 Update** • **PCIP trackers remain on track and allocation will be spent.** • **Formal notification received from SG that no new capital funding will be available for at least 2 years which significantly impacts on the primary care premises programme.** • **Primary Care Joint Management Group has been reviewing local funding arrangements/investments and this is being further reviewed with the current financial challenge to ensure a co-ordinated approach is taken.** • **There has been a gap for some time between actual costs incurred by NHS Lothian Facilities Management Services and payments received from general practices. We want to ensure equity across all practices, and to provide services at a fair cost to practices specific to their needs and usage, a phased cost recovery plan has been agreed with the Chair of the LMC. Any additional costs pose new risks to primary care providers. To ensure we do not destabilise practices and where these cost increases may impact on the ongoing delivery of GMS contracts then specific practice-level discussions will take place.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
5185	**Access to Treatment** There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board. Executive Lead: Jim Crombie	Healthcare Governance Committee – person-centred, safe and effective care. • November 2020 – HGC accepted moderate assurance on the Clinical prioritisation plan. • December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. • January 2021 – HGC discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months. • March 2021 – HGC accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19. • May 2023 – HGC accepted limited assurance in relation to robustness of risk mitigation plans and likelihood of significant immediate impact. • October 2023 – HGC accepted limited assurance in relation to the robustness of the risk mitigation plans and likelihood of significant immediate impact. Strategic Planning and Performance Committee – Performance • 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• November 2023 – SPPC accepted limited assurance in relation to the robustness of the risk mitigation plans and likelihood of significant immediate impact.	
		Outcome of Executive Lead Discussions **November/December 2023 Update** • 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. **January/February 2024 Update** • **Risk Grading remains at Very High (25) following last review at October 2023 HGC / November SPPC. Limited assurance accepted by both committees.** • **Next risk review update will be presented in May 2024 HGC & SPPC meetings.** • **Acute Services are currently reviewing the risk mitigation plan considering the 2024/25 financial position and the decision taken in relation to the three Acute, capacity linked, capital projects.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5388	**HSDU Capacity** 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. New risk approved by Board June 2022. Executive Lead: Jim Crombie	<u>Finance and Resources Committee</u> • 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 update provided in October 2023. • Limited assurance accepted at F&R Committee meeting in December 2023 following update paper and discussion. **<u>Outcome of Executive Lead Discussions</u>** **<u>November/December 2023 update</u>** • 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. **<u>January/February 2024 Update</u>** • **With the current Capital position, the re-provision is now on hold.** • **Finance & Resource Committee 27th March 2024.** • **Verbal update due on 14th February 2024 meeting.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
3828	**Nursing Workforce** 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. Executive Lead: Alison MacDonald	<u>Staff Governance Committee</u> • 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. • Staff Governance Committee accepted moderate assurance for all aspect of the risk.
		<u>Outcome of Executive Lead Discussions</u> **<u>November/December 2023 Update</u>** • A paper will be submitted to December Staff Governance Committee proposing moderate assurance for all aspects of this risk.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• 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. **<u>January/February 2024 Update</u>** • **Staff Governance committee accepted moderate assurance for all aspect of the risk.** • **Year-end vacancy gap meets expectations at 6.99%.** • **Nursing thematic workstreams developed to safely manage nursing workforce efficiency requirements.** • **Reliance on agency staff has significantly reduced.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 20	Very High 20
5020	**Water Safety and Quality** 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	<u>Staff Governance Committee</u> • 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.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems. New risk approved by Board 12 August 2020. Executive Lead: Jim Crombie	• 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. **Outcome of Executive Lead Discussions** **November/December 2023 Update** • 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 2023/24 following approval by the Staff Governance Committee. **January/February 2024 Update** • **Submitted to Staff Governance Committee in October 2023 for review and oversight.** • **Deputy Chief Executive is now chair of WSG from January 2024. A full review programme is now underway on Water Safety Assurance Reporting and the subsequent Corporate Risk entry. Anticipate outputs of this review, and subsequent Corporate Risk refresh in Q1 of 2024/25.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		High 12	High 12
5189	**RIE Facilities** 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	Finance & Resources Committee • New risk approved by Board June 2021. • Paper due to go to F&R August 2022. • October 2022 – Limited assurance accepted.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	the estate including: • 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 Leading to interruption to services, potential harm to patients and staff and significant remedial costs. New risk approved by Board June 2021. Executive Lead: Jim Crombie	• F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan. • August 2023 – limited assurance accepted. **<u>Outcome of Executive Lead Discussions</u>** **<u>November/December 2023 update</u>** • 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. **<u>January/February 2024 Update</u>** • **Decision taken to hold the paper until February F&R meeting given the impact to this risk following implementation of RIE Fire Safety Risk.** • **The update risk is on track to be presented to F&R committee in February, following approval from CMT in December the risks would be separated.**	
	Risk Grading:	**CMT December 2023** High 15	**CMT February 2024** High 15
3455	**Violence & Aggression** There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments, resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE. **Suggested reframing to:** The nature of services provided by NHS Lothian	<u>Staff Governance Committee</u> • October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions. • December 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms. • May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety. • December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings. • March 2022 – verbal update provided to Staff Governance.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	means there is a potential risk of violent and/or aggressive behaviour across all the organisation but in particular mental health, learning disability services and emergency departments resulting in harm to person and poor patient and staff experience, with potential prosecutions, and fines for health and safety breaches. Executive Lead: Alison MacDonald	• 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: o Policy development – Medium assurance o Purple pack – Medium assurance o Training – Limited assurance o Lone working- Moderate assurance o Roles and Responsibilities – Limited assurance o 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 October 2023 meeting.
		Outcome of Executive Lead Discussions **November/December 2023 Update** • 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. **January/February 2024 Update** • **Reframe risk around keeping people safe in all areas.** • **Training strategy agreed and implementation is underway.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **Completed and achieved all recommendations for Audit and Risk Committee.** • **Moderate assurance provided from staff governance.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		High 15	High 15

3328	**Roadways/Traffic Management**
	
	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.
	
	Executive Lead: Jim Crombie
		<u>Staff Governance Committee</u>
		
		• 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:
		  ○ 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.	

		<u>Outcome of Executive Lead Discussions</u> **<u>November/December 2023 Update</u>** • 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.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<u>January/February 2024 Update</u> • **Submitted to Staff Governance Committee in October 2023 for review and oversight.** • **The Little France Shuttle Bus will not continue beyond March 2024. Given the significant financial challenges across healthcare, we have to do what we can to protect patient care from the impact of the savings we must make. A review of the permit scheme on site is under way to explore any scope for increasing the allocation of permits and ensure continued optimal usage of parking spaces and availability of car shares.** • **Paper on the traffic management risk across all acute sites will be presented for review prior to submission deadline for next Staff Governance Committee, the date papers are due is 22nd February 2024.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		High 12	High 12
1076	**Healthcare Associated Infection** 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. Executive Lead: Alison MacDonald	<u>Healthcare Governance Committee</u> • January 2021 - Moderate assurance accepted. Standing item on HGC agenda. • March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres. • May 2021 – HGC accepted Moderate Assurance against plans in place to deliver the standards. • July 2021 and January 22 – HGC accepted Moderate Assurance against plans in place to deliver the standards. • August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report. • March 2022 – HGC accepted moderate assurance with respect to plans to mitigate this risk. • July 2022 – HGC accepted moderate assurance. • The risk mitigation plan is to report to HGC in the new year (23), with routine HAI reporting continuing to take place as per schedule.	

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">• Risk mitigation paper to go to HGC in March 2023.
• Next paper to HGC planned for April 2023 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.</td></tr>
<tr><td></td><td></td><td colspan="2"><u>Outcome of Executive Lead Discussions</u>

<u>November/December 2023 Update</u>
• 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.

<u>January/February 2024 Update</u>
• Staffing position is deteriorating and that will be further compounded by the financial constraints.
• Reduction in Infection Control cover, lead nurse retiring in June, lead ICD providing a reduced number of sessions.
• Development of workforce redesign underway and aligned to National Workforce Strategy. Clarity on funding source required for additional posts / re-grading of posts in alignment with other Board.
• LDP target year end position unconfirmed but unlikely to meet the targets for this year as we have seen an increase towards the upper control limit for some measures.
• Wider system pressure and overall occupancy of sites and lack of movement does represent a significant infection risk.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT December 2023</td><td>CMT February 2024</td></tr>
<tr><td></td><td></td><td>High 16</td><td>High 16</td></tr>
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Datix ID	Risk Title & Description	Committee Assurance Review Date	
5322	**Cyber Security** 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. New risk approved by Board February 2022. Executive Lead: Tracey Gillies	<u>Finance and Performance Review Committee</u> • 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. <u>Audit and Risk Committee</u> • Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk. • April 2023 - moderate assurance was accepted. <u>Board</u> • August 2023 - Private Board accepted moderate assurance.	
		<u>Outcome of Executive Lead Discussions</u> <u>November/December 2023 Update</u> • Risk mitigation plans as presented to private session of the Board in August 2023 continue to be implemented. • Submission deadline for next NIS audit is 15th April 2024 and interim report due w/c 10th June 2024. **<u>January/February 2024 Update</u>** • **Response made to Scottish Health Competent Authority, Network and Information Systems Regulations - Information Notice provided to Scottish Government 26th January 2024 (all territorial Health Boards received). Topic was "the use of Windows Server 2008 R2 within your environment, including GP practices relevant to your Board". Feedback awaited.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5510	**Royal Edinburgh Bed Occupancy** 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. New risk approved by Board December 2022. Executive Lead: Calum Campbell	<u>Healthcare Governance Committee</u> • 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. **<u>Outcome of Executive Lead Discussions</u>** **<u>November/December 2023 Update</u>** • 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. **<u>January/February 2024 Update</u>** • **Risk mitigation plan presented to HGC in January with the committee accepting limited assurance.** • **Work was progressing, particularly with Edinburgh Health and Social Care Partnership but occupancy remains high, and it has not been possible to close any of the contingency beds.**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
5687	**Inappropriate and Inadequate Accommodation in the Secure Estate** 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. New risk approved by Board August 2023. Executive Lead: Calum Campbell	Healthcare Governance Committee • Mitigation plans will be presented to January 2024 meeting for assurance. **Outcome of Executive Lead Discussions** **November/December 2023 Update** • 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. Nb: can only be done if moderate assurance taken at January HGC. **January/February 2024 Update** • Risk mitigation plan presented to HGC committee in January, as different risks and mitigations were in place for high and low secure provision it was agreed that the risk should be split into two risks. 1. **New Risk - Inappropriate and Inadequate Low Secure Accommodation in the Estate** There is a risk that patients who require low secure accommodation will be inappropriately placed because there is 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. **Mitigations:** Low secure patients are being accommodated in medium secure settings. For low secure accommodation there had been a business case for provision which was now not going ahead due to the freeze on capital spending from the Scottish Government. **Recommended Risk Grading:** Impact – Moderate - Likelihood: Almost Certain **Risk Grading: High 15**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		2. New Risk – Absence of Female High Secure Accommodation in the Estate There is a risk that female patients who require high secure accommodation will be inappropriately placed because there is a lack of female high secure accommodation in Scotland. 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. **Mitigations:** No high secure accommodation for any female patients in Scotland. Short-term accommodation would be sourced from Rampton High Secure Female Prison, England. **Recommended Risk Grading:** Impact – High Likelihood: Possible **Risk Grading: High 12**	
	Risk Grading:	**CMT December 2023**	**CMT February 2024**
		Very High 25	As outlined above
5737	**Royal Infirmary of Edinburgh Fire Safety** Two components: 1. There is a risk that the technical standards of the building provided by the PFI are not adequate and do not meet current fire safety standards. 2. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary of Edinburgh (RIE) following the recent identification of risks and issues. This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to	<u>Staff Governance Committee</u> • Update due February 2024 **<u>Outcome of Executive Lead Discussions</u>** **<u>November/December Update 2023</u>** • 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.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	services/facilities where remedial work is identified and finally serious reputational damage. 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. New risk approved by Board December 2023. Executive Lead: Calum Campbell	• Finance and Resource Committee will receive a brief update on the mitigation plan relating to the PFI Provider dependent actions on 20 December. **<u>January/February 2024 Update</u>** • **Board Approved new Corporate Risk on 6 December 2023.** • **Principal oversight committee is Staff Governance Committee with the first update due in February.** • **Executive oversight group concluded, with all NHS Lothian actions completed or with an agreed plan.** • **An audit process overseen by Executive Office is in place until the end of March 2024 to monitor BAU process.** • **Efforts continue to move at pace to implement remaining action plans within NHS Lothian's areas of responsibility.** • **Revised fire evacuation plan in place that takes into consideration the absence of Fire compartmentalisation being assured.** • **Recruitment to rapid response evacuation and fire prevention team commenced.**	
	Risk Grading:	**CMT December 2024**	**CMT February 2024**
		Very High 20	Very High 20

Risks removed and rationale 2022-2024 - 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 Oversight Board. The risk will remain on the

Risk ID	Opened	Risk Title	Recommendation	Rationale
				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.

NHS LOTHIAN BOARD

15.

24 April 2024

Executive Medical Director

NHS LOTHIAN QUALITY STRATEGY
IMPLEMENTATION PLAN

1. Purpose of the Report

1.1. The purpose of this report is to outline plans in relation to supporting delivery of the NHS Lothian Quality Strategy (2018-2027), including a detailed implementation plan.

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

2. Recommendations

Members are asked to:

2.1. Endorse the plans in place for the ongoing implementation of NHS Lothian's Quality Strategy, with an emphasis on Quality Management and strengthening the links between assurance and improvement.

2.2. Note the focus and attention directed towards NHS Lothian's learning system, which involves capturing lessons from adverse events, identifying themes, and implementing improvements through planned programmes.

2.3. Agree the change in delivery methods from networks and pathways to planned programmes with a focus on improving patient safety and reducing avoidable harm.

2.4. Note that reducing avoidable harm not only aligns with patients' expectations but also reduces failure demand and lessens the strain on limited resources.

2.5. Support the continued emphasis on creating the conditions for staff to thrive and engage in improvement activities.

3. Discussion of Key Issues

3.1. Background

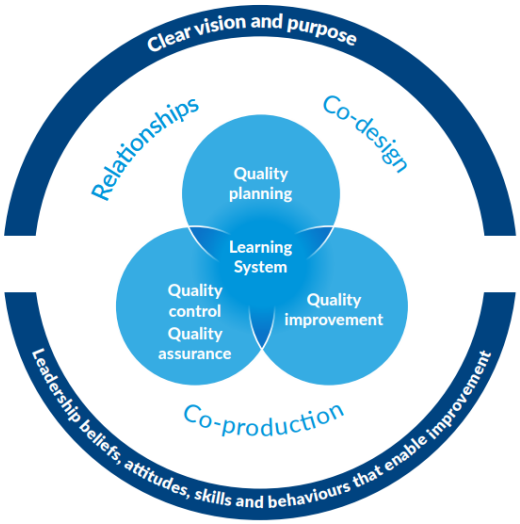
In April 2023, the Board agreed to extend the Quality Strategy (QS) to 2027, accepting details will be provided in an annual implementation plan (see Appendix 1). The plan provides a comprehensive level of detail that addresses the question on *change, service delivery to support a culture of continuous improvement* from the recent self-assessment on alignment with the Blueprint for Good Governance.

The vision within this strategy sets out the key features of a high-functioning quality-focused healthcare organisation which has at its core the systematic application of Quality Management (QM). The aim is to achieve consistent, high-quality care with minimal morbidity, mortality, and positive experience whilst meeting all six dimensions of quality (safe, effective, person-centred, timely, effective, equitable care).

3.2. The QS is aligned to NHS Lothian Strategic Development Framework (LSDF) which sets out NHS Lothian plans across the Health and Care System in collaboration with key partners. It acknowledges major demographic challenges, resource constraints and the need for change and service redesign. Lothian's population is expected to grow by at least 8% within the next 10 years, with the percentage growth of 75–84-year-olds projected at 35%, and life expectancy increasing accordingly. The QS will make QM a major part of 'business as usual' and a significant contributor to achieving the ambition set out in the LSDF.

3.3. QM provides a clear vision and purpose to relentlessly focus on eliminating systemic poor quality and waste. The approach requires a focus on all components of the Quality Management System and Figure 1 below sets out the four domains: Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

Figure 1 Key elements of the Quality Management System (used here with permission from HIS)



There are examples of the use of all four domains of QM being applied. However, this is not routine or systematised, nor visible in managerial and clinical processes. There is a need to develop more clearly the links between assurance and improvement and to ensure that these are set out more explicitly within service areas and promoted across the organisation.

3.4. Overview of Progress

NHS Lothian's QS aims to embed QM across the organisation, which requires organisational intent, patience, and positive system change. QM engages and empowers teams using tools and techniques to improve care pathways and management processes across the organisation, with human factors, talent management, succession planning and assurance processes as key components.

Progress has been made in supporting delivery of the key actions set out within the QS. One of the main mechanisms to support delivery of the key actions has been through quality improvement capacity building. Coaching and training is provided to help individuals or teams implement their Quality Improvement Project. Coaching Sessions have significantly increased (see Table 1 below) and have been offered openly to individuals or teams and can be accessed via the Quality Directorate website.

Table 1 Coaching / Quality Improvement Capacity Building Session

Activity	2022	2023
Quality Academy QI skills	42 staff completed	62 staff completed
Coaching sessions	186 coaching sessions	778 coaching sessions
Local training	100 staff completed	101 staff completed

NHS Lothian has also made significant progress in achieving the aims of the Scottish Patient Safety Programme (SPSP) Acute Adult Programme, including a reduction in cardiac arrests through the delivery of the Deteriorating Patient Programme. SPSP programmes are also supported in Mental Health, Primary Care, Paediatrics, Maternity and Neonatal Services. The role of leaders in delivery of the QS is specifically evidenced through the SPSP Executive Leadership WalkRounds. Leadership WalkRounds are a way for executive and non-executive leaders to connect with staff in the clinical areas to talk about their ideas and issues about safety. Since restarting (post-Covid) in August 2022, there have been 20 WalkRounds to March 2024.

3.5. A Change in Approach

The QS sets out the delivery of a QM system through two complementary approaches: Quality Networks and Quality Pathways both driven by improvement through local testing. This paper proposes a change in approach. To create a consistent single management system focused on quality planning, quality improvement, quality control, and quality assurance all four components of a QM System are required and need to be in balance. Therefore, a QM system in Lothian will be delivered through:

- Comprehensive Quality Planning focussed on reducing avoidable harm.
- Build the NHS Lothian's learning system, which involves capturing lessons from adverse events, identifying themes, and implementing improvements through planned programmes.
- Quality Improvement activities focussed on outcomes delivered through planned programmes aimed at improving patient safety and reducing avoidable harm.
- Strengthening the links between Quality Assurance and Quality Control through the development of an assurance framework and improving the Adverse Events Review processes.
- Greater emphasis on creating the conditions for learning by focussing the remit and approach of the Quality Academy in support of all four components of QM.

3.6. Staff within the Quality Directorate (QD) are working with sites and services to apply QM approaches, and this is being gathered to inform the overall annual implementation plan across sites and services as outlined in Appendix 1.

3.7. This paper outlines examples of the practical application of a QM system that supports services to reduce harm through learning from adverse events, analysing and identifying themes and implementing changes through improvement programmes. In addition to the work outlined in the overall annual plan the QD supports a range of business-as-usual activities aligned to the four components within a Quality Management System, including Risk Management, Litigation, Safety Alerts, etc.

3.8. **Quality Planning** – identifies the needs of our population to inform the development and redesign of services to meet those needs, in line with the Lothian Strategic Development Framework. The QD provides a range of tools to support services in quality planning, including templates to capture the scale and scope of the service.

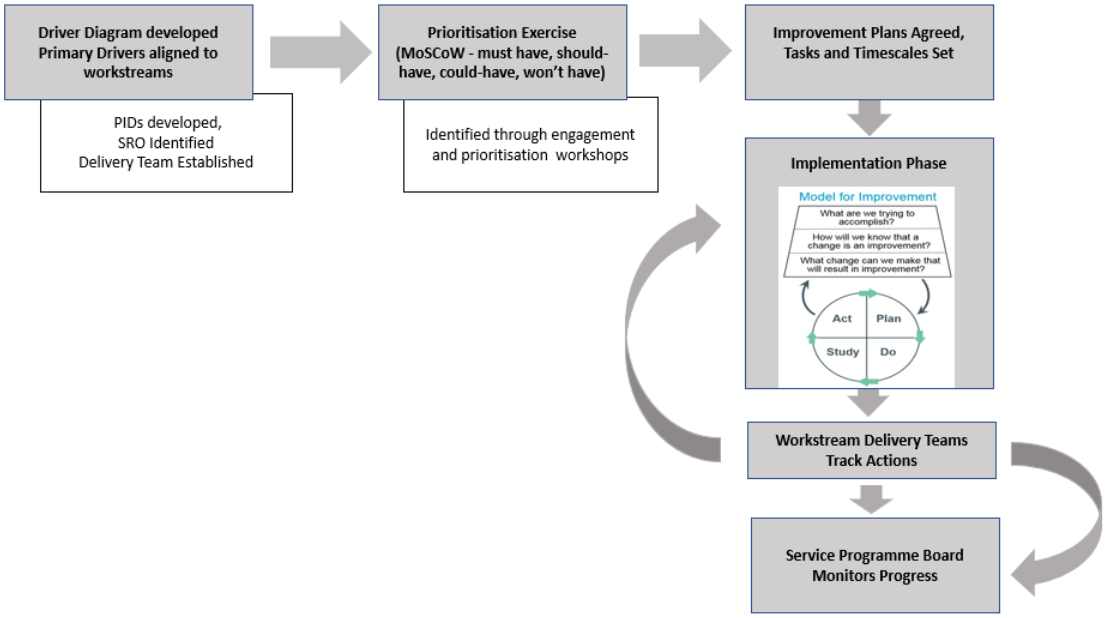
An essential part of quality planning is the triangulation of a range of data, including adverse events, patient complaints, patient experience / care opinion, staff opinion (iMatter), etc. Within the NHS Lothian Adverse Events Review (AER) process, avoidable harm can be assessed by the presence of Care and Service Delivery Problems (CSDPs) which may or did have an impact on the outcome of care. Significant Adverse Events (SAEs) with outcomes 3 or 4 reflect this. The QD has supported maternity services to identify themes and provided support and facilitation to develop this into an improvement programme using the approaches highlighted in section 3.9.

In addition, triggers from assurance processes inform quality planning and quality improvement activities. For example, Hospital Standardised Mortality Ratio (HSMR) is a statistic routinely reported quarterly by Public Health Scotland (PHS) and is the ratio of observed deaths and 'expected' deaths (as calculated by the HSMR statistical model). For three consecutive 12 month reporting periods (April 2022 – March 2023, July 2022 – June 2023, October 2022 – September 2023), the HSMR for the RIE breached the 2 standard deviation upper warning limits (UWL) (HSMR 1.14, UWL 1.11). Note that there is an overlap in the reporting periods. The overall NHS Lothian HSMR has been 1.01 during this period.

The QD has led an extensive piece of work to investigate the RIE HSMR results from April 2022 to March 2023 through three distinct workstreams. This work has been reporting through the Healthcare Governance Committee (HGC) with detailed reports being presented on each workstream. This work has had engagement from the RIE site and forms a key part of quality planning to inform RIE quality improvement priorities.

3.9. **Quality Improvement** - creates the conditions that support staff closest to the work to use the information gathered through quality planning to test, develop, implement, and spread improvements. Going forward quality improvement programmes will focus on working with staff to identify changes that bring about improvements that continue to reduce avoidable harm. We are introducing a change in our delivery methods to align quality improvement tools such as process maps and driver diagrams with project management tools like PIDs and project plans to create robust plans to support successful delivery of improvement programmes. See Diagram 1 below depicting the improvement project delivery method.

Diagram 1 – Improvement Project Delivery Method



3.10. **Quality Control and Quality Assurance** have much in common. Each evaluates performance and each compares performance to set standards / goals. However, they also differ from each other as quality control has its primary purpose in maintaining control during processes. Quality assurance's main purpose is to verify that control is maintained, and performance is evaluated after the event.

Both are key components within the QM system, and services have a range of mechanisms in place to identify and review their quality control measures. For example, Excellence in Care Measures. These are measures acknowledged by those delivering care as an essential indicator of the quality standards they are expected to meet, and the teams responsible for care delivery take ownership of the performance data related to these measures.

The QD is developing a Quality Assurance Framework and a paper detailing this was presented to the HGC in January 2024. The initial focus of the framework is on safe care to strengthen clinical assurance arrangements by providing evidence to scrutinise the safety of care delivered by the organisation. The assurance framework for safe care will map out the structures, processes and evidence that underpin papers presented to HGC. The intention is that this will make reports to the committee clearer and more structured and provide HGC members with clear explanations of why data being presented provides evidence about the safety of care in the specific service the report covers. The framework will be explicit about reporting periods for measures recognising that some are available in real time, and some may reflect the safety in the service up to 2 years previously (for example external reports).

A key component of the NHS Lothian learning system is the adverse events review process, which the QD provides support to deliver. There are a range of improvements underway in relation to adverse event processes including mapping the existing process, identifying gaps and blockages, identifying areas for improvement, and supporting the implementation of these. For example, implementing changes to the process to support decision making on the types of review being undertaken. Improved processes support the early identification

of whether an adverse event has occurred which has potentially led to the adverse outcome of major harm or death, as opposed to an outcome which may be related to the person's clinical condition. This allows us to focus resource on the reviews from which the most learning will be gained.

It is anticipated that as this revised process is implemented, we will see a reduction in review outcomes of 1 or 2 (1 = Appropriate Care, 2 = Care or service delivery problems were identified though this did not affect the outcome) and an increase in those with a level 3 or 4. Identification of cases at the outset where an adverse event has affected the outcome provides the greatest opportunity for systematic learning and improving.

3.11. Creating the Conditions and Building Capacity and Capability for Improvement

Quality management provides a clear vision and purpose for local teams and our leadership beliefs, attitudes, skills and behaviours create the conditions to enable improvements.

Building capacity and capability for improvement is a key requirement for a high functioning health system and an essential component of QM. QM training equips staff / teams with the skills and tools to understand the complex care environment, apply a systematic approach to reviewing adverse events, problem solving, service redesign, test and implement changes using real time data to monitor improvements.

NHS Lothian has a range of local and national opportunities for training, and we have worked collectively to develop a flexible consistent approach to training. The Quality Academy Annual Report provides a comprehensive overview of activities to date.

The Quality Academy will continue to offer training in quality improvement skills, with a focus on encouraging individuals and teams whose projects are aligned with the aim of reducing avoidable harm.

In addition, a Quality Academy Project Board has been established to support the engagement and training required to systematically apply the four dimensions of a Quality Management system. The Quality Academy Project Board will facilitate the development and delivery of training and coaching, prioritising the creation of new training resources in the upcoming year. This includes initiatives aimed at supporting staff in engaging with users, particularly during the quality planning phase, and developing a range of training aimed at and supporting the adverse events review process.

Quality Networks are a key mechanism to support and nurture staff engaged in supporting improvements. The projects undertaken by existing quality networks will be encouraged and supported through signposting to the tools and resources provided on the Quality Directorate website.

3.12. Coordination and Collaboration

A primary goal of the Quality Management System will be to reduce avoidable harm, consequently decreasing the occurrence of failure demand within our system. Failure demand arises as a consequence of prior system failures, requiring further interactions with services to resolve issues that ideally should have been addressed initially.

It is anticipated that the QD will align its efforts to support implementation of the planned programmes identified through Sustainability and Value, as well as Realistic Medicine.

These initiatives share common objectives, and aligning with them will enhance the achievements of our mutual aims.

4. Key Risks

4.1. The key risk is the capacity of the service to engage in the work programmes set out above given the ongoing challenges across our system.

5. Risk Register

5.1. The programmes of work set out in this paper are linked to the LSDF and as a result will contribute to plans to mitigate a number of risks on the Corporate Risk Register for example access to treatment, timely discharge and GP sustainability risk.

6. Impact on Inequality, Including Health Inequalities

6.1. The work set out by this paper, which incorporates existing data and the development and monitoring of new indicators, will have a positive impact on inequality.

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

7.1. No service or policy change set out in this paper.

8. Resource Implications

8.1. The improvement support will continue to come from a range of departments and specialties. When discussing improvement priorities with senior management, the importance of time for front line teams to engage and drive forward improvement has been stressed acknowledging the potential impact of ongoing system pressures.

Jill Gillies
Associate Director of Quality
5 April 2024
Jill.Gillies@nhs.scot

List of Appendices

Appendix 1: 2024-2025 Annual Implementation Plan

2024 – 2025 Implementation Plan – Overview

Area of Focus	Key Activities
Quality Academy	Deliver QI Skills, QI Bitesize, QI Essentials – develop post programme evaluation. Manage recruitment to NES taught programmes Scope training requirements to support SAERs Scope and deliver training to enhance public engagement in a range activities
Adverse Events	Develop tools and resources to support improvements in undertaking SAERs for Major Harm/Death Develop method and processes to support systematic theming and learning from SAERs
Assurance Framework	Develop an assurance framework with an initial focus on safe care. Support services to complete this year's reporting cycle taking a hybrid approach with a structured response in relation to safe care.
Primary Care	Implement Quality Improvement LES Support GP Clusters and Cluster Quality Improvement Leads
Sites/Services (WGH, RIE & SJH, RHCYP, Mat. & Neonatal & MH)	Focus on delivering planned programmes to Reduce Avoidable Harm (including Det. Pat)
Analytics	Develop Site and Service Quality reports that meet users' needs Support the quality directorate staff develop measurement plans, for example, Det. Pat, Maternity, Adverse Events, etc. Develop methods to support the systematic theming of adverse events. Support overall reporting process within the directorate, including reviewing reports, implementing changes, etc.

Annual Plan - Quality Academy

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
QI Skills Course	Ricky Samson, Quality Lead	Review content and revise content based on stakeholder feedback. Deliver 2 QI Skills Courses. Develop Driver Diagram.		Deliver 2 QI Skills Courses. Ongoing evaluation and revision.		Delivery 2 QI Skills Courses. Annual Report on all Academy work streams.		Deliver 3 QI Skills Courses.		
QI Bitesize and QI Essentials	Ricky Samson, Quality Lead	Review content of both bitesize and local essentials. Agree with IAs (core content) Co-ordinate and centralise booking process on the Quality Academy website. Develop Driver Diagram.		Support delivery of 2 QA sessions for QA bitesize. Go live with centralised booking process. Ongoing evaluation and revisions.		Deliver 2 QA Bitesize sessions. Ongoing evaluation and revisions.		Deliver 2 QA Bitesize sessions. Ongoing evaluation and revisions.		
Public Engagement Training	Ricky Samson (with Simon Maulzer, Patient Engagement Lead)	Design a high-level awareness raising session for staff in relation to public engagement activities. Develop Driver Diagram.		Delivery first awareness raising session in conjunction with social media campaign.		Delivery 1 in-depth masterclass on engagement.		Evaluate and identify requirement for future ongoing sessions.		
Manage and Enhance QI Coaches	Ricky Samson, Quality Lead	Review current coaching resources and recruitment process for coaches. Identify all planned coaching sessions for 2024-2025. Develop Driver Diagram.		Identify all current and potential coaches and implement new coaching requirement process.		All coaching sessions to be centralised and booked on Quality Academy website.		Evaluate the new process and adapt as required.		

Annual Plan - Quality Academy (Cont'd)

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Joy in Work (JiW) Training	Cheryl Tudor, Quality Lead	Quality Planning: scoping of JiW improvement projects taking place in Lothian.		Quality Planning: reviewing existing JiW training programmes.		Development of JiW training package for NHS Lothian staff.		Pilot and evaluation of JiW training. Amending content as required.		
SAE Reviewer Training	Ricky Samson, Quality Lead (with Carolyn Swift)	Quality Planning phase – Needs assessment gap analysis. Develop Driver Diagram.		Review current training materials in house and NES.		Develop and deliver 2 SAE Reviewer in house training sessions.		Review and evaluate in house SAE Reviewer Training sessions and deliver further sessions as required.		
Manage NHS Lothian recruitment to NES Taught Courses	Ricky Samson, Quality lead	Establish current NES taught courses and recruitment cycle for the year. Develop Driver Diagram.		Establish clear communication plan with NES and publicise QA involvement in all NES thought course widely across the board.		Manage all application process for all NES thought courses as announced. Create promotion materials for Intranet.		Review and evaluate the process and further improvement if needed. Work with NES for potential collaborative projects.		
Quality Academy Programme Board	Ricky Samson (with Jill Gillies, Associate Director)	Establish Quality Academy Programme Board –ToR, Develop Driver Diagram.		Implement high level work plan and the new processes. Identify service needs across the board and align projects on Academy courses to them.		Implement high level work plan and the new processes. Identify service needs across the board and align projects on Academy courses to them.		Review and revise the vision and strategic direction of the QAPB for the next year and align them with service requirements.		
SAE Reviewer Training	Ricky Samson, Quality Lead	Quality Planning phase – Needs assessment gap analysis. Develop Driver Diagram.		Review current training materials in house and NES.		Develop and deliver 2 SAE Reviewer in house training sessions.		Review and evaluate in house SAE Reviewer Training sessions and deliver further sessions as required.		

Annual Plan - Adverse Events Improvements

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Adverse Events Improvement Programme	Carolyn Swift, Head of Quality and Patient Safety	Continue quality planning using data and extensive process mapping across NHSL stakeholder groups including variation, risks and feedback. Agree driver diagram. Prioritise and begin commissioning improvement projects.		Implement improvement projects with ongoing measurement and oversight. Contribute to Quality Academy's SAE training.		Evaluate progress. Continue improvements.		Evaluate progress. Continue improvements. Begin planning for following year. Future state process map.		
Evaluation of changes to SAE review process since April '23	Carolyn Swift, Head of Quality and Patient Safety	One-year update to PSEAGs. Evaluation report for Acute CMG in June. Plan improvements based on stakeholder feedback and data.		Training/guidance/communication/engagement to continue embedding relevant process changes with ongoing measurement of improvement		Performance update to PSEAGs Ongoing stakeholder engagement to embed processes and get feedback for further improvement		Training/guidance/communication/engagement to continue embedding relevant process changes with ongoing measurement of improvement		
Reliable Mortality Screening for identifying Adverse Events	Carolyn Swift, Head of Quality and Patient Safety	Mortality Screening Tool – gather feedback on standardising the tool		Publish standardised tool. Measurement plan to track implementation and usage		Monitor implementation data and plan improvements		Feedback to Acute CMG (Feb) on whether the tool goes on TRAK		

Annual Plan - Western General Hospital

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Uro-oncology prostate postal service	Elise O'Leary, Improvement Advisor	Understanding the system including baseline data, process mapping and driver diagram. Testing at least 1 change idea		Active improvement phase with testing and refinement of change ideas		Quality control phase and cessation of improvement support				
Urology and colorectal cancer tracker administration	Elise O'Leary, Improvement Advisor	Understanding the system including baseline data, process mapping and driver diagram. Testing at least 1 change idea		Active improvement phase with testing and refinement of change ideas		Quality control phase and cessation of improvement support				
Cancer stores/stock management	TBC	Quality planning/scoping for improvement to understand scale and causes of problem								
Front door projects	Lyndsay Cameron, General Manager (with Malvika Bhatia, Associate Improvement Advisor)	Data collection and analysis for following projects: Self-Presenters project - MAU-E and SDEC, Front Door Governance project, and cost savings in front door areas related to medications and investigations		Recommendations and test of change Self-Presenters project - MAU-E Dashboard creation for multiple projects in MAU-E and SDEC and with data analyst team Gap analysis of metrics not captured in front door Updating SOPs and analysing data for Front Door Governance project		Updating SOPs and analysing data for Front Door Governance project Continuation of Self-Presenters project - MAU-E Test of change for Unread results audit (time/frequency/assurance)		Analysing data for Front Door Governance project Scoping a feedback loop to primary care regarding referral quality/pathways off the Self-Presenters project results		
Deteriorating patients	Dr Gregor McNeill, Lesley Morrow, Emma Hearn	Continue in wards 27, 15, 72, 26. Support NEWS on Trak roll out including baseline data collection Site plan to be drafted		Focus on improvement of Cardiac Arrest Reviews Site plan to be refined with leads						
SAU flow	Jenny Fleming, General manager and Thivya Jevanesan, Improvement Advisory	Continued testing of abscess pathway Continued testing for scheduled CT slots		Testing change idea of 'hot clinics'						

Annual Plan - Royal Infirmary of Edinburgh										
Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Site Priority Planning	Emma Hearn, Improvement Advisor and Site Management Team	Discovery phase - Stakeholder meetings to identify site level priority work and scope potential areas for improvement		Quality planning including development of data processes and measurement frameworks for individual site priority projects		Active improvement phase with testing and refinement of change ideas		Active improvement phase with testing and refinement of change ideas		
Deteriorating Patient	Emma Hearn (with Gregor McNeill and team)	Overarching deteriorating patient programme plan presented to Acute CMG. RIE site plan agreed with site management team. Areas for improvement identified with PIDs and measurement plans developed		Engagement with active DP wards identified as site priorities. Understanding systems piece with participating wards to drive engagement and identify/ targeted ward systems/processes for change		Active improvement phase with refinement of change ideas and development of measurement frameworks for data submission/measurement		Active improvement phase with testing and refinement of change ideas		
QI Bitesize/ QI Essentials	Emma Hearn, Improvement Advisor and QI Team	Align QI educational programme with QI academy resource to ensure standardised approach to education and content delivery		Align QI education provision with areas planned for active improvement work on the RIE site. Deliver agreed educational content to targeted areas		Deliver agreed educational content to targeted areas		Evaluate and identify requirement for future ongoing sessions		

Annual Plan - St John's Hospital										
Project(s)	Programme Lead (s)	Q1 (April – June 2024)		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Safe prescribing, administration and monitoring of Gentamicin	Dr Cat Harley and Susi Paden Associate Improvement Advisor	Quality planning/scoping for improvement to understand scale and causes of problem. Development of measurement framework.		Active improvement phase with testing and refinement of change ideas.		Active improvement phase with testing and refinement of change ideas. Sharing learning across the sites				
Frailty pathways and processes	Dr Cat Harley and Susi Paden Associate Improvement Advisor	Quality planning/scoping to understand scale and causes of problem will be completed. Development of measurement framework.		Active improvement phase with testing and refinement of change ideas.		Active improvement phase with testing and refinement of change ideas. Sharing learning across the sites				
Deteriorating patients	Dr Gregor McNeill, Susi Paden AQIA, Lesley Morrow, Emma Hearn	Continue in wards 9, 21, 25 and MAU SJH site det pat plan agreed with site management team. Areas for improvement identified with PIDs and measurement plans developed		Engagement with active DP wards identified as site priorities. Understanding systems piece with participating wards to drive engagement and identify/ targeted ward systems/processes for change		Active improvement phase with refinement of change ideas and development of measurement frameworks for data submission/measure ment		Active improvement phase with testing and refinement of change ideas		
Omitted medicines	Frances Aitken, Dementia Specialist Nurse & Susi Paden	Quality planning/scoping to understand scale and causes of problem.		Active improvement phase with testing and refinement of change ideas.		Active improvement phase with testing and refinement of change ideas. Sharing the learning				

Quality Directorate Annual Plan - Royal Hospital for Children and Young People

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Reduce harm when children & young people deteriorate.	Ulf Theilen, Consultant	Participate in Healthcare Improvement Scotland's supported Scottish patient Safety Programme for Paediatrics – deteriorating patients. Driver Diagram for NHSL developed and measurement plan. Continue ward data collection. Quality planning continues, includes reliable BP and Case Note Review x100 admitted to critical care. Support roll-out of PEWS on TRAK.		Use data to inform change ideas on wards and per system. Continue data collection and reporting to HIS. Monthly group meetings. Continue to support PEWS on TRAK and the subsequent findings after implementation.		Use data to inform change ideas on wards and per system. Continue data collection and reporting to HIS. Monthly group meetings.		Prepare end of year report, using narrative from reports produced for HIS.		
Paediatric OP IV Therapy – reducing numbers attending hospital (admissions and early discharge)	Sonia Joseph, Consultant	Continue to support monthly meetings and offer advice on adding more detail to the map. Set up an automated report to Trak activity. Complete quality planning. Audit ward diaries. This allows the organisation to look at capacity and demand for the community nurses to start operating a seven-day service.		Use data to inform next steps and support. May include methodology training to support the service to be self-sufficient.		Review an exit plan or support to allow the team be self-sufficient.				
Project support and capacity and capability for Quality Management	Anne Milburn, Peter Campbell, Sonia Joseph	RHCYP operates an active Quality Improvement Team (QIT), chaired by P Campbell and S Joseph, both of whom are Scottish Quality & Safety Fellows. All potential projects will be reviewed by them, some of which will be supported via the Quality Academy. QI training is offered via the Quality Academy. An Associate Improvement Advisor will support selected prioritised projects.		Review quarterly. Associate Improvement Advisor support and the Quality Academy continues						

Annual Plan - Primary Care Network

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
QI & Safety Enhanced Service Programme 2023-2024	Sue Perkins, Improvement Advisor Rebecca Green GP Lead	Two QI & Safety Enhanced Service showcase events held in person for 97 participating practices to share learning and highlight projects from 2023-2024 suitable for scale / spread.		IHI scoring for all submitted QI projects. Identifying projects suitable to be written up as a Scale and Spread Toolkit.						
QI & Safety Enhanced Service Programme 2024-2025	Sue Perkins, Improvement Advisor Rebecca Green GP Lead	Three online and one face-to-face interactive Launch Workshop with a focus on teaching QI methodology and contract requirements Submission of Project Proposals from participating practices.		Support for practices to complete Project Charters including a planning tool, baseline data, proposed measures and patient/staff experience. 95 x 1 hour Coaching clinics held Sept-Dec		Coaching clinics continue. Support for submission of one test of change (Plan, Do, Study, Act cycle).		Plan showcase events to be held in April. End of project submissions: poster, 3 data points, patient/staff experience. Submit updated contract for 2025-2026 ES.		
Lothian Cluster Quality Lead meetings	Sue Perkins, Improvement Advisor Rebecca Green GP Lead	June Pan-Lothian Cluster Quality Lead meeting held for peer support, building QI skills, identifying opportunities for improvement, sharing QI work.		Sept Pan-Lothian Cluster Quality Lead meeting held.		Dec Pan-Lothian Cluster Quality Lead meeting held.		March Pan-Lothian Cluster Quality Lead meeting held.		
Cluster Quality Lead coaching	Sue Perkins, Improvement Advisor, Rebecca Green GP Lead	Coaching sessions (QI and leadership) provided for new CQL in post – Susan Drummond for NW Bridge Cluster.		Coaching sessions (QI and leadership) provided for new CQLs when recruited – Edinburgh SE North, West Lothian West.		Coaching sessions (QI and leadership) as required.		Coaching sessions (QI and leadership) as required.		
QI training	Sue Perkins, Improvement Advisor	May cohort for QI Essentials training 4 x 90 minute sessions weekly.		Sept cohort for QI Essentials training 4 x 90 minute sessions weekly.						

Annual Plan - REAS

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Reduce avoidable harms – SPSP - reduce incidents of self-harm and suicide, including From observation to Intervention; improve the safety of seclusion and restraint practices; Patients and carers at the centre of joint decision making; reduce numbers of absconding/missing patients.	Siobhann Blair Deputy Chief Nurse	Quality Planning – Review and thematic analysis of SAERs, LCRs and complaints relating to events of seclusion and / or restraint, of violence and aggression on adult acute wards. of self-harm and suicide. Review current seclusion and restraint SOPs and identify opportunities for improvement. Quality Planning and review current continuous intervention (CI) standard operating procedure (SOP). Identify opportunities for improvement.		Prioritisation of supported projects. QI training (1/2 day / bite size) for projects		Project Support		Project Support and prepare report out		
Reduce avoidable harm from the most frequent SAEs: falls, medication errors and patients who physically deteriorate		Quality planning – Review and thematic analysis for each in relation to SAERs, LCRs and complaints. Capture baseline data, process maps and identifying improvement opportunities.		Prioritisation of supported projects. QI training (1/2 day / bite size) for projects		Project Support		Project Support and prepare report out		
Improved infrastructure to support human rights based, contemporary trauma informed practice and design and utilisation of the environment to promote safety.		Quality Planning – Review and thematic analysis of SAERs, LCRs and complaints relating to incidents where a trauma informed approach would have prevented or reduced harm and where the environment has impacted on patient care.		Prioritisation of supported projects. QI training (1/2 day / bite size) for projects relating to improving trauma informed practice and care, & trauma informed practice & care.		Project Support		Project Support and prepare report out		
USC - **Early planning of discharge**	Terez Burrows, Danielle Shearer – CSMs.	Develop, test, implement in 1 ward: admission documentation (checklist); MH assessment process (recorded on Trak). welcome leaflet to patients/carers; patient journey roadmaps and literature; PDD within 48hrs to 1 week; Trak user guide and staff training; early referral to OT/Physio		Implement in 1 ward and Spread learning and implement on 2 different AA wards within Trak.		Spread learning and implement on the remaining AA wards within Trak.		All AA inpatients		
USC - **Co-ordination of care**		Develop, test, implement in 1 ward: visible service information / SWR; **processes (MDT approach) for RRDs; admin** task management template; **flow meetings; robust guidance / escalation for staff**		Implement in 1 ward and Spread learning and implement on 2 different AA wards		Spread learning and implement on the remaining AA wards		All AA inpatients		
USC - **Prioritisation of patients who are being considered for discharge**				Develop, test, implement in 1 ward: Collaborative/joint decision making (managing risk) by test reliable and inclusive discharge planning meetings (DPM's); patient, relative & carer discharge booklet		Implement in 1 ward and Spread learning and implement on 2 different AA wards		Spread learning and implement on the remaining AA wards		
USC - **Relative, carer & patient readiness for discharge -** Timely and accurate discharge IDL process and transfer of care information		Gain understanding of IDL standardised process. E.g., who signs off etc. for 1 ward – mapping with data. Develop a reliable transfer of care template.		Data collection and testing in one ward.		Implement in 1 ward and Spread learning and implement on 2 different AA wards		Spread learning and implement on the remaining AA wards		
Leadership, learning, feedback and celebrating success	REAS SMT	Support and encourage MH staff and management to be skilled in QI to drive improvement to promote a quality improvement culture.		Test staff escalation routes (to unblock barriers & reduce staff time/resource updating patient info at huddles).		Support and encourage teams to engage with QI methodology and training via both local and national		Build capacity and capability for quality improvement throughout all		

Annual Plan - Maternity and Neonatal Services

Project(s)	Programme Lead (s)	Q1 (April – June 2024))		Q2 (July – September 2024)		Q3 (October – December 2024)		Q4 (January – March 2025)		Summary update for reporting purposes
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Culture and leadership	Allister Short	Create a programme of management drop-in sessions for staff Map current and ideal learning system for Women's Services		Activities based on the learning from the management drop-in sessions						
Person-centred care	Mercedes Botello-Perez	Carry out a prioritisation exercise to scope work for the remaining quarters								
Robust management processes	Allister Short	Create a plan for putting the assurance framework into practice Develop a maternity services data dashboard Write SBAR for bed and theatre capacity								
Planned antenatal care	Katy Ruggeri / Emma Doubal	Map current planned care pathways including informed choice of birth and booking of planned deliveries (ELCS and IOL) and the information patients have access to		Education with midwives (community, DAU) on the importance of plotting SFH and how to respond to growth not following expected trajectory Changes to the planned birth pathways						
Unscheduled antenatal care	Katy Ruggeri / Emma Doubal	Mapping the totality of unscheduled maternity care across community and acute sites		Review the telephone advice process across all sites Introduce BSOTS to SJH site Deep dive into medical care pathways						
Peripartum care	Katy Ruggeri / Emma Doubal	Audit current compliance with the urgency of birth SOP, study the results and seek change ideas		Test changes to improve compliance with the urgency of birth SOP						
Neonatal care	Katy Ruggeri / Jillian McFadzean	Gather baseline data for the IVH bundle; learn from other units		Test changes to embed the IVH bundle.						

NHS LOTHIAN

16.

Board Meeting
24 April 2024

Director of Public Health and Health Policy

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board takes note of the Director of Public Health's Annual Report 2023.

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

2 Recommendations

2.1 Board members are asked to note that the evidence relating to improving health outcomes is clear that a focus on the early years and children and young people's wellbeing will have the greatest impact on future outcomes. This report provides a focus on those areas to inform future priorities across the health and care system and with other local partners.

3 Discussion of Key Issues

3.1 The Director of Public Health has a responsibility to ensure that the needs of the population are considered regularly as part of local and national policy developments. The annual report informs this work by describing who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.

3.2 The DPH report last year provided a general population health update and a focus on the work underway to address the cost of living crisis. This year we focus on maternal and child health, an area that we know has significant evidence of effectiveness in improving future health outcomes.

3.3 Delivering improvements in maternal, child and adolescent health outcomes means working with our public and voluntary and community sector partners across Lothian. Although financial shortfalls and demand across the public sector are huge challenges, an emphasis on prevention and long-term change remains important to improve health outcomes.

3.4 The report provides data, evidence and examples of work underway to improve outcomes for children and young people. Our focus on child poverty which was highlighted in the report last year remains a priority for us and our partners.

3.5 NHS Lothian has a statutory role to produce annual child poverty reports. This work continues to be a significant focus for public health teams alongside a wider programme, involving many parts of the Lothian health and care system, of activity that supports the most disadvantaged children and young people in the area.

4 Key Risks

4.1 Declining population health leads to more demand for health and care services. There is a risk that current financial challenges result in limited ability to invest in early years and children's activity which we know can improve population health and reduce inequalities.

5 Risk Register

5.1 There are no corporate risks related to this report.

6 Impact on Inequality, Including Health Inequalities

6.1 This report identifies areas of work that will improve outcomes for children and young people, reduce health inequalities, and ensure that we meet their rights under the United Nations Convention on the Rights of the Child.

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

7.1 This report does not relate to service changes and therefore has not been subject to local engagement.

8 Resource Implications

8.1 This report does not identify specific resource implications. However, resources are required to ensure that this work continues to be delivered. We do recognise that this will be a considerable challenge during a period of reduction in funding to public, community and voluntary sector services.

Dona Milne
Director of Public Health
dona.milne@nhs.scot
17 April 2024

List of Appendices

Appendix 1: NHS Lothian Director of Public Health Annual Report 2023

Appendix 1

NHS Lothian

Director of Public Health Annual Report 2023

Contents

Contributors :

Gillian Amos
Kristen Bowles
Laura Cairns
Ashley Goodfellow
Martin Higgins
Steff Kaye
Yvonne Kerr
Tracy McGillivray
Dona Milne
Pamela Murray
Jim Sherval
Sarah Tait
Ross Whitehead
Jamie Zike

Photo courtesy of Wester Hailes Youth Agency

Introduction

The Public Health team in Lothian is committed to creating a society where everybody can thrive and everybody has the right building blocks for a healthy life – a stable job, good pay, quality housing and good education. In Lothian there are huge differences in life expectancy and other health outcomes that can be seen from very early in babies' lives. All children and young people should be able to grow up in healthy and safe environments.

The early years of a child's life lay the foundations for their physical, social, intellectual, and emotional development. Policies focusing on children and young people's health and wellbeing are based on prevention, early identification of need and early intervention with extra support for people identified as having the greatest need. Children and young people need environments where they are protected from harms such as air pollution, traffic danger, the impacts of poor-quality housing, as well as environments that allow them to realise their right to play, learn and be physically active including the opportunity to connect with nature.

The Lothian Strategic Development Framework sets out a five-year strategy for the Lothian Health and Care system working alongside local partners. Improving maternal, children and young people's health and wellbeing is a key part of the framework, with four priority areas:

- Improving maternal health and tackling poverty
- Infant and child health and wellbeing
- Adolescent health and wellbeing
- Supporting care experienced children, young people and families through delivery of The Promise.

There is a statutory duty for health boards and local authorities to produce Children's Services Plans every three years and to report progress on these annually. Children's Services Partnership Groups are established in each of the four Lothian local authority areas and involve a range of community planning partners working collaboratively to develop strategic plans and deliver on identified priorities which aim to improve children and young people's health and wellbeing. Each partnership plan reflects different priorities and needs; however, all four local partnership area plans are underpinned by commitments to tackling poverty and inequality, Children's Rights, Getting it Right for Every Child (GIRFEC), and implementing The Promise.

Our work to improve children and young people's health and wellbeing is informed by data and evidence, a key part of which is listening to the voices of children and young people themselves. The national School Health and Wellbeing Survey is one way to find out more about the health and wellbeing of children and young people, to allow local partnerships to plan and act effectively to improve health outcomes for our population.

The Public Health team has prioritised work on children and young people as the evidence tells us that if we want to make a difference to long term health outcomes, we need to build on work from the early years. The purpose of this report is to increase understanding amongst public and community and voluntary sector partners about where our efforts should go to ensure this work is embedded in all that we do. The report provides examples of activity to improve the health and development of pregnant women, children and young people, including protection from harms such as smoking, obesity, and infectious diseases.

This years annual report deliberately focuses on the work we need to do to improve outcomes for children and young people - we know this is where the greatest gains in health improvement can be made.

Of course, the work of public health in Lothian spans many more areas of work than we have featured here. We have responsibility for the oversight of significant population health initiatives such as all immunisation programmes, pharmaceutical and dental public health, national screening programmes, delivery of an effective health protection function alongside services such as Healthy Respect, Maternal and Infant Nutrition and Quit Your Way, our smoking cessation service. There are reports for all of these services available separately. Those of you that are interested in finding out more about the work of the Public Health Department in Lothian, should visit our webpages at https://weare.nhslothian.scot/publichealth.

Dona Milne,
Director of Public Health and Health Policy
NHS Lothian.

Getting it Right for children and young people - a children's rights approach

To make Scotland the best place in the world to grow up, everyone supporting children and young people must develop and maintain positive relationships so that children feel loved, safe and respected. Support should be child-centred, empowering for families, and rooted in trusting relationships. It should be strengths based and proportionate to need.

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act was passed by the Scottish Parliament in December 2023 and received Royal Assent in January 2024. This establishes children's rights in legislation. It recognises that childhood is special, that each child is an individual and must be allowed to grow, learn, play, develop and flourish with dignity. Public bodies must take steps to respect, protect, and fulfil children's rights and ensure children and young people are involved and listened to in relation to decisions that affect them and their communities. The NHS Lothian Equality and Human Rights Strategy 2023-2028 is the mechanism through which we do this.

The principles of GIRFEC are founded on the UNCRC and underpinned by a common definition of wellbeing; that children are: safe, healthy, achieving, nurtured, active, respected, responsible, and included. The principles of GIRFEC are well established in NHS Lothian providing a consistent framework and shared language to work with partners to support cultural norms that put the interests of children at the heart of what we do.

NHS Lothian is committed to fulfilling The Promise which sets out a vision for what the future of care for Scotland's children and young people could be. It advocates for more intensive, preventative support provided to families in order to keep them together where safe to do so and where this is not possible, the alternative should provide them with a loving home with positive and lasting relationships and support to thrive.

NHS Lothian is working with partner organisations to implement the UNCRC, GIRFEC and The Promise and will share learning and build on what is going well. It is essential to listen to children and young people and ensure their voice is heard and at the forefront of decision making.

Priorities for action

- We will develop a UNCRC Incorporation implementation plan.
- We will support services to understand the implications of UNCRC incorporation.
- We will involve children in policy making and decisions about care and treatment.
- We will monitor and evaluate the impact of policies and practices on children's rights and wellbeing.

Improving maternal health and tackling poverty

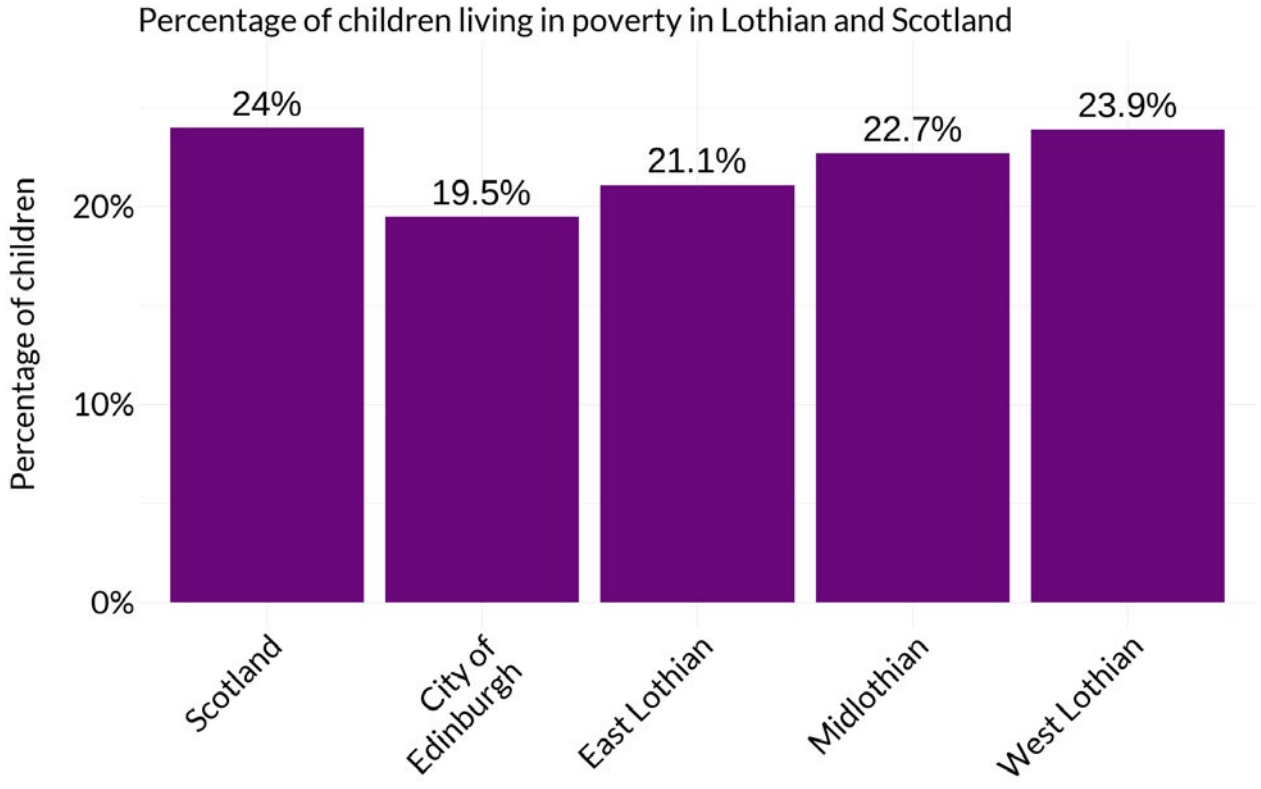
Child and Family Poverty

Child poverty has a harmful impact on the health and wellbeing, education, and life chances of children, young people, and their families. Some families are at higher than average risk of poverty and require targeted support. The NHS is tackling child poverty, in particular by maximising patient income, but also by increasing opportunities for local employment of those most affected by poverty.

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to jointly prepare an annual report on the activity they have taken, and will take, to reduce child poverty in their local area through action on the three main drivers of poverty: income from employment, income from social security benefits and reducing the cost of living.

Child Poverty has increased in Scotland over the last few years due to many factors including the rise in the cost of living.

Figure 1: End Child Poverty statistics 2021/22



In order to reduce child poverty we need to focus initially on increasing the amount of money that people have to live on. One of the ways that we can do that is through increased access to welfare rights, income maximisation and debt advice. We have these services in each local authority area and we are working with partners to review these services and to ensure equitable access to these services for everyone that needs them.

Financial wellbeing referral pathways are being established in midwifery, health visiting and family nurse partnership services to ensure people worried about money are identified and supported to access help.

Welfare advice services in Lothian hospitals which, since October 2022, have supported 1,350 clients with financial gain totalling over £1.1 million, are being increased. Staff across the Lothian health and care system will be trained to support increased take-up of benefits and how to refer to local money advice services. NHS Lothian will explore the feasibility of automating referrals to financial advice.

A national Infant Food Insecurity Toolkit was launched in February 2024. In addition, a cash-first pathway for crisis infant food insecurity support will be developed in Lothian.

Priorities for action

- We will continue to work with partners to produce Local Child Poverty Action Plans and Reports to address the main drivers of poverty and support those most at risk of poverty.
- We will work with partners to develop a child poverty dataset to enable us to prioritise action where it is needed most and to monitor the progress of these actions to ensure they are making a difference.
- We will continue to increase the work of NHS Lothian to tackle child poverty through our employability and recruitment processes.

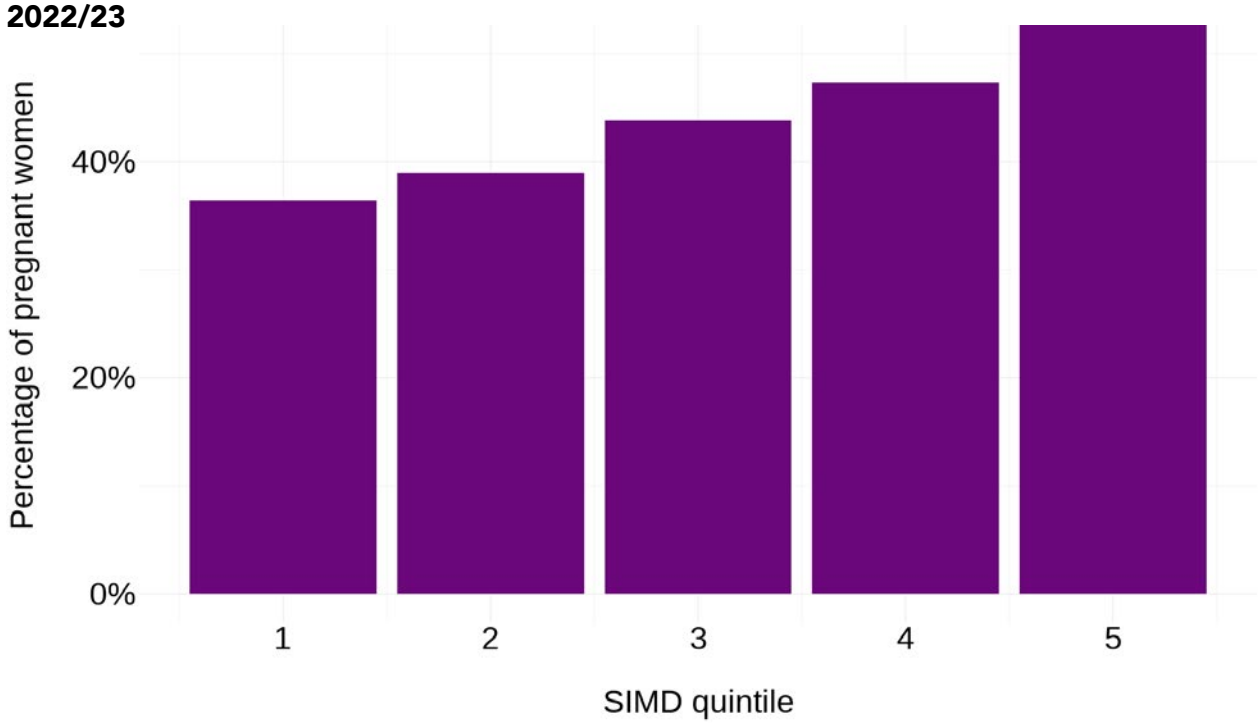
Healthy Weight in Pregnancy

There is a strong relationship between a mother's weight (her Body Mass Index or BMI) and where she lives. Overweight and obesity can affect fertility and is associated with increased risks for mothers and babies. This includes conditions like gestational diabetes, high blood pressure and increased risk of miscarriage and stillbirth. Maternal obesity is associated with obesity in children.

In the least deprived areas of Lothian (SIMD 5) only 15% of mothers are overweight or obese and over half (53%) are a healthy weight.

In comparison a higher percentage of mothers in the most deprived areas of Lothian (SIMD 1) are overweight or obese (31%) and a smaller percentage (36%) are a healthy weight.

Figure 2: Percent of pregnant women who are of a healthy weight for financial year 2022/23



In Lothian, pregnant women with obesity are offered specialist support during pregnancy to enable them to achieve a successful outcome for mum and baby. Pregnant women with gestational diabetes receive help in the community to maintain glycaemic control and are offered support postnatally to prevent or delay the onset of type-2 diabetes in the future.

Priorities for action

- We will continue to work with a range of partners to improve food and physical activity environments to support people to achieve a healthy weight.
- We will work with weight management services to improve the support available for pregnant and postnatal women.
- We will explore what more we can do to support women to achieve a healthy weight before pregnancy.

Smoking in Pregnancy

Smoking is a major risk factor for still-births, premature births, low birthweight and other negative maternal and child health outcomes. NHS Lothian is committed to a system response to support pregnant women to stop smoking. Support to stop smoking is offered by teams in every NHS Board across Scotland through a service called 'Quit Your Way'.

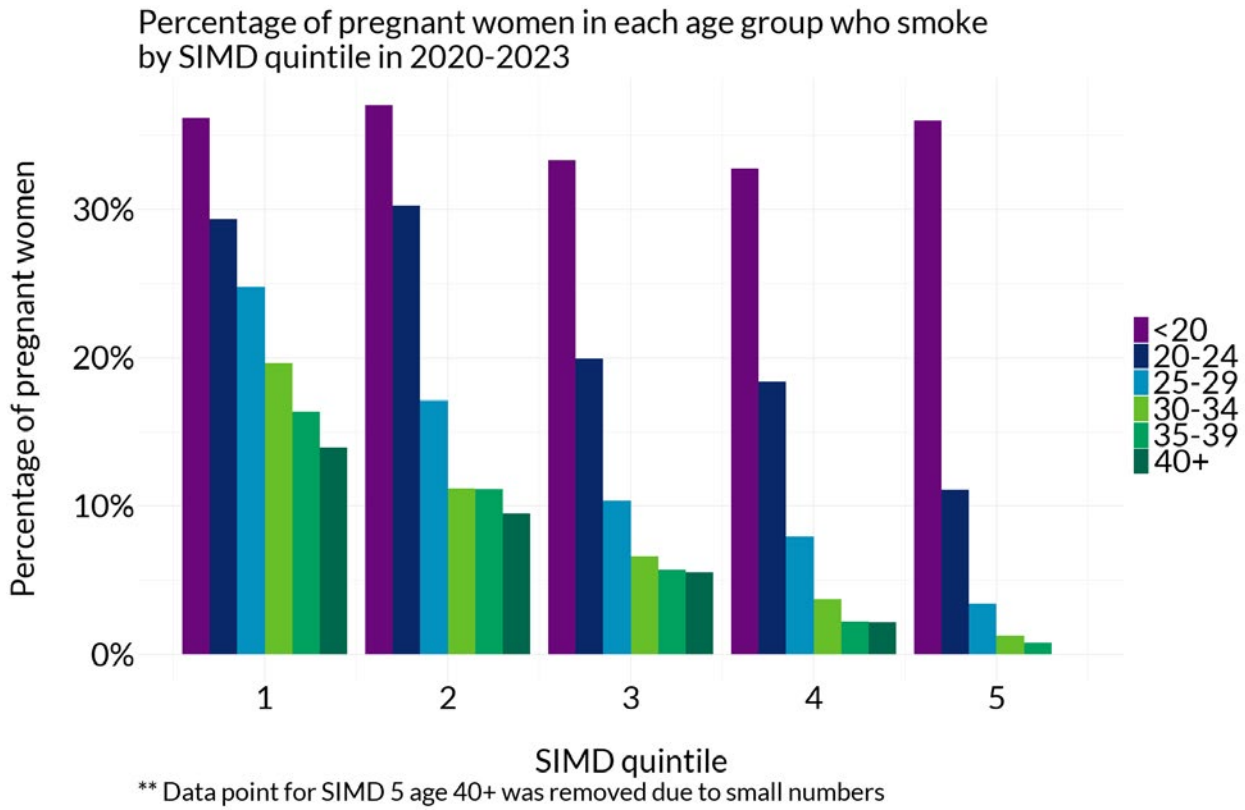
Smoking in pregnancy by deprivation

There is a relationship between smoking in pregnancy and age and deprivation.

Across all deprivation levels, more than 30% of babies born to mothers under 20 are exposed to tobacco in the womb.

The percentage of mothers who smoke generally decreases with age and when deprivation decreases.

Figure 3



Support to stop smoking

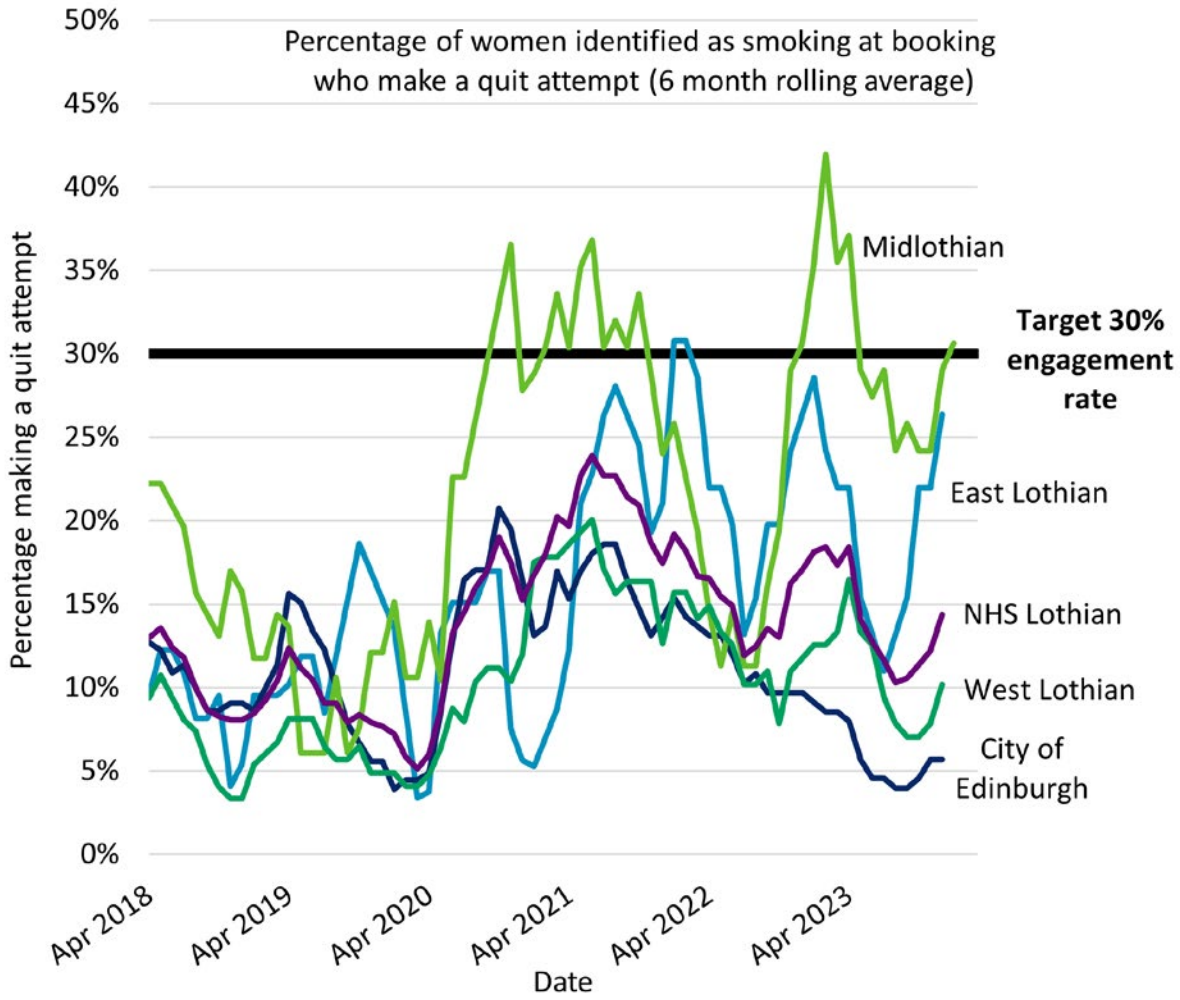
Across Scotland, over the last ten years, fewer pregnant women have been recorded as trying to quit smoking. Those who do try to quit however are now more likely to be successful. (NHS Stop Smoking Services, Scotland 2022/23. Public Health Scotland)

In Lothian, the numbers trying to quit are lower than the scottish average and success rates are the lowest in Scotland. To improve this, a whole system maternity project has started in Midlothian. This aims to support 30% of women identified as smoking at booking appointment to try to quit smoking through:

- Training maternity staff to support conversations about smoking at booking visits
- Distributing carbon monoxide monitors to the midwifery team and training staff on how to use them
- Automating referrals to the smoking cessation team
- Training each of the Quit Your Way teams in Lothian to provide specialist support for pregnant women.

Engagement is the initial, but essential, starting point for a successful smoking quit. Our data show that the enhanced service model in Midlothian has delivered higher engagement rates than in other areas of the service when the support has been in place.

Figure 4: Percentage of women across Lothian who made a quit attempt
(Women were identified as smoking at booking appointment and supported by NHS Lothian Quit Your Way Services) 2018-2023



Priorities for action

- We will support women to stop smoking by delivering a whole system response where maternity services staff and smoking cessation specialists are working together to support women.
- We will monitor our performance and continuously strive to make improvements to increase access and to support women to stop smoking.
- We will roll out the enhanced maternity smoking cessation approach across community midwifery teams in Lothian and all referrals from maternity services will be prioritised for support by these practitioners.

Infant and child health and wellbeing

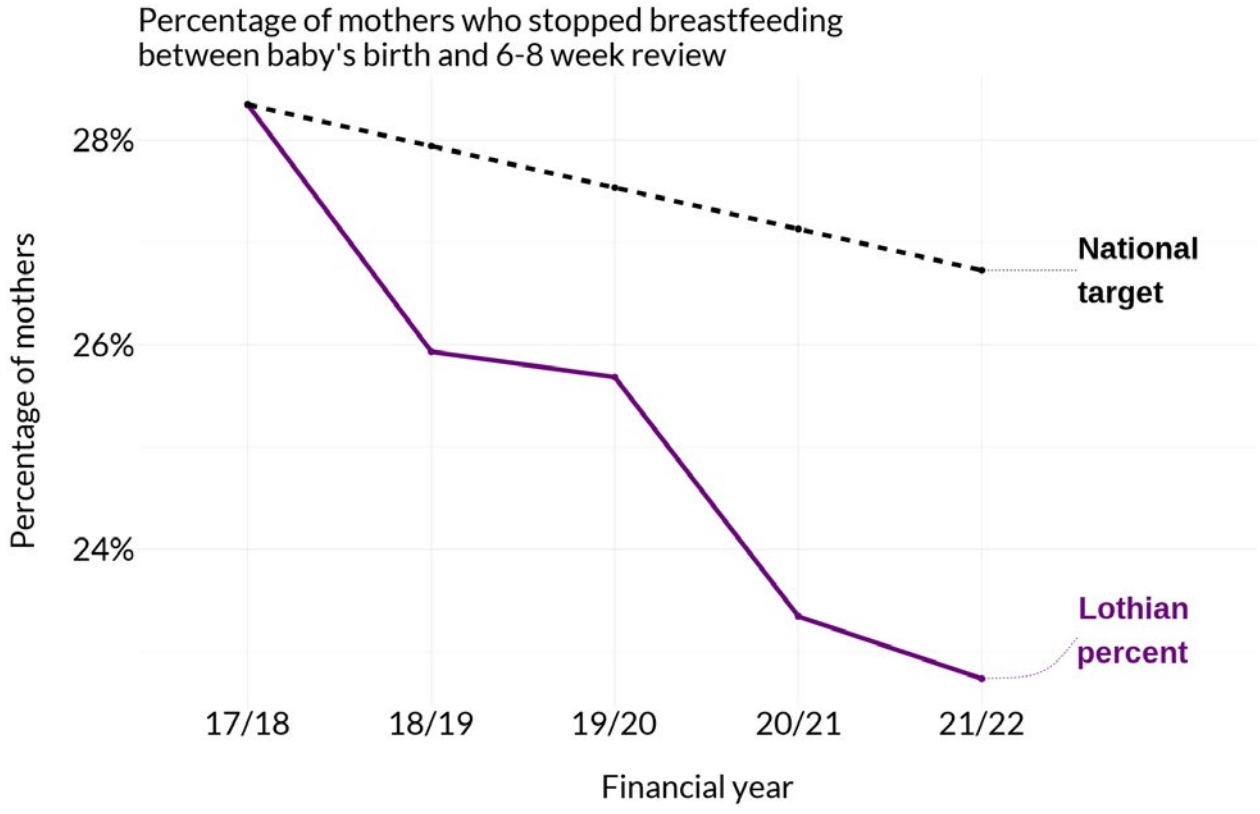
Maternal and Infant Nutrition

Preconception, pregnancy and early childhood are crucial periods in establishing good nutrition and developing healthy eating habits which continue throughout life. The Maternal and Infant Nutrition (MIN) service within Public Health supports families with infant feeding during the first year of life.

The MIN service provides support to reduce breastfeeding drop off at 6-8 weeks and supports staff to have increased knowledge and confidence around nutrition. NHS Lothian breastfeeding rates at 6-8 weeks are better than the Scottish average. There has been an improvement over time in Lothian's breastfeeding drop-off rate compared to the target values established by the national aim to reduce drop-off by 10% between 2019 and 2025.

In 2017/18, Lothian's rate of breastfeeding drop off at 6-8 weeks was over 28% whereas it was under 23% in 2021/22, which is a move in the right direction, with more women breastfeeding for longer.

Figure 5: Breastfeeding drop off rate



The proportion of women breastfeeding in Lothian was 59% compared to 45% in Scotland. Rates vary across the four local authority areas in Lothian, from 70% in Edinburgh City to 42% in West Lothian.

A dedicated project to reduce breastfeeding drop off rates in West Lothian has been established - Delivering Early Breastfeeding Support (DEBS). DEBS provides proactive

breastfeeding support in addition to universal maternity care. Outcomes show the project has reduced the drop off in breastfeeding at 6-8 weeks across all areas (regardless of level of deprivation) and contributed to the improving breastfeeding rates in West Lothian.

During 2023, the MIN service led accreditation for the UNICEF UK Baby Friendly Initiative in Neonatal services and reaccreditation in Maternity services in Lothian. This is the first time that maternity, neonatal and community services in Lothian have been accredited. The Royal Hospital for Children and Young People has been selected as the only site in Scotland to pilot UNICEF accreditation within a children's hospital.

Moving on from milk feeding is another important milestone in a child's life. The MIN service supports this by working with the Dietetics service to deliver training on weaning for health visiting staff. Our HENRY (Health, Exercise and Nutrition for the Really Young) programme has been increasing community-based family support workers' knowledge, confidence and skills about family food and nutrition. This project has linked with our whole system approach to support an increase in child healthy weight and a reduction in the onset of obesity and type-2 diabetes.

Priorities for action

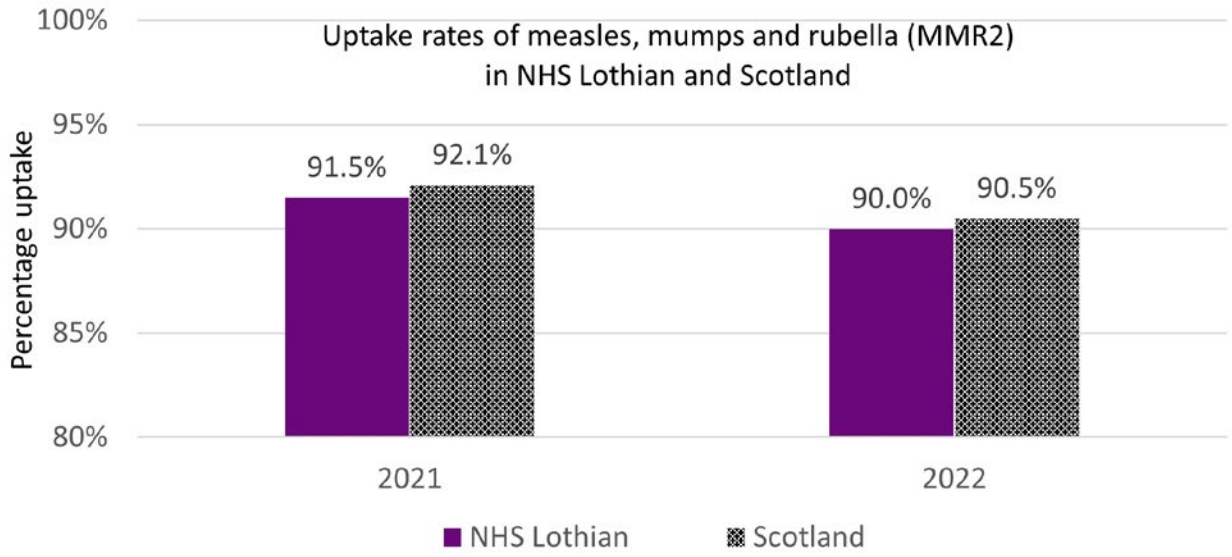
- We will continue to work towards UNICEF baby friendly initiative sustainability by working with our Baby Friendly Guardians.
- We will explore the feasibility of expanding the DEBS project to other areas where breastfeeding drop off is higher.
- We will support the expansion of HENRY across Scotland alongside NHS Education for Scotland.

Immunisation

Immunisation programmes save lives and are an important part of prevention in public health. The Immunisation team work with Health and Social Care Partnerships, local authorities and community and voluntary sector partners to protect the people of Lothian against vaccine preventable diseases.

NHS Lothian routine childhood immunisation uptake remains high but has been declining over the last few years. Childhood immunisation statistics show that uptake of measles, mumps, and rubella (MMR) vaccine in 2022 was 90% for two doses at 5 years of age, a reduction of 1.5% from 2021 and below the World Health Organisation 95% target. Reasons for the decline include new arrivals to Lothian, vaccine hesitancy and barriers to accessing services, such as the cost of travel for appointments.

Figure 6: Uptake rates of measles, mumps and rubella (MMR2) in NHS Lothian and Scotland



Vaccine-preventable diseases in our children have not disappeared. We are seeing the threat from measles, which can spread very easily among those who are unvaccinated, as the number of cases in England and Europe has increased. NHS Lothian and Health and Social Care Partnership vaccination teams have started a catch-up campaign for children and young people with missed MMR vaccines in order to protect them from this increased threat.

The Immunisation team continues to focus on supporting childhood immunisations by ensuring coverage is high overall with additional efforts to engage families living in areas of higher deprivation or families from ethnic minority backgrounds where vaccination uptake is lower. Our routine immunisation surveillance data is used to help the team work together with a range of organisations to inform and deliver targeted interventions.

Understanding Lothian population attitudes to vaccination is key and in 2024/25 we will complete research with parents and carers to help us understand barriers and enablers to childhood immunisations. Immunisation services must continue to be safely delivered, reflecting our local population needs.

Priorities for action

- We will develop our understanding of public perceptions and views to provide good information about immunisation.
- We will continue to improve uptake of immunisation and reduce inequalities in those who are vaccinated.
- We will develop an integrated and flexible vaccination workforce to deliver an effective and efficient service.

Early child development

Early child development is important as it is strongly associated with long-term health, education and wider social outcomes. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes. There is good evidence that parenting support and early learning opportunities can improve outcomes for children with, or at risk of, developmental delay.

There is a steep socioeconomic gradient in developmental concerns, particularly for speech and language development, with 16% of those living in the most deprived areas (SIMD 1) having a speech and language concern identified, compared to 5% in the least deprived areas (SIMD 10).

Positive progress had been observed across Lothian with reductions in the proportion of reviews identifying children with a developmental concern, from 18% in 2013/14 to 11% in 2018/19. From 2019/20 onwards, this progress stalled, with a small increase in concerns about child developmental being identified in Lothian, to 13% of reviews in 2021/22.

Figure 7: Developmental concerns at the 27–30-month review

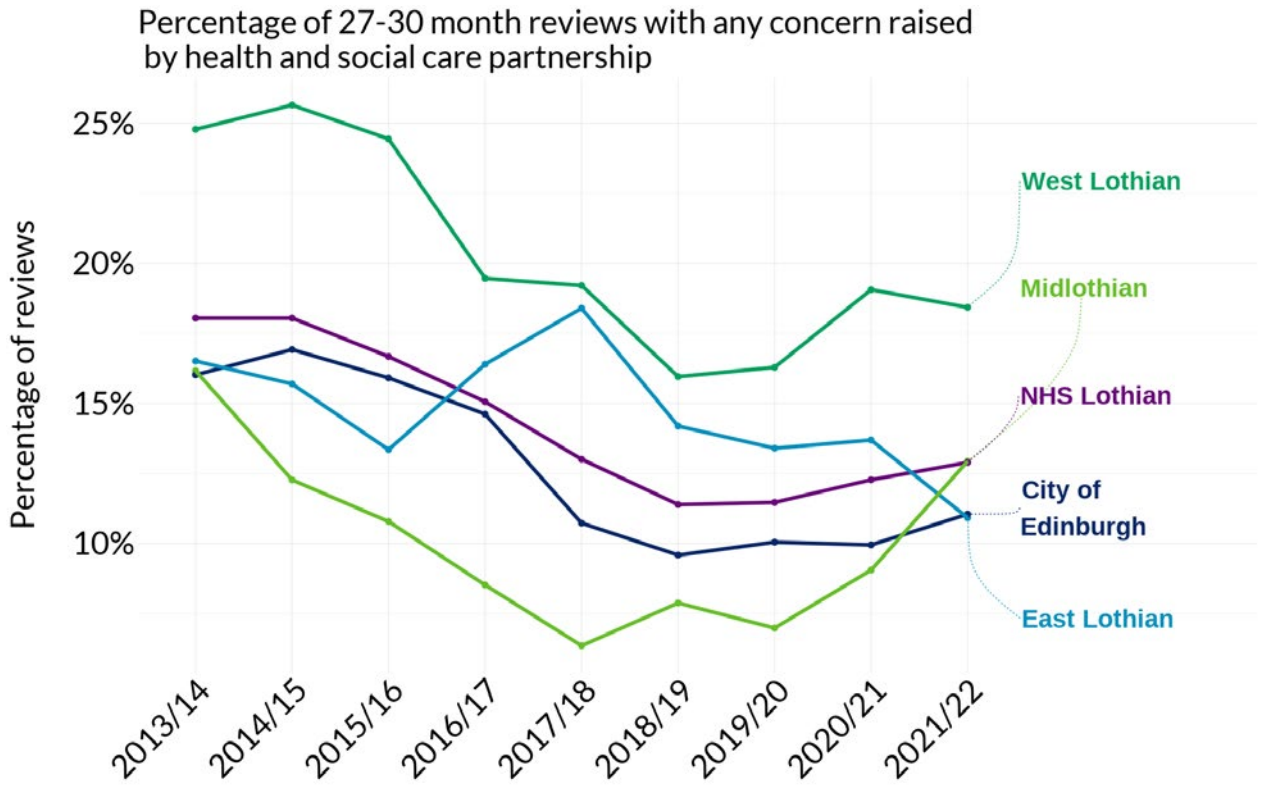
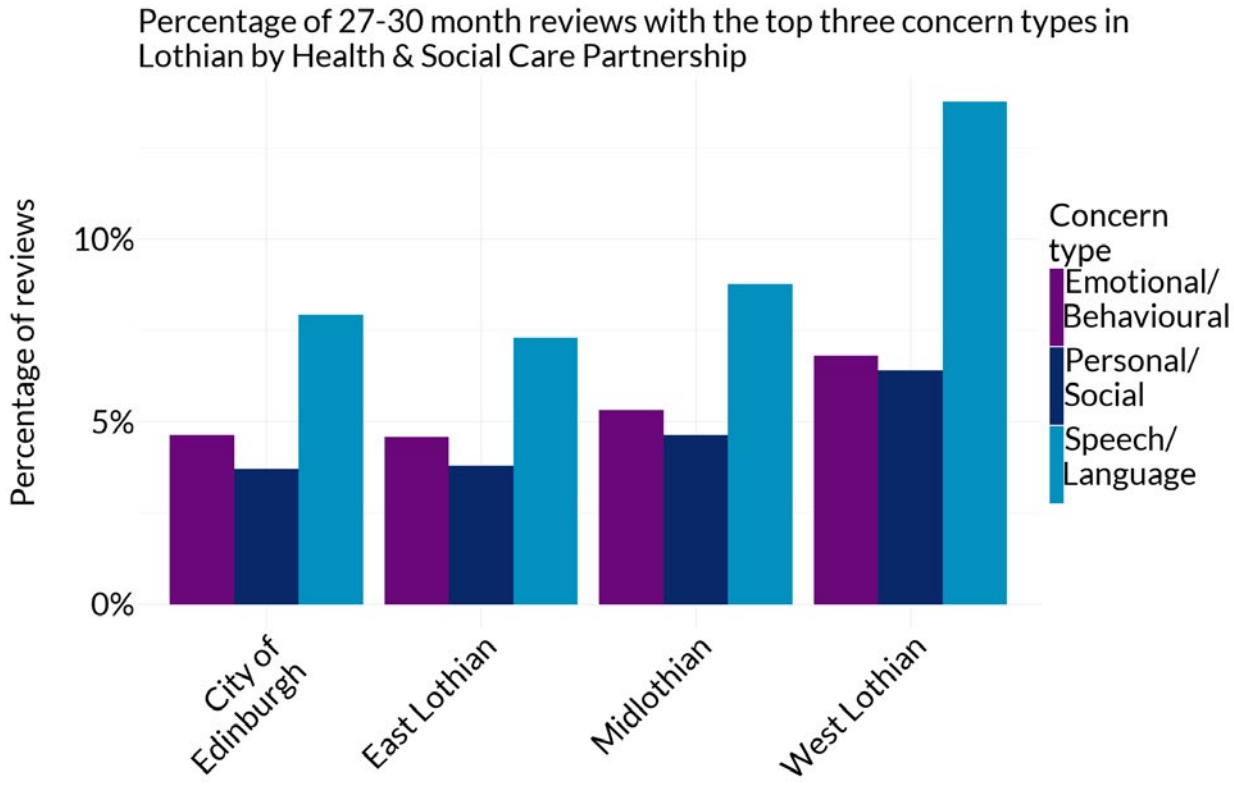


Figure 8: Top 3 concerns raised at the 27-30-month review



At 27-30 months of age, speech and language is the concern most commonly identified in children. These concerns are most common in West Lothian where 14% of reviews identified a speech and language problem.

Child development is supported through GIRFEC principles and strengths-based approaches, the Universal Health Visiting Pathway, Family Nurse Partnership, early learning and childcare, and multiagency family support services. Early identification of developmental concerns, such as speech and language, allows practitioners to provide interventions to those who need it most, to reduce inequalities in early years development and future educational outcomes.

Priorities for action

- We will work together with partners to ensure concerns about child development are identified early and interventions are in place to support children and families to meet expected development outcomes.
- We will consider what further action is needed to ensure children's early language development is supported and improved.

Adolescent Health and Wellbeing

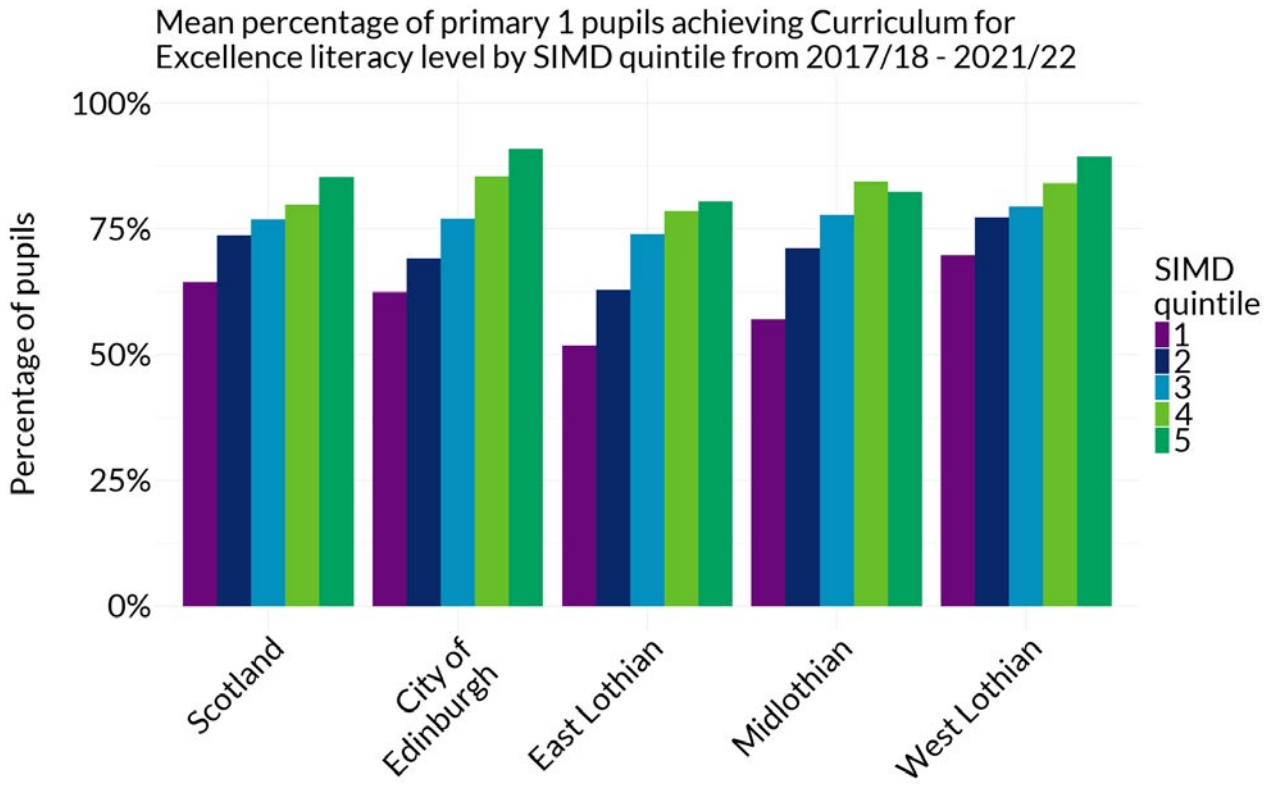
Healthy learning and development

One of the building blocks of health is education. We know that addressing educational attainment and children and young people's attendance at school can increase their future life chances and reduce inequalities longer term.

There are significant differences in educational outcomes between those living in the most deprived (SIMD 1) and least deprived (SIMD 5) areas. Along with our data on early child development, it illustrates the need to focus our attention on increasing attendance at school by those children living in deprived circumstances and to provide whole family support to ensure continuing engagement in education to prevent and reduce future inequalities.

Early level attainment (literacy)

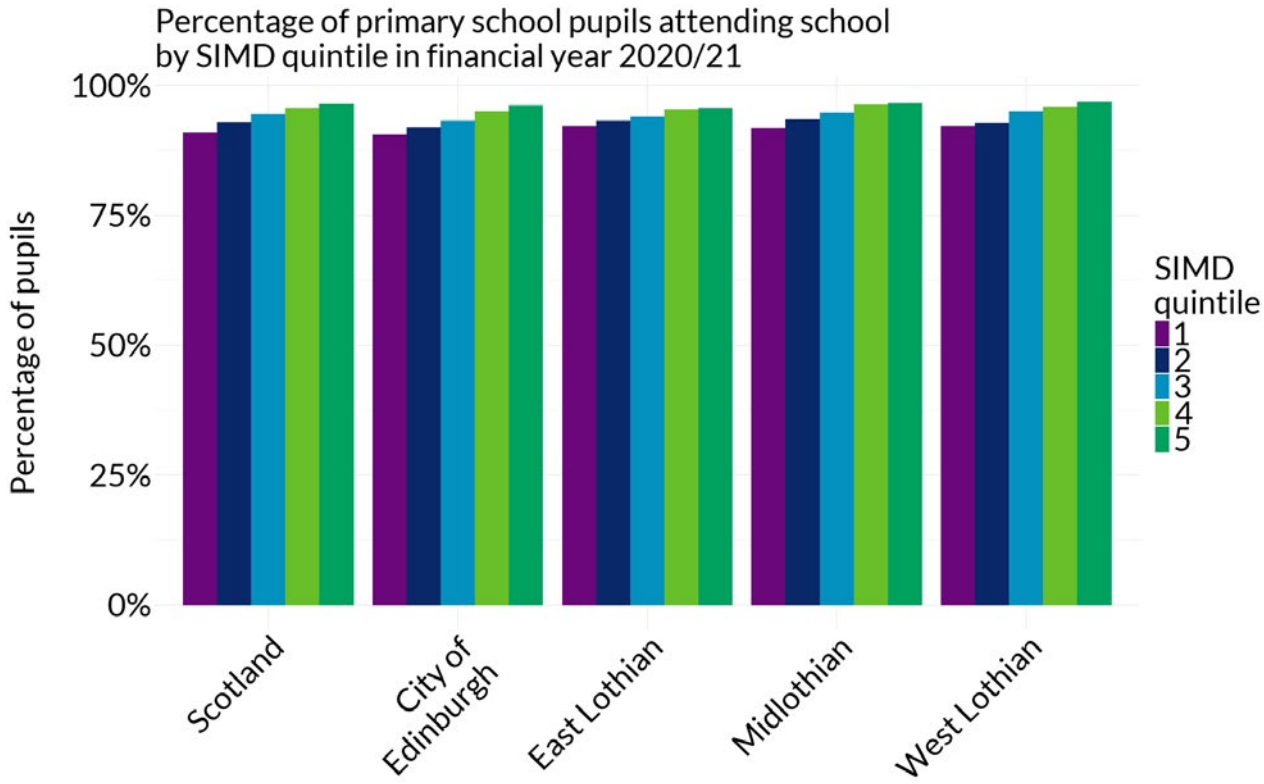
Figure 9: Percentage of P1 pupils achieving expected literacy levels



Local authority areas in Lothian each show a steep socioeconomic gradient in primary 1 literacy levels. For example, in East Lothian, 52% of primary 1 pupils living in the most deprived areas (SIMD 1) achieved expected reading levels compared to 81% of those in the least deprived areas (SIMD 5). A similar pattern is observed for numeracy.

School attendance

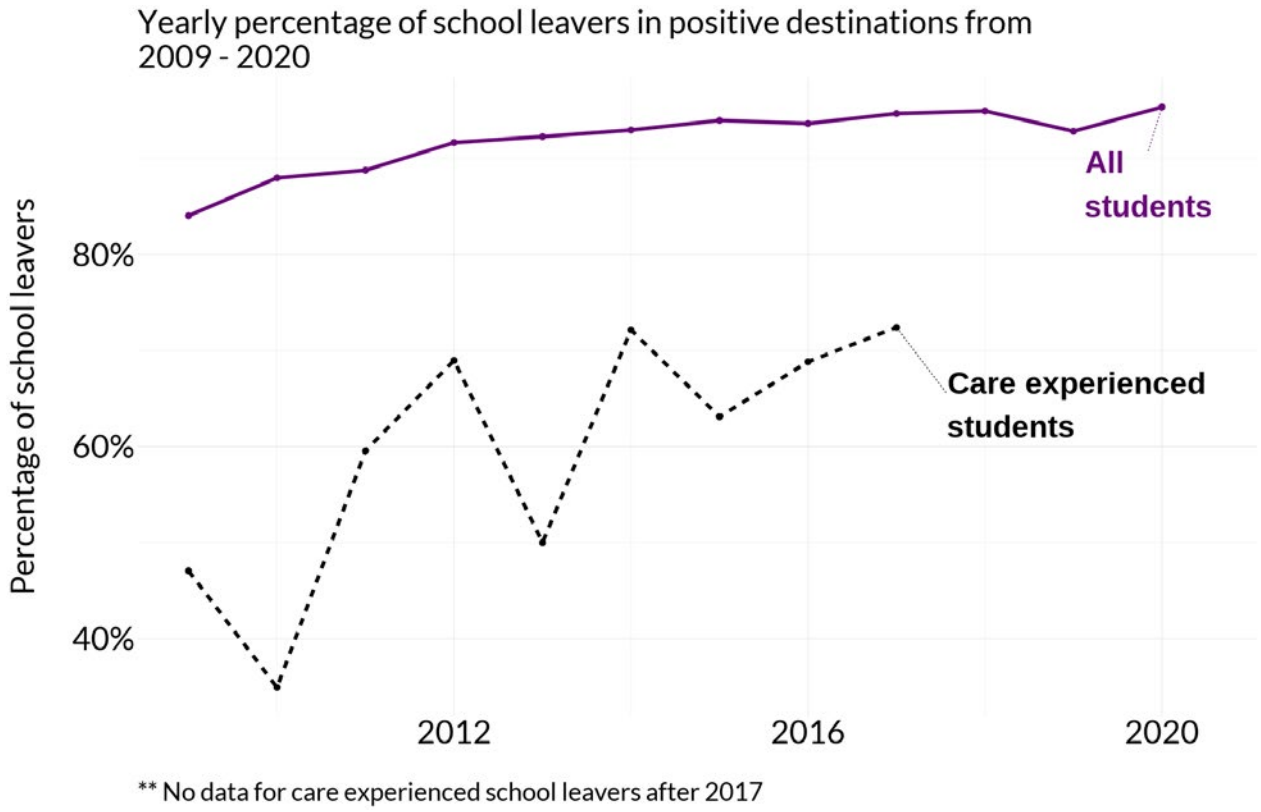
Figure 10: Primary school attendance



Local authority areas in Lothian each show a socioeconomic gradient in school attendance. In the city of Edinburgh in 2020/21, school attendance was 90.5% for those living in the most deprived areas (SIMD1) compared to 96.2% in the least deprived areas (SIMD 5). Improving this situation continues to be a priority for education departments, schools and their local partners who are supporting children and families.

Positive destinations

Figure 11: Percentage of school leavers in positive destinations



The chart above shows trends over time in the percentage of school leavers in positive destinations (including higher and further education, employment, training and voluntary work), by care experience.

The figure highlights a wide, but narrowing, gap with care experienced young people being far less likely to leave school for a positive destination than the total school-leaver population. As of 2017, 94.7% of the total school-leaver population were in a positive destination compared to 72.4% of care experienced young people.

A range of activity is being delivered through Children's Services Partnerships to support children's development, readiness to learn, and attainment. This includes whole family support, early education and childcare, and youth work approaches.

Priorities for action

- We will continue to work with our partners to identify need and ensure children, young people and families have access to the support they need to thrive.
- We will continue to build on the work of NHS Lothian as an Anchor Institution to support young people through training and employment opportunities.

Relationships, sexual health and parenthood

Among the under 25 population, knowledge, behaviours and outcomes in sexual health and conception have changed in recent years.

Due to disruption to school attendance during the Covid-19 pandemic, children and young people missed out on key areas of education including relationships, sexual health and parenthood (RSHP) education. Practitioners in sexual health services report gaps in young people's knowledge and an increasing impact of misinformation from social media.

The 2022 Health Behaviours in School-aged Children Scotland survey reported a continued decline in sexual activity among under 16s. Of the 15-year-olds who had had sex, 34% did not use a condom or birth control during their last intercourse. Although teenage pregnancy rates in Scotland continue to decline, those living in the most deprived areas had teenage pregnancy rates more than four times higher than those living in the least deprived areas (44.3 compared to 9.9 per 1,000 women).

Despite the reported decline in rates of sexual activity in young people under 16 years, sexually transmitted infections (STIs) and harmful sexual behaviours are at the highest for over a decade. Since 2019, gonorrhoea infections among sexually active people aged under 25 years have doubled.

Some groups of children and young people are particularly vulnerable to poor sexual health and wellbeing. These are LGBT+ young people, those with care experience, and young people with a learning disability.

LGBT+ young people are more likely to engage in sexual intercourse and more likely to say they were not ready for their first sexual experience. Evidence supports a strong link between age at first anal intercourse and infection with HIV/STIs, which means efforts to delay first sexual activity could be protective.

Care experienced children and young people have less access to consistent sources of sex and relationships education. Interrupted or low school attendance and placements with different carers can mean learning is through older relatives, self-research, or through experience.

Young people with learning disabilities are more likely to miss out on protective factors such as RSHP and more likely to be victims of sexual abuse. Evidence suggests the rates of sexual activity among 19 and 20-year-olds with a learning disability are not significantly different to those without a learning disability, but pregnancy rates are double.

Young people's sexual health needs can be supported, and inequalities addressed, through evidence based RSHP provision delivered by trained, competent teachers and staff, alongside providing young people friendly, inclusive and accessible sexual health services.

Priorities for action

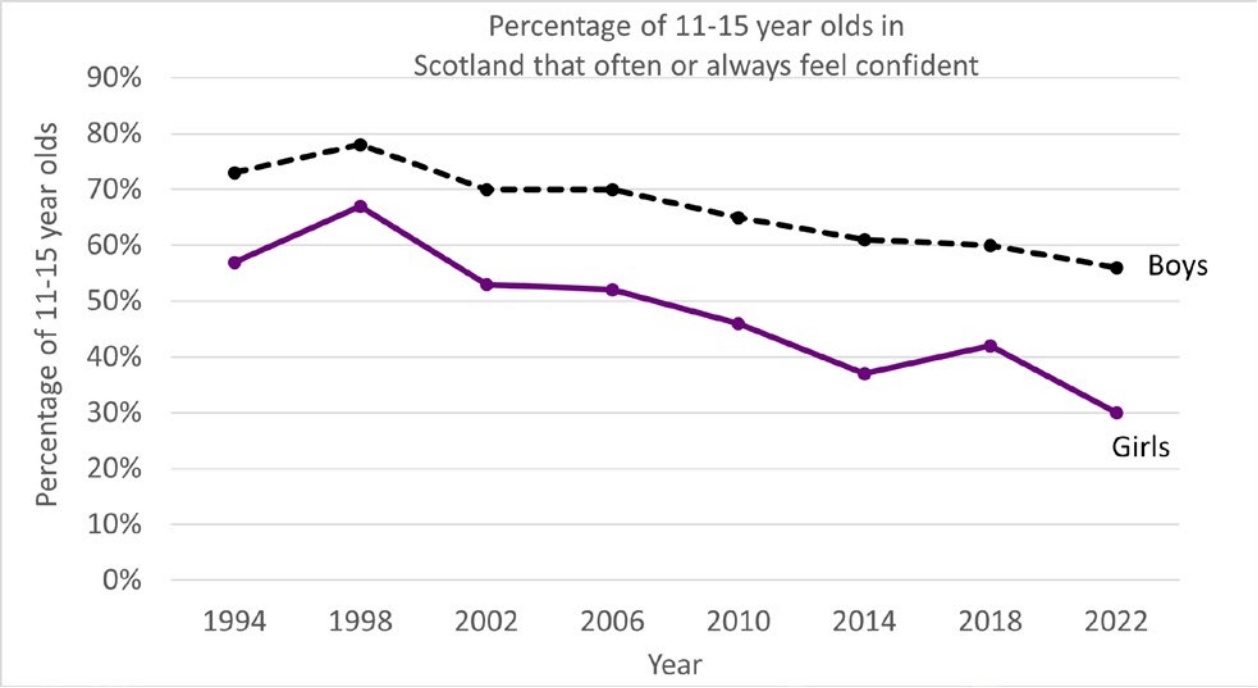
- We will continue to deliver multiagency workforce development opportunities across Lothian.
- We will deliver a partnership project to develop a resource for LGBT+ Inclusion in youth and children's education and services.
- We will develop flexible models for school and community-based early intervention sexual health services.
- We will develop accessible information on sex and relationships, including Easy-Read information.

Mental Health and Wellbeing

When children and young people do not receive timely support for their mental health needs, this can lead to spikes of demand for more specialist support, such as that provided by Child and Adolescent Mental Health Services. Intervening early to support mental wellbeing helps children and young people develop the skills they need to live healthy and happy lives.

Data from the Health Behaviour in School-aged Children Study highlight continued deterioration of young people's mental health and wellbeing. These downward trends for 11–15-year-olds have been evident since around 2010, and as of 2022, the levels of self-reported confidence and happiness (for girls) are the lowest observed in nearly 30 years.

Figure 12: Often or always feel confident



The cost of living crisis has worsened the impact of the pandemic on children and families with around one fifth of children in Lothian now living in families affected by poverty. There is a strong relationship between poverty and mental health and wellbeing. Supporting prevention and early intervention and timely access to support is key to reducing waiting lists and improving outcomes for children and young people.

Partnership working across public and third sectors is crucial to meet the changing needs of children and families. In Lothian, partners are working to develop Single Points of Access to mental health and wellbeing support for children, young people and families. This enables faster and easier access to low, moderate and specialist levels of support, depending on need. It is vital that services are delivered in a trauma-informed way by suitably trained staff.

Work to develop Single Points of Access has included consultation with young people, mapping of existing services, and development of user-friendly referral processes.

Priorities for action

- Continue to develop Single Points of Access to ensure children and young people have timely access to appropriate emotional, mental health, and wellbeing support.
- Ensure professionals are appropriately trained and equipped to deliver services in a trauma-informed way.
- Continue to focus on prevention activity through Children's Services Partnership structures, including work to address child poverty.

Conclusion

This report has deliberately focused on the health and wellbeing of our children and young people in Lothian as the greatest opportunity for influencing change to improve long term outcomes. The data tells us that we continue to see significant inequalities throughout these life stages. We have worked with partners within the health and care system and the wider community planning partnerships, who have a responsibility to produce plans to improve outcomes for children and young people, to ensure that this data and evidence informs the actions we will take locally.

Our goal is to continue to bring attention to the needs of our children and young people and their families to inform our work in this area. During a period of significant reductions in public sector resources there is a danger that we will see reductions in services for children, young people and families. The evidence is overwhelming that continued investment in the lives of our children and young people will reduce future inequalities, improve future health outcomes and reduce future demand on the health and care system.

This report calls on all public, community and voluntary sector organisations to consider the data presented and how it can shape their work. It seeks a commitment from partners to work together on the actions in the report that we feel will make the biggest difference (based upon the evidence we have) to the lives of children and young people. We look forward to our continued work with partners to see these improvements being achieved.

Improving and protecting the health of the people of Lothian

The Role of the Public Health Department in Lothian

Approximately 175 people are employed in the department. We operate four divisions as illustrated below. We provide specialist advice and leadership to NHS Lothian, the four Lothian local authorities and the voluntary and community sector to shape services and create healthy communities for everyone.

- **Health Care Public Health**

  The Health Care Public Health team provide:
  > Leadership and oversight across the pathways of the six National Screening Programmes (breast cancer, bowel cancer, cervical cancer, diabetic eye screening, abdominal aortic aneurysm, pregnancy and new-born)
  > Dental Public Health expertise to assess and improve the oral health needs of the population
  > Strategic leadership and assurance for Immunisation Programmes
  > Professional expertise on pharmaceutical public health

- **Business and Administration**

  The Business and Administration team provide flexible administrative and clerical support across the Department. They play a critical governance role ensuring that the Department has robust processes and business procedures to meet strategic and operational objectives and priorities. The team also monitor and track workforce performance.

- **Health Protection**

  The Health Protection team work to protect the health of the local population from communicable and infectious diseases and environmental hazards. The team provides specialist public health advice, direction and operational support to NHS Lothian, local authorities and other agencies.

- **Population Health**

  The Population Health division includes:
  > Partnership and Place teams for each of Lothian's four local authority areas focusing on tackling inequalities and improving population health

  Other population health functions cover the whole of Lothian:
  > a Public Health Intelligence Team providing high-quality, rigorous evidence and data for public health strategy and policy
  > Maternal and Children's Public Health, including the Maternal and Infant Nutrition team.
  > a Sexual Health Improvement team (Healthy Respect) and
  > a Tobacco Control team which includes NHS Lothian's Quit Your Way smoking cessation service.

- **Board wide hosted programmes**

  Public Health and Health Policy hosts four services that deliver Board-wide remits: (i) Resilience (ii) Equalities and Human Rights (iii) Safe Haven, and (iv) Child Health Commissioner

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Health Behaviour in School-aged Children: WHO collaborative cross-national study (HBSC). Findings from the HBSC 2022 survey in Scotland. Executive Summary

Conclusion

Health Equity in England: The Marmot Review 10 Years On

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17.

Board Meeting
24 April 2024

Director of Public Health and Health Policy

A STRENGTHENED APPROACH TO PREVENTION ACROSS THE LOTHIAN HEALTH AND CARE SYSTEM

1 Purpose of the Report

1.1 The purpose of this report is to set out a strengthened approach to prevention across the Lothian health and care system and recommend that the Board supports the recommendations set out in section 7 of the accompanying paper.

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

2 Recommendations

2.1 The NHS Lothian Board should support the recommendations for the health and care system as detailed in section 7 of the accompanying paper.

2.2 The NHS Lothian Board should agree that the four Integrated Joint Boards in Lothian be asked to endorse the recommendations set out in the accompanying paper.

2.3 The NHS Lothian Board should receive a future report on how these recommendations are being progressed across the health and care system in Lothian.

3 Discussion of Key Issues

3.1 Prevention is one of the most cost-effective interventions the NHS and wider health and care system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability and reducing the future burden on the health and care system.

3.2 Delivering against our ambitions to improve population health and narrow inequalities in the current financial environment is challenging. However, it will be important to protect investment in prevention (where there is a demonstrable impact and return on investment in relation to population health outcomes) to minimise the risks associated with short-term financial decisions in terms of population health and inequalities. When making decisions on cost savings, it will be important to consider potential savings in the context of services and treatment that reduce the overall disease burden and look at the long-term gains that could be achieved by protecting investment in prevention activity.

3.3 Cardiovascular diseases, type-2 diabetes, cancers, neurological conditions, falls injuries, common infectious disease and chronic respiratory conditions are likely to contribute the most significant burden on population health. Data also show a high burden from mental health in the working age population. Drug use disorders are a leading cause of ill health in younger cohorts (15-44 years). The data presented in the

accompanying paper can be used to prioritise prevention activity for the health and care system, in a bid to reduce the future burden on population health and healthcare services.

3.4 If health outcomes are to improve in Lothian, there needs to be a strong focus on and investment in primary prevention; actions that improve the conditions in which people work, live and grow, delivered at both a whole population level and targeted at groups at highest risk. To embed prevention, the report prioritises prevention activity in three main areas:

- Social determinants of health
- Maternal, children and young people's health
- Tackling modifiable risk factors and the future burden of disease

3.5 It will be important for the Lothian health and care system to deliver prevention activity that shows impact in the short to medium term, whilst continuing to deliver prevention activity which will require a longer term commitment. An implementation plan and measurement framework to assess the impact of prevention activity will be required.

4 Key Risks

4.1 There is a risk that prevention activity is deprioritised in the current financial climate, resulting in a decline in population health outcomes and further increases in health inequalities.

4.2 There is a risk that lack of a consistent approach to prevention activity across the health and care system results in limited improvement to population health outcomes and return on investment.

5 Risk Register

5.1 There are no implications for the NHS Lothian Risk Register at this time.

6 Impact on Inequality, Including Health Inequalities

6.1 Data and evidence (including that on health inequalities) were used to inform the approach and recommendations in the report. A full impact assessment will be carried out to inform the development of this work and a high-level prevention action plan.

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

7.1 Senior management teams across the health and care system have been, and continue to be, consulted on the strategic approach to prevention.

7.2 This report does not propose specific changes to healthcare services and therefore no public consultation was required in its preparation. Any future service changes, made because of recommendations within this report, will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 There are no resource implications which result specifically from this report; however, report recommendations may have implications for future allocation and investment of resources.

Ashley Goodfellow
Deputy Director of Public Health
11 April 2024
Ashley.Goodfellow2@nhs.scot

List of Appendices

Appendix 1: A strengthened approach to prevention across the Lothian health and care system
Appendix 2: Supplementary data
Appendix 3: Prevention actions

Appendix 1

A strengthened approach to prevention across the Lothian health and care system

1. Introduction

The purpose of this paper is to set out a strengthened approach to prevention across the Lothian health and care system. Prevention is one of the most cost-effective interventions the NHS and wider health and care system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability and reducing the future burden on the health and care system.

Delivering against our ambitions to improve population health and narrow inequalities in the current financial environment is challenging. However, it will be important to protect investment in prevention (where there is a demonstrable impact and return on investment in relation to population health outcomes) to minimise the risks associated with short-term financial decisions in terms of population health and inequalities.

This paper aims to:

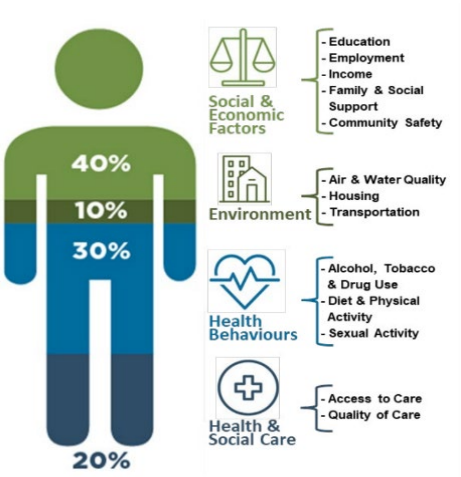
- Describe the burden of disease on population outcomes and healthcare services.
- Describe why and how the Lothian health and care system should continue to prioritise primary prevention and its wider role in addressing inequalities as an Anchor Institution and community planning partner.
- Identify an indicative set of interventions that we should continue to prioritise during this period of financial constraint.

2. Background

Life expectancy is falling, with a growing difference in life expectancy between the most and least deprived groups. Additionally, people are spending more of their life in ill health. Population projections estimate that the population served by NHS Lothian will grow by 10.2% between 2018 and 2033 from 898,000 to 989,285 residents[i]. Combined with an ageing population[ii], multimorbidity[iii], unmet healthcare needs exacerbated by COVID-19[iv], and staffing pressures[v], there is concern that demand on health and social care services will continue to rise and become increasingly unsustainable.

Our health is determined by a complex combination of social and economic factors. Where we live, our work conditions, our housing and education are fundamental building blocks in influencing our health and wellbeing. As Figure 1 below illustrates, healthcare is important, but other factors have a significant impact on health. This means we need to take action as the health and care system to support improvement in wellbeing across the building blocks of health and not focus on healthcare in isolation.

Figure 1. Relative contribution to health from modifiable factors



When making decisions on cost savings, it will be important to consider potential savings in the context of services and treatment that reduce the overall disease burden and look at the long-term gains that could be achieved by protecting investment in prevention activity.

There are different types of prevention.

- Primary prevention stops the problem occurring in the first place and is cost effective, with a median return on investment (ROI) of more than 14:1. It can be 3-4 times more cost-effective than investing in treatment.
- Secondary prevention is intervening early, when the problem starts to emerge, to resolve it.
- Tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences.

There is a growing body of economic evidence that supports the case for investing in public health interventions and prevention. For every £1 invested in secondary and tertiary prevention, the median ROI was £5. For primary prevention interventions the ROI for every £1 invested was £34 for health protection (for example vaccines and immunisation) and £46 for legislative interventions (for example the ban on smoking in public places).[vi]

Audit Scotland highlighted the importance of investing in measures that address the causes of ill-health to reduce long-term demand on the NHS. Investment in primary prevention was identified as giving the best opportunity to make the biggest difference to population health and future demand for services.[vii] A recent statement from the Royal College of Physicians reported that more than half of UK doctors had seen more patients with ill health over the last three months due to social and economic factors – living in mouldy damp homes, employment, lack of access to healthy food, poor air quality. These factors are significantly contributing to the workload of physicians.[viii]

3. Burden of disease

More than a quarter of all deaths in Scotland are avoidable (i.e., preventable or treatable). As a whole, Scotland's population is expected to fall by 2043, but the burden of disease is expected to increase by 21% (note, the population of Lothian is not expected to reduce as per national predictions due to net migration). The Scottish Burden of Disease Study forecasts the overall burden to be largest for cardiovascular diseases, cancers, and neurological diseases, accounting for 68% of the total increase in forecasted disease burden.

These estimates only account for projected demographic changes and do not factor in changes in disease prevalence and mortality that could occur due to changing risk factor profiles, reduced access to services, or advances in prevention and treatment.

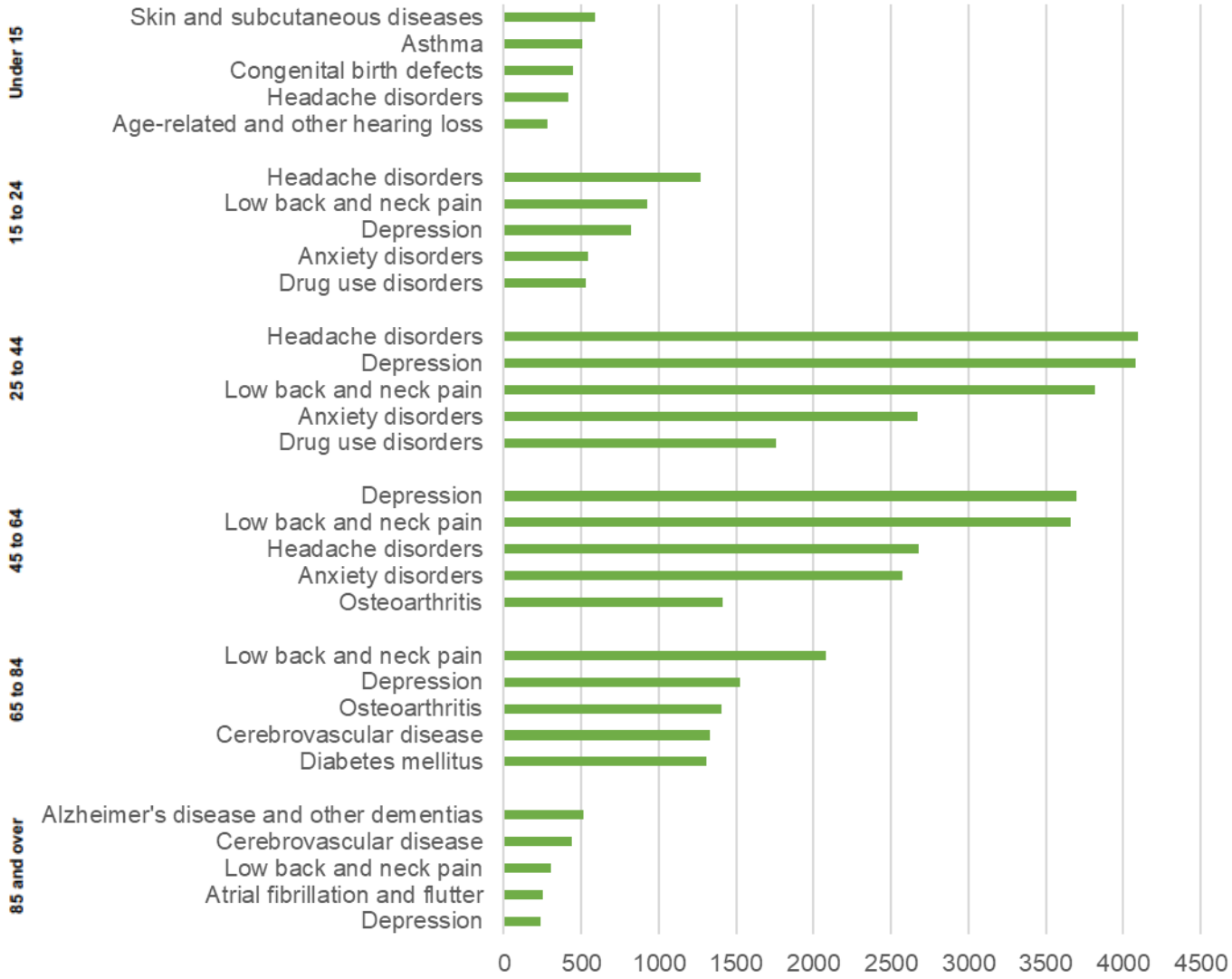
Maintaining and sustaining interventions and efforts to mitigate and prevent the underlying causes of these diseases is required to reduce forecasted disease burdens, and their impact on the long-term sustainability of the health and social care system.

This section provides an overview of the types of disease that have the greatest impact on population health in Lothian, using data from the Scottish Burden of Disease Study and service data across primary and community services, outpatients, emergency department attendance and hospital inpatient activity. It can be used to assist discussions relating to health service prioritisation. Further data tables and charts can be found in Appendix 2.

Years of life lost to disability (YLDs) were selected for the analyses presented here as a proxy for burden on the health system, rather than the social, emotional and economic burden of mortality. YLDs do not incorporate loss of healthy years of life due to death (as is the case for Disability Adjusted Life Years – DALYs).

Figure 2 presents the absolute number of years of healthy life lost for the top 5 causes by age group, reflecting the likely activity burden of disease on services. It also highlights that the health service burden is likely to be greatest amongst those currently aged 25-44, which is likely to carry forward as this cohort ages.

Figure 2. Number of years of healthy life lost, top 5 causes by age (both sexes, Lothian, 2019)



Source: [Scottish Burden of Disease Study]

Table 1 shows the incidence of the top 25 long-term conditions presenting at general practices in Lothian (based on a sample of 102 practices). Data show the weekly direct contact rate per 1,000 registered patients for the whole general practice team (all clinical staff excluding administrative staff). Direct encounters involve direct contact between clinical staff and a patient, including face-to-face surgery consultations, home visits, telephone consultations, video consultations, clinics and eConsultations that have been recorded on Vision/EMIS.

These data highlight clear opportunities for preventative action, not least the range of health conditions affected by modifiable risk factors such as poor diet, low levels of physical activity, smoking, and substance use.

Table 1. Incidence of top 25 long-term conditions presenting at general practices (based on a sample of 102 practices across Lothian)

Long-term condition group	Lothian Incidence per 100K (2022)
Hypertension	714.1
Arthritis/Arthropathy	591.7
Active Cancer	421.2
Diabetes	403.7
Alcohol and substance misuse	348.2
Depression and related disorders	331.5
Asthma	293.0
Ischaemic Heart Disease	283.1
Chronic psychiatric disorders	272.8
Atrial Fibrillation	270.5
Obesity	235.8
Stroke	232.2
Progressive neurological disease	212.5
Chronic Obstructive Pulmonary Disease	211.5
Heart Failure	166.3
Osteoporosis	164.3
Hip fracture	118.5
Peripheral Vascular Disease	73.9
Liver disease	66.6
Bronchiectasis	44.9
Epilepsy	43.8
Inflammatory Bowel Disease	36.3
Pulmonary fibrosis	35.1
Renal disease	26.2
Abdominal Aortic Aneurysm	21.8

Source: LAS Primary Care Multimorbidity Tableau dashboard

Figure 3 presents the number of individuals on the Tier 3 dietetics waiting list, by age and SIMD quintile. As this figure presents the absolute number of people waiting, and not percentage, it reflects the underlying demographic distribution of Lothian. However, despite Lothian having disproportionately fewer individuals living in Scotland's most deprived areas, the absolute number of people waiting in the most deprived 40% (SIMD quintiles 1 and 2) remains where the largest burden on Tier 3 dietetics services is observed.

Figure 3. Number of Lothian population on Tier 3 Dietetics Waiting list (by age and SIMD quintile)

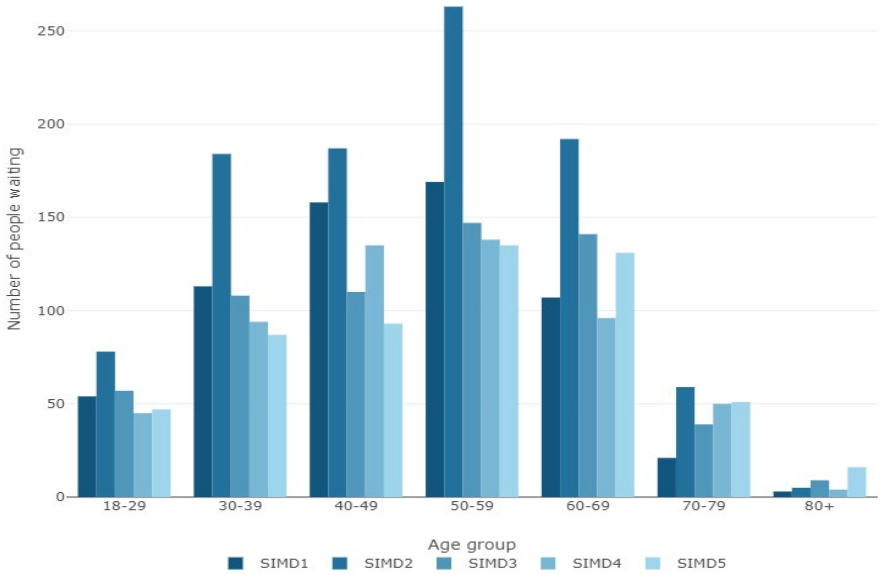
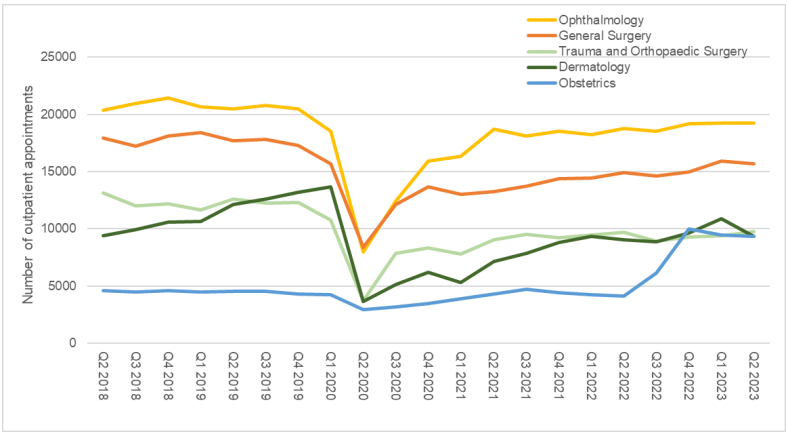


Figure 4 provides trends 2018-2023 in the number of NHS Lothian outpatient appointments by speciality (top 5 specialities as of Q2 2023).

Figure 4. NHS Lothian trends 2018-2023 in number of outpatient appointments by specialty (top 5 specialties as of Q2 2023)



Source: Scottish Health and Social Care Open Data

The estimated cost of activity in the outpatient setting by specialty shows the overall highest cost burden is associated with gastroenterology (£24m), clinical radiology (£21m) and ophthalmology (£20m). Highest average cost per activity was in medical oncology (£805). The greatest levels of activity were in clinical radiology (303,479), general psychiatry (245,483) and physiotherapy (199,814). The data includes those who did not attend.

Figure 5 demonstrates the proportion of emergency attendances that were diagnosed with a potentially preventable condition. The number, and proportion, of attendances due to preventable conditions has been increasing since 2019/20 and contributed to 8.3% of all attendances in 2022/23; almost returning to pre-pandemic levels (9.2% in 2018/19).

Figure 5.

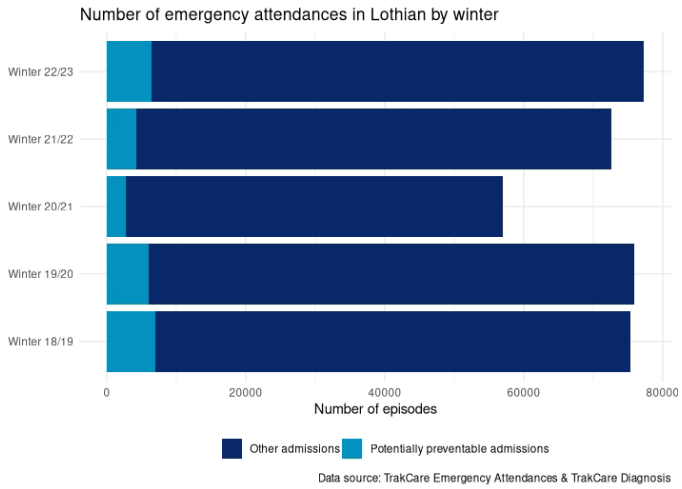


Figure 6 shows the number of admissions with stays over 3 days for potentially preventable conditions, in the last 5 years. The conditions are broadly similar over the last five years and the effect of the pandemic can be seen in reducing longer admissions. However, the number of longer stays due to influenza and pneumonia have increased from pre-pandemic levels.

Figure 6.

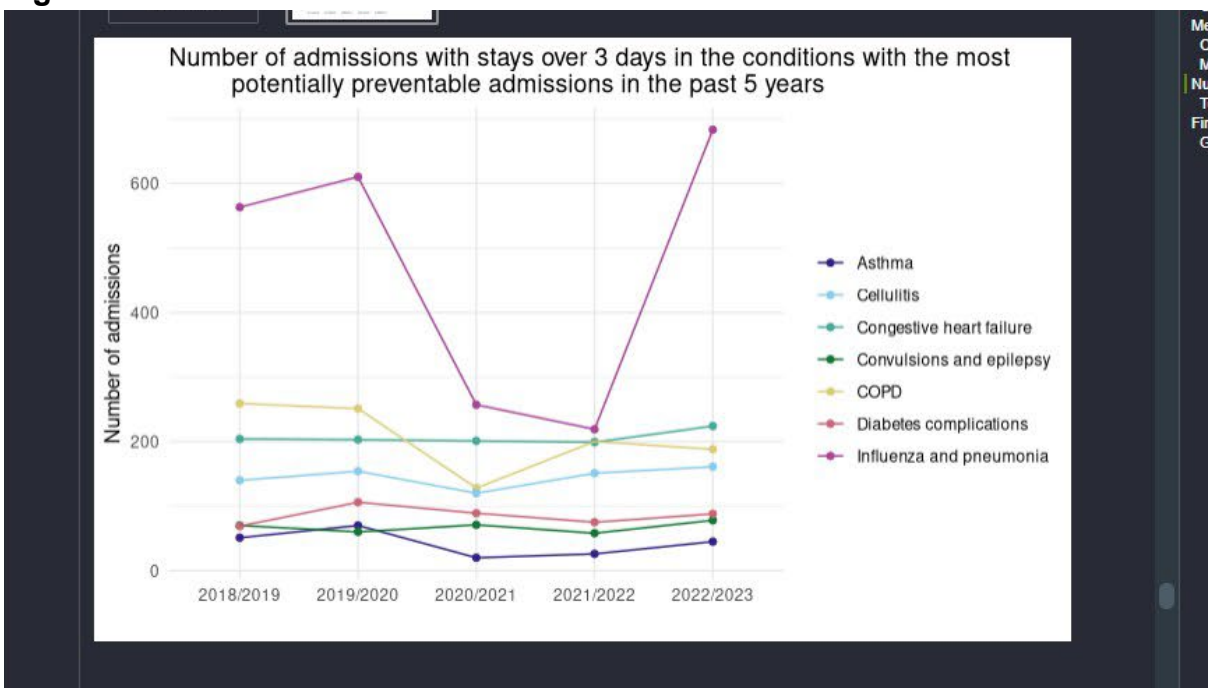
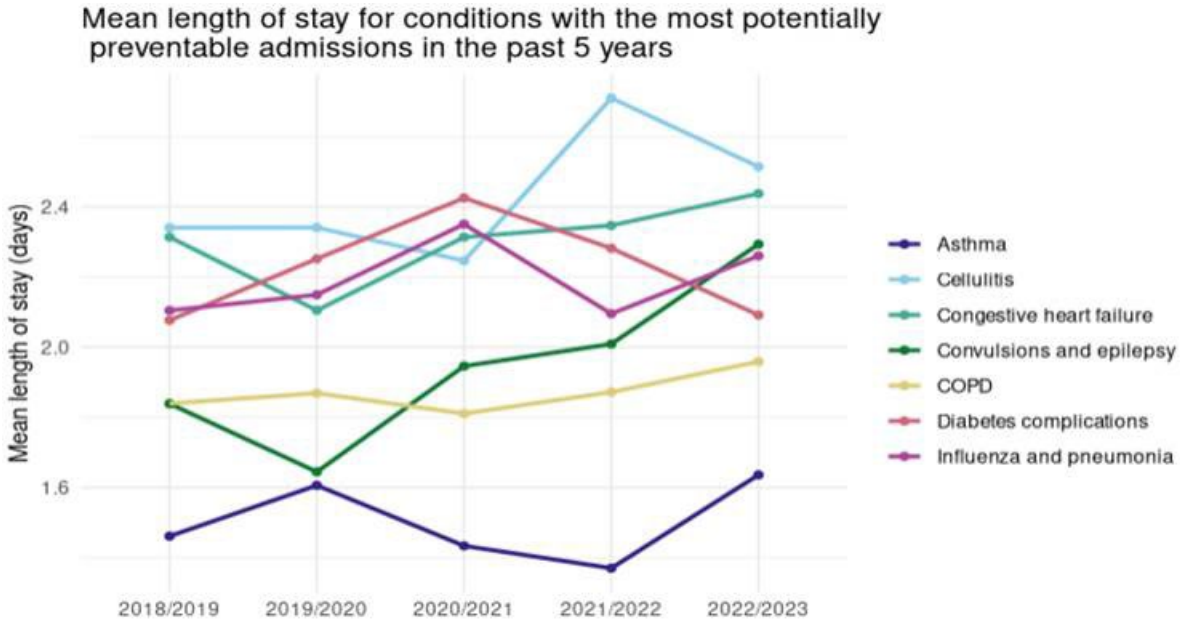


Figure 7 shows the mean length of stay for conditions with the highest number of potentially preventable admissions. The length of stay is increasing for all displayed conditions after the pandemic, particularly for convulsions and epilepsy. The mean length of stay is highest for congestive heart failure and cellulitis.

Figure 7.



Note: outliers (length of stay greater than 8.5 days) are removed from this figure

Finance estimate costs at individual patient level factoring in staff costs, length of stay and non-pay costs such as medication, food, and building costs. Data is based on primary diagnosis therefore long-term conditions (which may be a focus for prevention activity) are likely to be understated as they tend to be further down the coding line and coding is often incomplete.

In 2022/23, diagnoses with the highest total costs included schizophrenia (£26.3m), falls (£24.7m), postpartum haemorrhage (£15m) and atherosclerotic heart disease (£10.4m). Average cost per activity is highest for mental health related conditions such as schizophrenia, dementia and eating disorders.

The health needs of patients admitted to hospitals are also becoming more complex. In Scotland, a nationally representative study of almost 1.8 million people derived from electronic primary care records found a multimorbidity prevalence of 24%, with most people over the age of 65 years having multimorbidity.[ix] This study also found inequalities in multimorbidity across Scotland, with people living in the most deprived areas having higher rates of multimorbidity, with onset 10-15 years earlier, than those living in the least deprived areas.

3.1 Data summary

Cardiovascular diseases, type-2 diabetes, cancers, neurological conditions, falls injuries, common infectious disease and chronic respiratory conditions are likely to contribute the most significant burden on population health, and healthcare services. The data presented above can be used to prioritise prevention activity for the health and care system, in a bid to reduce the future burden on population health and healthcare services. Data also show a high burden from mental health and somatic symptoms in the working age population. Drug use disorders are a leading cause of ill health in younger cohorts (15-44 years).

There are common disease risk factors associated with many of these conditions – poor diet, inactivity, smoking and alcohol use. There are opportunities to step-up structural interventions that address the availability and accessibility of alcohol and tobacco, the food environment, and the social factors that influence mental ill health. Immunisation programmes remain key to disease prevention, including those which result in prolonged hospital stays.

Waiting list data (presented here for tier 3 weight management support) provides a stark illustration of the reason we need to invest more in prevention. The average wait time for tier 3 weight management services in Lothian is >250 days. The data demonstrates inequalities in health and service burden, with disproportionate waits for those in the 40% most deprived communities of Lothian.

The data also highlight the challenge of increasing complexity and multimorbidity on services with increasing length of stay for potentially preventable conditions. It is important to understand the underlying reasons for increasing length of stay and this may provide a focus for targeted discharge planning to optimise flow through the acute healthcare system.

If health outcomes are to improve in Lothian, there needs to be a strong focus on and investment in primary prevention; actions that improve the conditions in which people work, live and grow, delivered at both a whole population level and targeted at groups at highest risk.[x]

4. Feedback from Senior Leadership Teams

Following presentation of a discussion paper on prevention at the Corporate Management Team, discussion has taken place with the Primary Care Joint Management Group, Acute Senior Management Team, and four HSCP Senior Management Teams (further meetings are planned with the Women's and Children's Corporate Management Teams and REAS Senior Management Team).

Stakeholders were invited to share thoughts on the proposed approach to strengthening prevention across the Lothian health and care system, as well as identify priority areas for action. A summary of points raised is set out below.

- Recognition of the importance of maintaining a focus on prevention, but an acknowledgement that this is challenging in the current financial climate.

- Ensuring alignment with other prevention and early intervention strategies and plans to allow for a co-ordinated system-wide effort.
- The need for future projections on population demographics and the burden of disease, to support service planning and to future-proof provision.
- A focus on both access to and effectiveness of services, and how we ensure services are aligned to need (proportionate universalism).
- Exploring the available evidence of effectiveness in terms of reducing (inappropriate) hospital attendance. Frequent attenders to the emergency department were also cited as an existing pressure on services.
- Identifying opportunities for earlier intervention in disease pathways e.g., where is the greatest burden on outpatient services and are there opportunities to intervene earlier?
- Ensuring work to tackle overconsumption of alcohol is explicit in prevention plans given the increasing detrimental impact on population health and healthcare services.
- Premature frailty and support for healthy ageing.
- Obesity and Type-2 diabetes creating pressure on services, and the need to disrupt the increasing trajectory given increasing cost of treatment.
- Musculoskeletal conditions and the role of Allied Health Professionals.
- Strategic approach to falls prevention.
- Future management of long-term conditions e.g., Long-Covid and COPD.
- Digital prevention opportunities and support for self-management.
- Identifying the barriers to take-up of existing prevention programmes and enabling frontline teams to support patients to access the help available, for example, smoking cessation services.
- The importance of healthy places and connected communities in improving population health and reducing health inequalities, including strengthening the role of the third sector in supporting people to take up opportunities to participate in their local community.

5. Embedding prevention

5.1 Social determinants of health

NHS Lothian and the four Health and Social Care Partnerships, as public health leaders, should prioritise work on addressing the social determinants of health alongside the direct delivery of healthcare. This includes continuing to deliver and develop work on their role as an Anchor Institution, tackling child poverty, income maximisation and support for the NHS workforce in the current financial climate.

People's health, and inequalities in health between different population groups, are significantly shaped by their access to money and resources, work, housing, transport, the quality of their neighbourhood and surroundings, as well as family, friends and community.[xi] Without these building blocks, it is harder for our population to live healthy lives. Although these determinants of health are largely shaped outside the Lothian health and care system, there are important roles for public health and strategic planning teams to engage with public, private and community and voluntary sector partners, in a place-based way, to ensure health is considered in wider policy making. NHS Lothian, as an anchor institution, is well placed to positively influence the social, economic and environmental conditions in local communities, thereby impacting on the wider determinants that influence health and wellbeing and ultimately preventing and reducing future ill health. There are also roles that all services can play in ensuring that the social determinants of health are considered as part of both service design, and the ways in which service users are supported to manage their health and wellbeing.

Action should be prioritised in the following areas:

- **Access to money and resources** – there is a strong relationship between money, income and wealth, and health outcomes. Taking action to reduce poverty and maximise incomes reduces financial stress and provides people with a standard of living that protects and promotes their health.
- **Access to and maintenance of employment** – employment can have a significant influence on health and wellbeing. In addition to providing sufficient income and social connections, work quality and job security are also important factors which influence health and wellbeing.
- **Housing** – secure, quality and affordable housing is a vital building block for physical and mental health and wellbeing. Spending a high proportion of household income on housing leaves less for other essentials such as food and energy costs. Action on improving housing stability and security, and preventing homelessness, can have a significant positive impact on people's lives.
- **Transport** – transport provides opportunities for active travel which has a direct positive impact on health. It can also be associated with negative effects such as air pollution. Transport supports other building blocks of health, by providing access to public services and employment.
- **Neighbourhood and surroundings** – the environment in which people live can have a significant impact on health and health inequalities. Acting on, and increasing community resilience to, climate change can protect people from the effects of severe weather, infectious disease and other health impacts of climate changes. Working to address the

commercial determinants of health can reduce the availability, accessibility and affordability of health-harming products such as alcohol, tobacco and food and drinks high in fat, sugar and salt. Local planning policy, and considering use of land and assets, can provide opportunities to improve population health, for example by increasing access to greenspace.

- **Family, friends and community** – social relationships are important for health and wellbeing, and can reduce loneliness, reduce stress responses and influence healthy behaviours. Connecting with people in local communities and feeling safe can also influence health.

Appendix 3 highlights detailed actions that can be taken within the Lothian health and care system on the social determinants of health, as well as other work that needs to be undertaken in partnership with wider stakeholders.

5.2 Maternal, children and young people's health

As the chances of lifelong health, wellbeing, illness and disease begin to accumulate even before conception, primary prevention that supports women pre-conception and children in their early years can lay the best foundation for future health[xii]. The early years is the period of life when interventions to disrupt inequalities are most effective. Interventions in the early years have been shown to be cost-effective and yield significant return on investment. Research shows that high-quality birth-to-five programmes for disadvantaged children can deliver a 13% annual return on investment.[xiii] Therefore, it is important that protecting maternal and children's services is a priority focus of future decision making. This should include working collaboratively with community planning partners to maintain a system wide focus on early years and children. Protecting investment in early years services will deliver better outcomes in education, health, social behaviours, and employment in the long term. It is essential for maximising future population health.

Action should be prioritised in the following areas:

- **Child poverty** – prevention of child poverty will improve the health of children and families and reduce health inequalities.
- **Access to long-acting reversible contraception (LARC)** – ensuring accessibility of effective contraception (such as LARC) is proportionate to need, will contribute to reduced inequalities in unintended pregnancy and the associated personal and economic costs.
- **Smoking in pregnancy** - reducing smoking prevalence among pregnant women has the potential for significant population health benefit, by reducing risk of still-birth, premature birth, low birthweight and other negative maternal and child health outcomes.
- **Perinatal, infant, children and young people's mental health and wellbeing** - good mental health support at an early age can protect and promote future mental wellbeing and resilience. Providing services that identify and treat perinatal mental health problems early and effectively leads to considerably better outcomes for women, babies, and families, and makes economic sense.
- **Infant feeding** – breastfeeding protects both maternal and infant health from a range of diseases and infections and supports the mother-baby relationship and mental health

and wellbeing. Breastfeeding results in fewer hospital admissions and GP consultations, contributing savings to the NHS.

- **Child development** - problems with early child development are important as they are strongly associated with long-term health, educational, and wider social difficulties. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes, and ensure children are ready to learn.

Appendix 3 highlights detailed actions that can be taken by the Lothian health and care system to protect and improve maternal, children and young people's health.

5.3 Tackling modifiable risk factors and the future burden of disease

For healthcare settings there is evidence to continue supporting interventions that tackle modifiable risk factors including smoking, alcohol and obesity and a continued focus on services that tackle respiratory, diabetes and cardiovascular conditions. These should be delivered alongside screening and immunisation programmes as part of an effective prevention plan.

A range of public health programmes are already offered on a universal or targeted basis across Lothian. There is an opportunity to further explore how these offers are better linked to the scheduled or unscheduled care touch points that people already have with our services. This can be particularly important for certain population groups, including groups sometimes referred to as 'inclusion health groups', who may be more likely to present in an unscheduled way, as well as those who are supported by specialist services.

Action should be prioritised in the following areas:

- **Hospital-based income maximisation services** – patients' income problems can impact the health and care system by resulting in delayed discharges, inappropriate use of clinical staff time, and increased recovery period and risk of readmission. Provision of hospital-based income maximisation services results in increased financial gain for patients.
- **Smoking cessation** – smoking causes significant harm to individuals, families, the NHS and the economy. Smoking prevalence is significantly patterned by socioeconomic position. Referrals by health professionals of people who actively want to stop smoking have high chances of a successful quit, so ensuring pathways to smoking cessation are clear and effective is essential.
- **Cardiovascular disease** - cardiovascular disease caused the greatest burden of disease in NHS Lothian and across Scotland in the Scottish Burden of Disease study, 2019.[xiv] Prevention has a key role in tackling the health burden from cardiovascular disease and opportunities to strengthen preventative action across cardiovascular pathways should be explored.
- **Type 2 diabetes** – type 2 diabetes is affecting an increasing number of individuals, families and communities because of increasing levels of obesity and an ageing population. It is a condition that, for many people, could be prevented, or diagnosis delayed. Obesity, the main modifiable risk factor for type 2 diabetes, is a complex issue and is rooted in inequalities. Population-level approaches are required to disrupt the current upward trajectory for type 2 diabetes.

- **Immunisation** - immunisation is the most cost-effective intervention for saving lives and improving the health of the population. Immunisations help protect the population against serious vaccine preventable illness. Concerted effort is required to improve, and reduce inequalities in, uptake of vaccinations.
- **Screening** - national screening programmes are evidence based and can identify individuals who may be at future risk of a particular medical condition or disease or detect early indications of disease or conditions with the aim of intervening to reduce their risk. Screening uptake needs to be maximised to ensure programmes are effective and efficient, and to maximise population health gain.
- **Falls prevention** - falls are estimated to cost the NHS more than £2.3bn per year. Morbidity from hip fracture contributes to the demand on health and social care services. Given the ageing population, this burden is likely to increase further over the coming years. Implementation of evidence-based interventions can be effective in preventing and reducing future risk of falls.

Appendix 3 highlights detailed actions that can be taken within the Lothian health and care system to tackle the future burden of disease.

6. Implementation

Consideration is required on how best to implement a more strategic approach to prevention activity, and how this is monitored and evaluated. 'Implementation gaps' in prevention activity often exist because uptake of existing programmes is too low, capacity to deliver stated ambitions is insufficient, prevention activity is underfunded, and investment is focused on short-term goals.[xv] It is important that implementation considers the above, and that prevention activity is integrated with the Lothian health and care system strategy (Lothian Strategic Development Framework) and the work of the established Programme Boards.

A national population health strategy is under development and due to be published in Autumn 2024. It is important that Lothian's approach to prevention is responsive to this national plan.

An Integrated Impact Assessment is required on Lothian's prevention plan to ensure it delivers for everyone who needs support, tackles health inequalities and promotes and furthers children's rights. This will allow prevention activity to be targeted, where appropriate, to improve outcomes within available resources, as has been the case with recent decisions about prioritisation of insulin pump therapy for those with type 1 diabetes.

It will be important for the Lothian health and care system to deliver prevention activity that shows impact in the short to medium term, whilst continuing to deliver prevention activity which will require a longer term commitment. A measurement framework to assess impact of prevention activity will be developed.

7. Recommendations for the health and care system

1. NHS Lothian should use the data and evidence in this paper (and in Appendix 2) to inform forthcoming Integrated Impact Assessments that are being undertaken where reductions in healthcare are being considered, to ensure that those areas which would have the greatest impact on future population health outcomes are prioritised over other areas, acknowledging that reductions in healthcare provision do not have equal impact across the population.

2. NHS Lothian should continue its commitment to becoming an Anchor Institution with population health at the heart of the Lothian Strategic Development Framework.

3. Public health in Lothian should increase the pace of its activity with Community Planning Partnerships to take forward the interventions identified to address the social determinants of health as outlined in Appendix 3.

4. The four Integrated Joint Boards in Lothian should ensure that the evidence and data contained in this paper are incorporated into their current strategic plans and inform future planning and development.

5. Public health should work collaboratively with Acute and primary care services to ensure clinical staff can easily refer those who need non-clinical support to the appropriate service, thereby maximising use of existing prevention programmes such as income maximisation, smoking cessation, immunisation and screening.

6. NHS Lothian and the four health and social care partnerships should, where possible, protect and increase efforts to improve maternal, children and young people's health, as the best investment to maximise future population health.

7. The Realistic Medicine Board and Public Health should consider how it can strengthen prevention across cardiovascular disease pathways, including type 2 diabetes.

8. The health and care system should consider and agree how it continues to integrate prevention activity within the Lothian health and care system strategy and set out how it will measure impact of prevention activity over the short, medium and longer term.

Ashley Goodfellow
Deputy Director of Public Health
11 April 2024

Acknowledgements
With thanks to public health colleagues who helped draft this report and colleagues in Public Health Scotland for reference papers on Prevention and Prioritisation, and long-acting reversible contraception use in Scotland.

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Appendix 2. Data and Intelligence on Population-level Health and NHS Lothian system demand

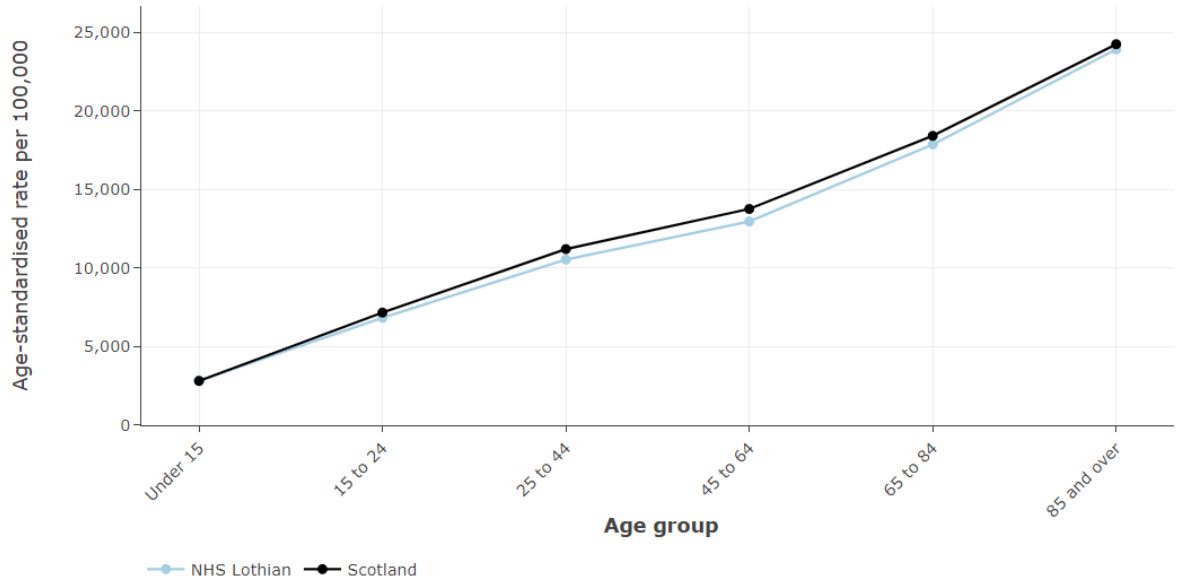
1. Burden of disease on population health

This section provides an overview of the types of disease that have the greatest impact on population health in Lothian, disaggregated by demographic characteristics.

Years of life lived with disability (YLDs) were selected for the analyses presented here as a proxy for the level of demand on Lothian's health and care system, rather than the social, emotional and economic burden of mortality. YLDs do not incorporate loss of healthy years of life due to death (as is the case for Disability Adjusted Life Years – DALYs).

ScotPHO's Scottish Burden of Disease Study estimates YLDs for individual disease/injury classifications using a range of data sources spanning primary and secondary care, national surveys (such as the Scottish Health Survey) and disease registers.

Figure 1. Years of life lived with disability by age (Age-standardised rate per 100,000, 2019, both sexes)



Mirroring what is seen nationally, Figure 1 demonstrates how ill health in Lothian increases with age, with nearly 25,000 healthy years of life lost per 100,000 aged 85 and over, compared to less than 10,000 for 15 to 24 year olds. Given this pattern, the overall population burden of ill health is likely to increase over time as Lothian's population is getting progressively larger and older over time.

Figure 2. Leading causes of ill health (number of years of life lived with disability), by sex, NHS Lothian (2019)

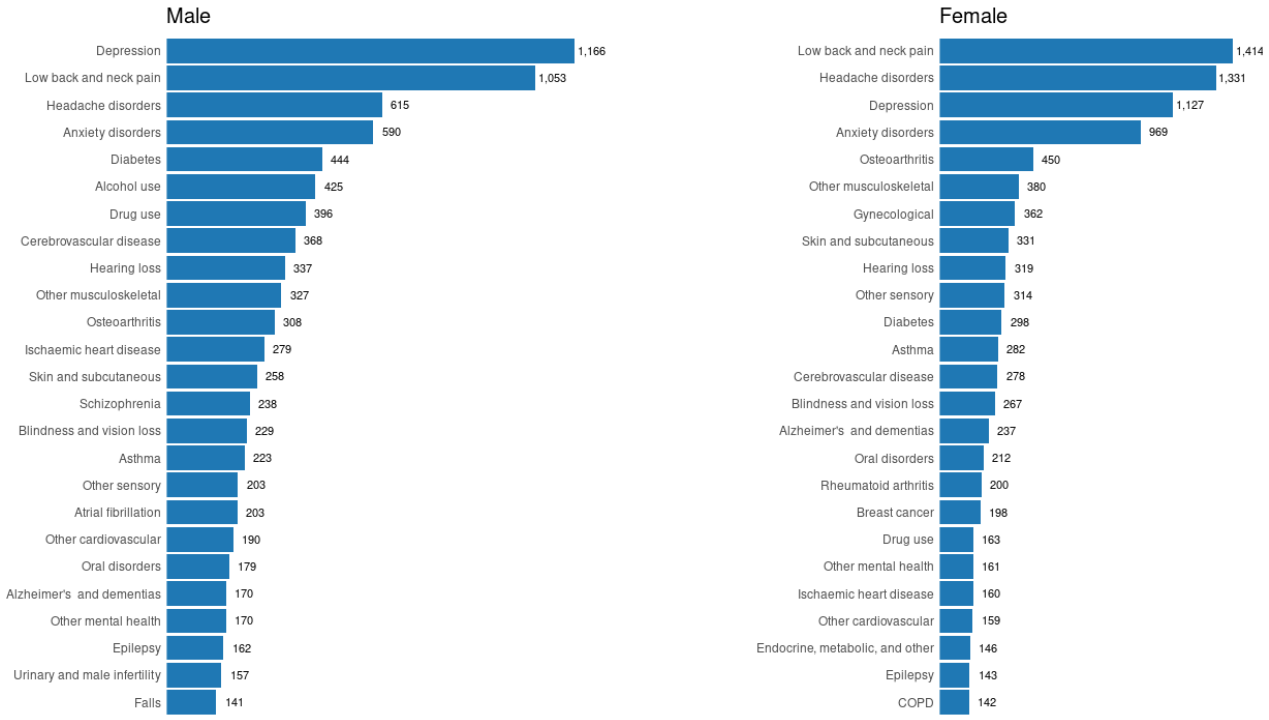


Figure 3. Years of life lived with disability, by cause and sex (NHS Lothian, 2019)

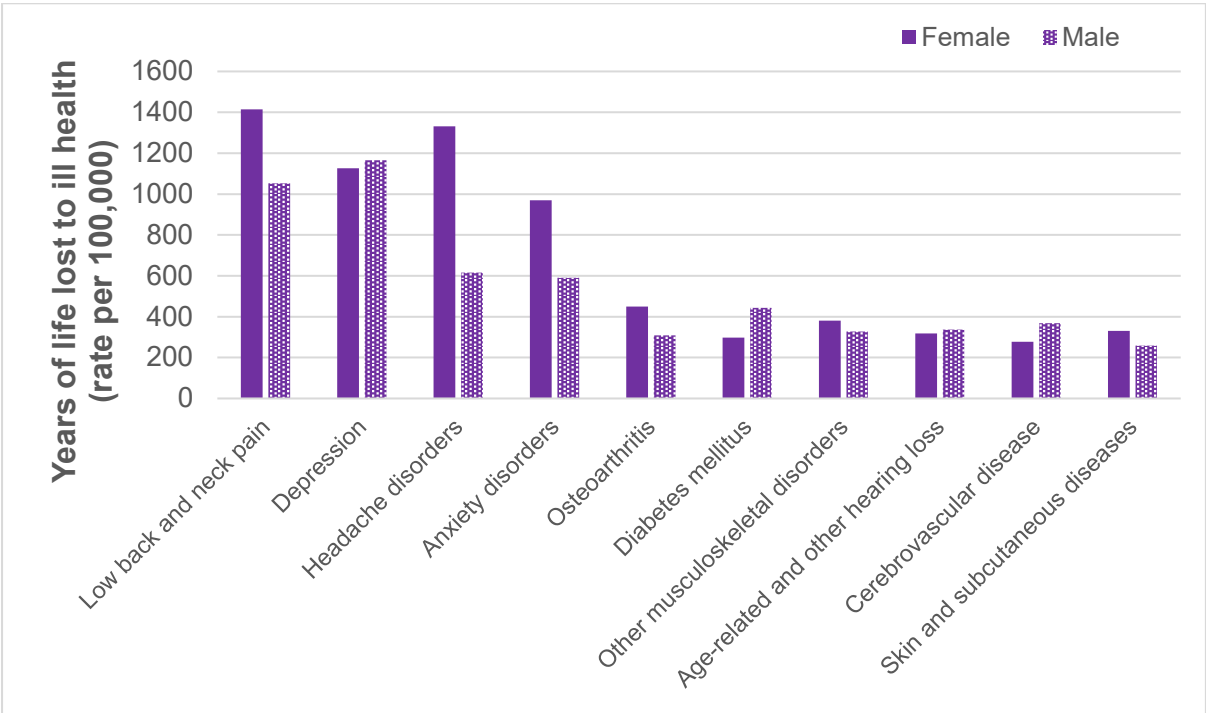


Figure 2 presents the top 25 causes of YLDs, separately for males and females, and Figure 3 shows the top 10 causes across Lothian as a whole, by sex. While males typically have lower life expectancy and higher mortality rates, Figure 3 demonstrates that females have a higher burden for many of the leading causes of ill health. This is particularly true for headache and anxiety disorders, where females' rate of years lost to ill health is over double that experienced by males. Males have a higher burden for relatively few of the top causes of ill-health, with the most notable exception being for diabetes where males' rate of years lost to ill health is around 1.5 times that experienced by females.

Figure 4a. Years of life lived with disability, top 5 causes by age (Lothian males, 2019)

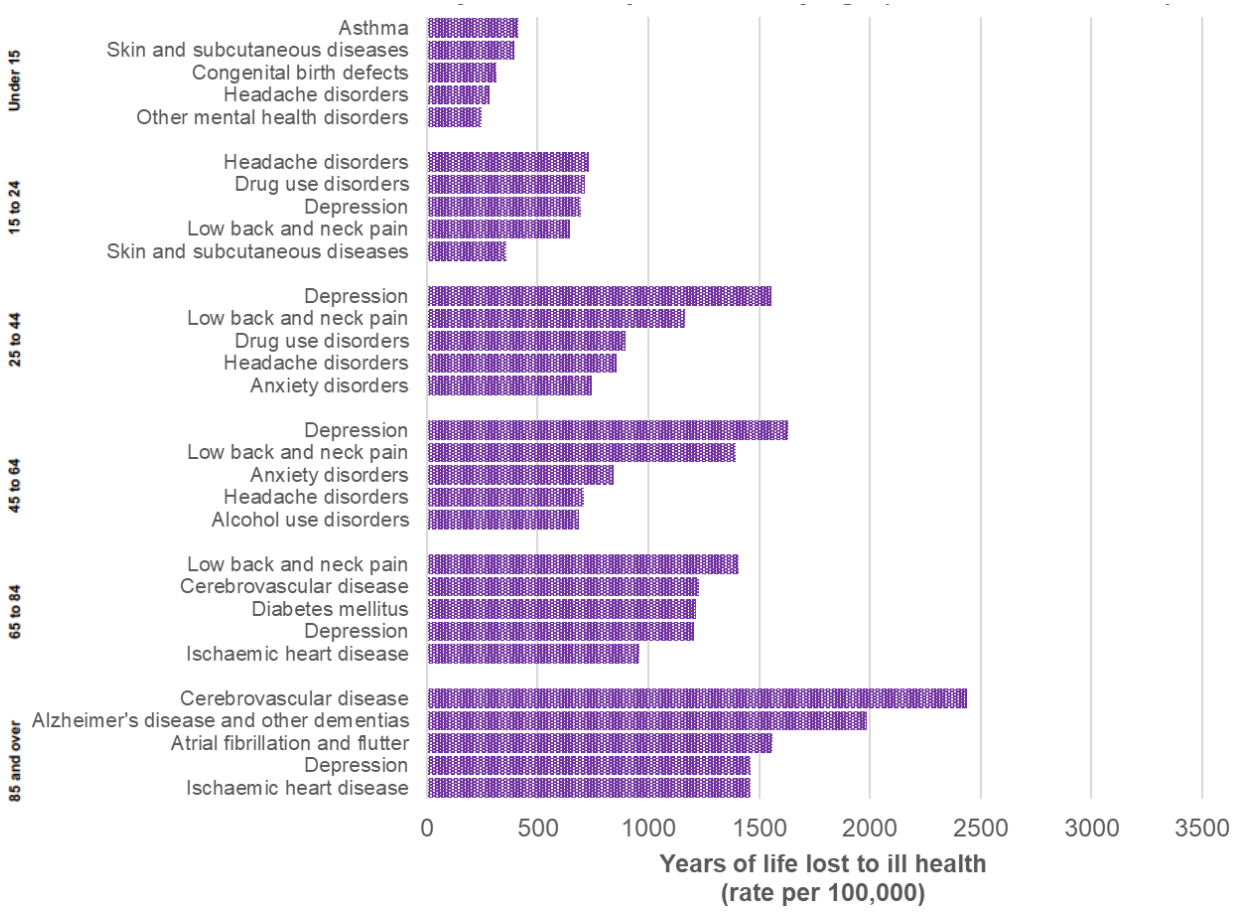
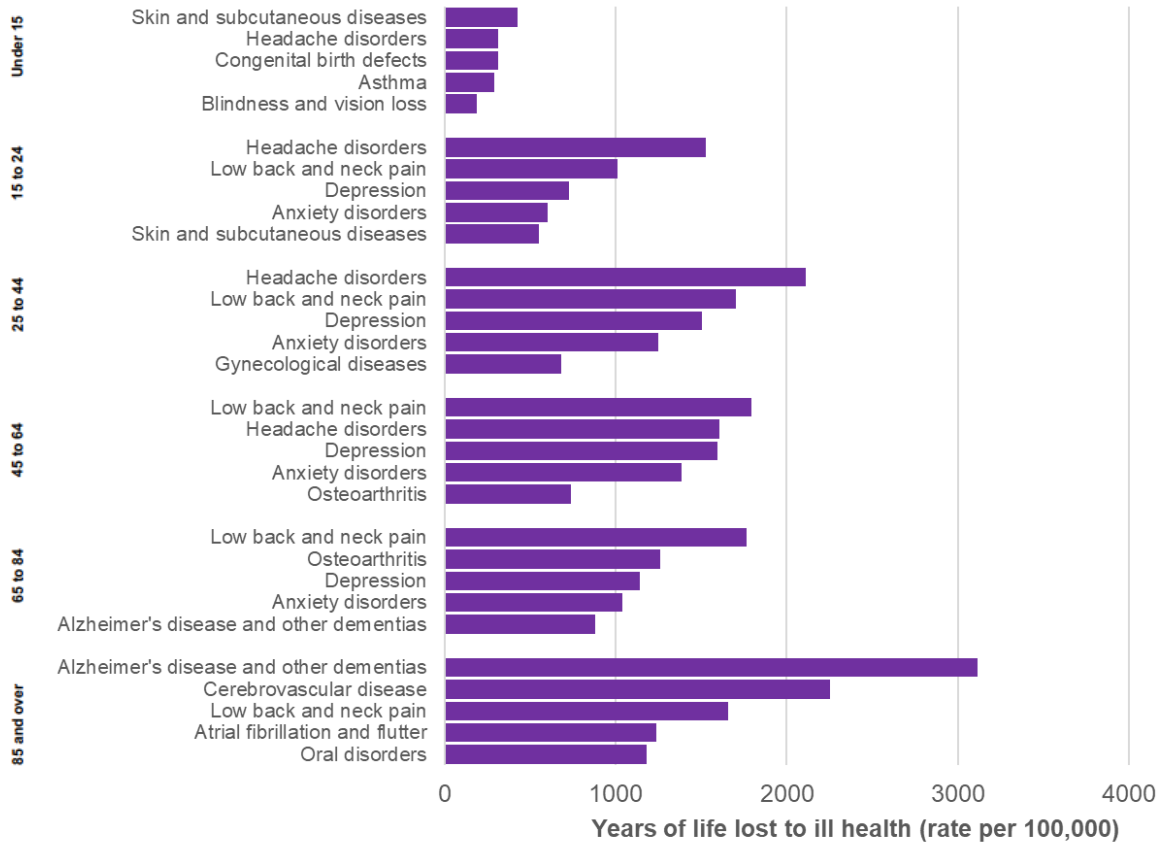


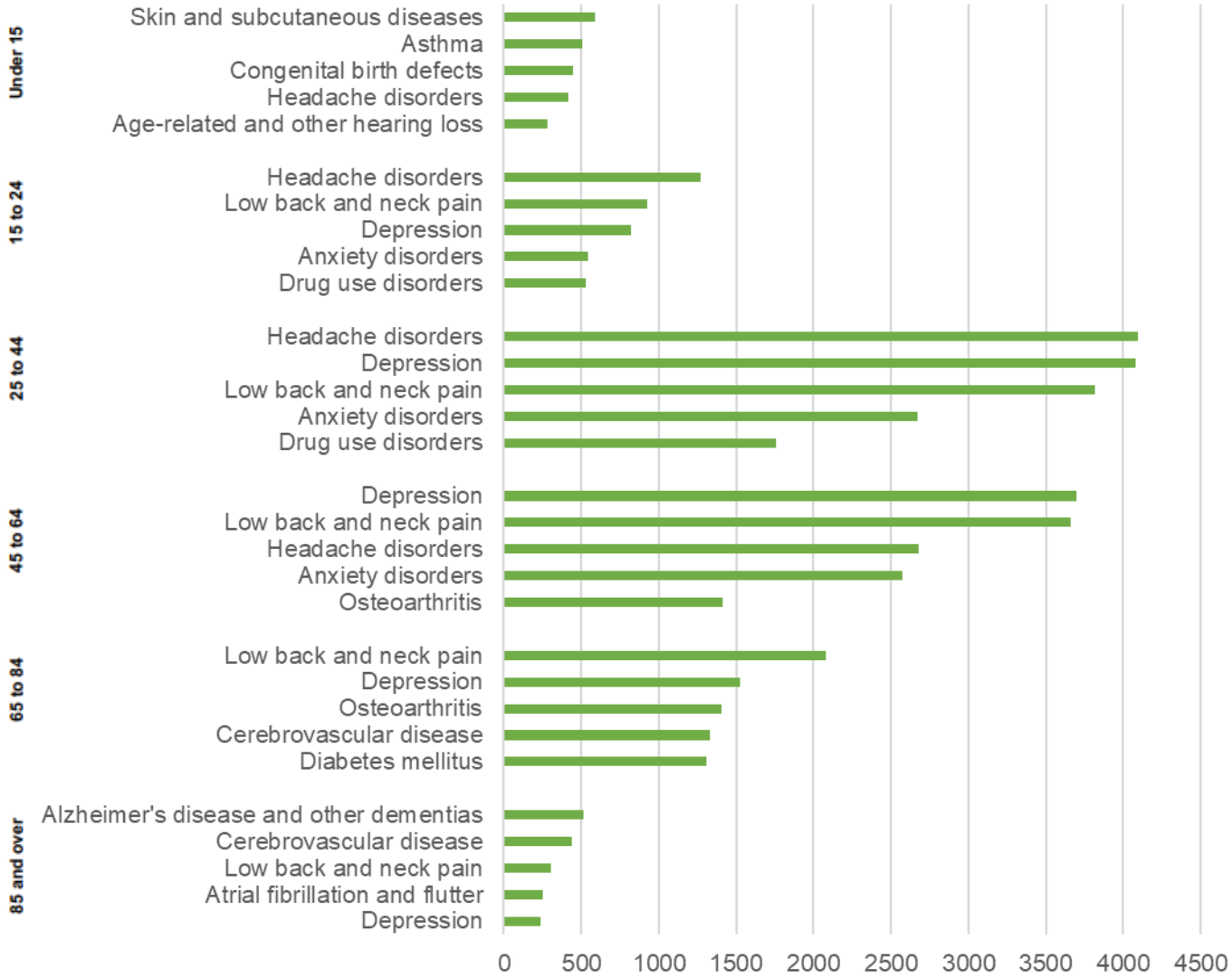
Figure 4b. Years of life lived with disability, top 5 causes by age (Lothian females, 2019)



Figures 4a and 4b present data on the rate of healthy years of life lost, presenting the top five causes within each age and sex group for Lothian in 2019. The figures highlight a high and persistent burden of mental health disorders (depression, anxiety disorders) from a relatively early age in both males and females. Indeed, collectively, mental health disorders were estimated to be responsible for over 19,431 years of healthy life lost in Lothian in 2019, around 20% of the total burden of ill health. The figures also highlight a gendered burden of ill health due to drug use for males between the ages of 15-44, which is not captured fully within drug-related death statistics.

Figure 5 presents the absolute number of years of healthy life lost for the top 5 causes by age group. Unlike Figures 4a and 4b which present the *rate* of healthy life loss per 100,000 population, Figure 5 reflects the underlying age distribution of Lothian's current population. As such it might constitute a more accurate reflection of which diseases are responsible for the greatest demand on Lothian's services. Figure 5 also highlights a particularly high burden of mental health disorders amongst those currently aged 25-44, which is likely to carry forward in time as this cohort ages.

Figure 5. Number of years of healthy life lost, top 5 causes by age (both sexes, Lothian, 2019)



2. Demand on healthcare services

This section presents data from a range of sources to evidence what is placing greatest demands on Lothian's healthcare system.

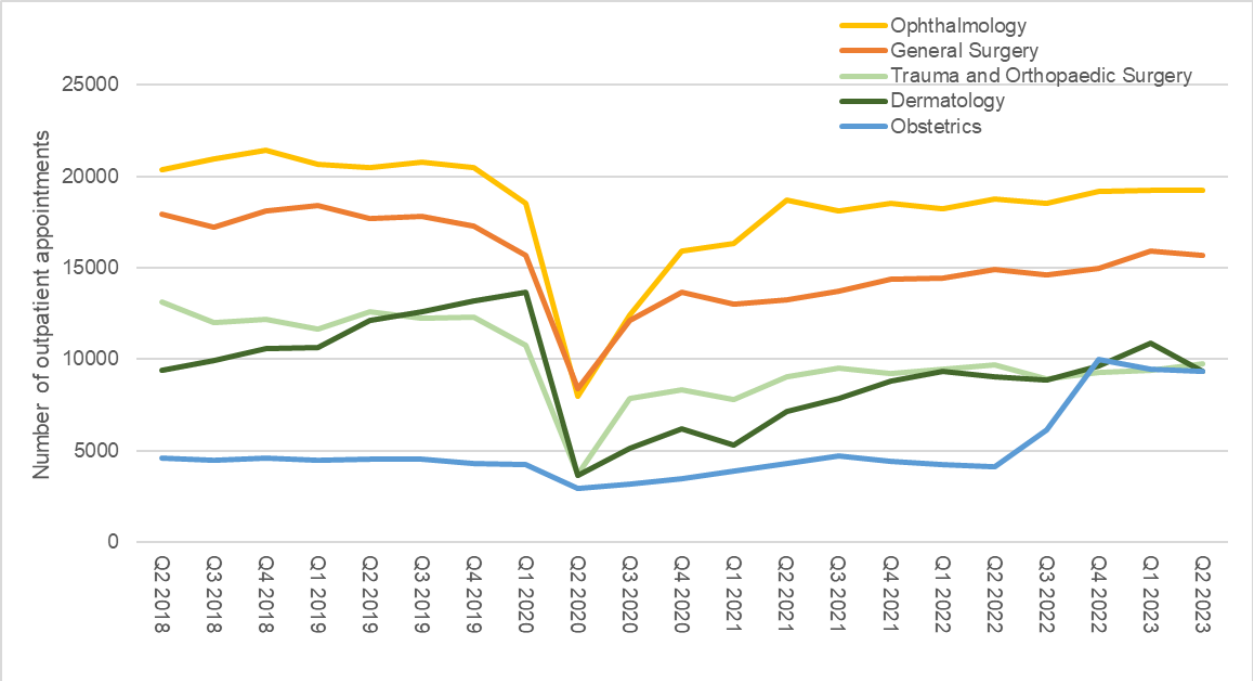
Scottish Health and Social Care Open Data

Table 1. Outpatient Activity. NHS Lothian number of outpatient appointments by specialty (top 20 specialties, Q2 2023)

Specialty	Number of outpatient appointments (Q2 2023)
Ophthalmology	19,239
General Surgery	15,668
Trauma and Orthopaedic Surgery	9,748
Dermatology	9,358
Obstetrics	9,321
Respiratory Medicine	8,750
Gynaecology	8,047
General Medicine	7,451
Gastroenterology	6,711
Ear, Nose & Throat (ENT)	6,401
Endocrinology & Diabetes	6,342
Rheumatology	5,927
Haematology	5,838
Clinical Oncology	5,470
Cardiology	5,382
Neurology	4,821
Plastic Surgery	4,588
Paediatrics	4,022
Urology	4,004
Medical Oncology	3,942
All other specialties	20,700
Total	**171,730**

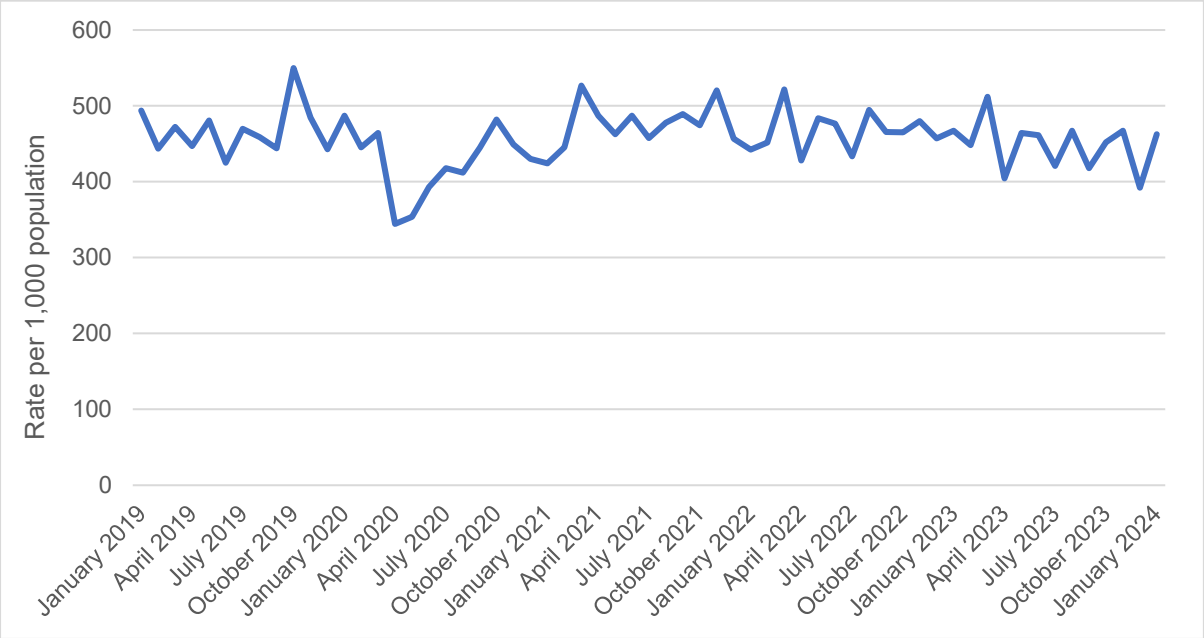
Table 1 presents data from Q2 2023 on the number of outpatient appointments by specialty. Figure 6 presents trends over time in these data, for the five specialties with the highest number of appointments as of Q2 2023.

Figure 6. NHS Lothian trends 2018-2023 in number of outpatient appointments by specialty (top 5 specialties as of Q2 2023)



Primary Care

Figure 7. Number of direct general practice encounters in Lothian (based on a sample of 102 practices)



Source: LAS Primary care Lothian Board Reporting dashboard

Figure 7 presents trends over time in the rate of direct general practice encounters in Lothian (including telephone contacts, surgery consultations, home visits, video and e-consultations and clinic appointments). Extrapolating to the Lothian population, the rate of 462.7 per 1,000 as of January 2024 corresponds to an estimated total number of direct general practice encounters of 479,959 in January 2024.

Note that these data reflect encounters and not individuals. A frequent attender is defined as anyone in the top 5% of attenders. Using this criterion, frequent attenders in Lothian in 2023 (based on a sample of 102 practices) are defined as anyone with 11+ direct consultations with a GP. In the sample, frequent attenders (5% of the sample population) accounted for 31.7% of all direct encounters.

Table 2. Incidence of top 25 long-term conditions presenting at general practices (based on a sample of 102 practices across Lothian)

Long-term condition group	Lothian Incidence Per 100,000 (2022)
Hypertension	714.1
Arthritis/Arthropathy	591.7
Active Cancer	421.2
Diabetes	403.7
Alcohol and substance misuse	348.2
Depression and related disorders	331.5
Asthma	293.0
Ischaemic Heart Disease	283.1
Chronic psychiatric disorders	272.8
Atrial Fibrillation	270.5
Obesity	235.8
Stroke	232.2
Progressive neurological disease	212.5
Chronic Obstructive Pulmonary Disease	211.5
Heart Failure	166.3
Osteoporosis	164.3
Hip fracture	118.5
Peripheral Vascular Disease	73.9
Liver disease	66.6
Bronchiectasis	44.9
Epilepsy	43.8
Inflammatory Bowel Disease	36.3
Pulmonary fibrosis	35.1
Renal disease	26.2
Abdominal Aortic Aneurysm	21.8

Source: LAS Primary Care Multimorbidity Tableau dashboard

Table 2 shows the incidence of the top 25 long-term conditions presenting at general practices in Lothian (based on a sample of 102 practices). This highlights clear avenues for preventative action, not least the range of health conditions affected by modifiable risk factors such as poor diet, low levels of physical activity, smoking, and substance use.

Figure 8. Dietetics - Proportion of Lothian population on Tier 3 Dietetics Waiting list (per SIMD decile)

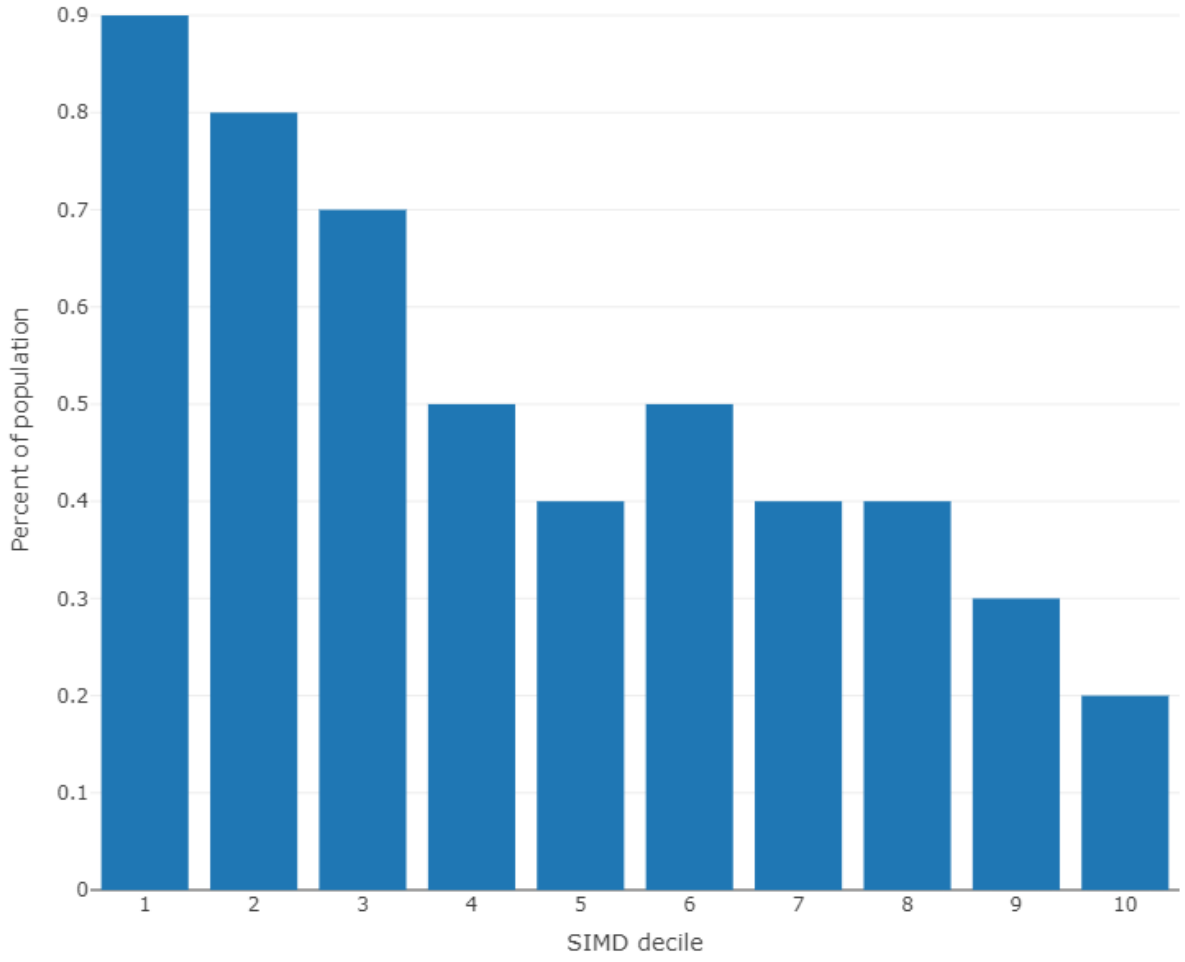
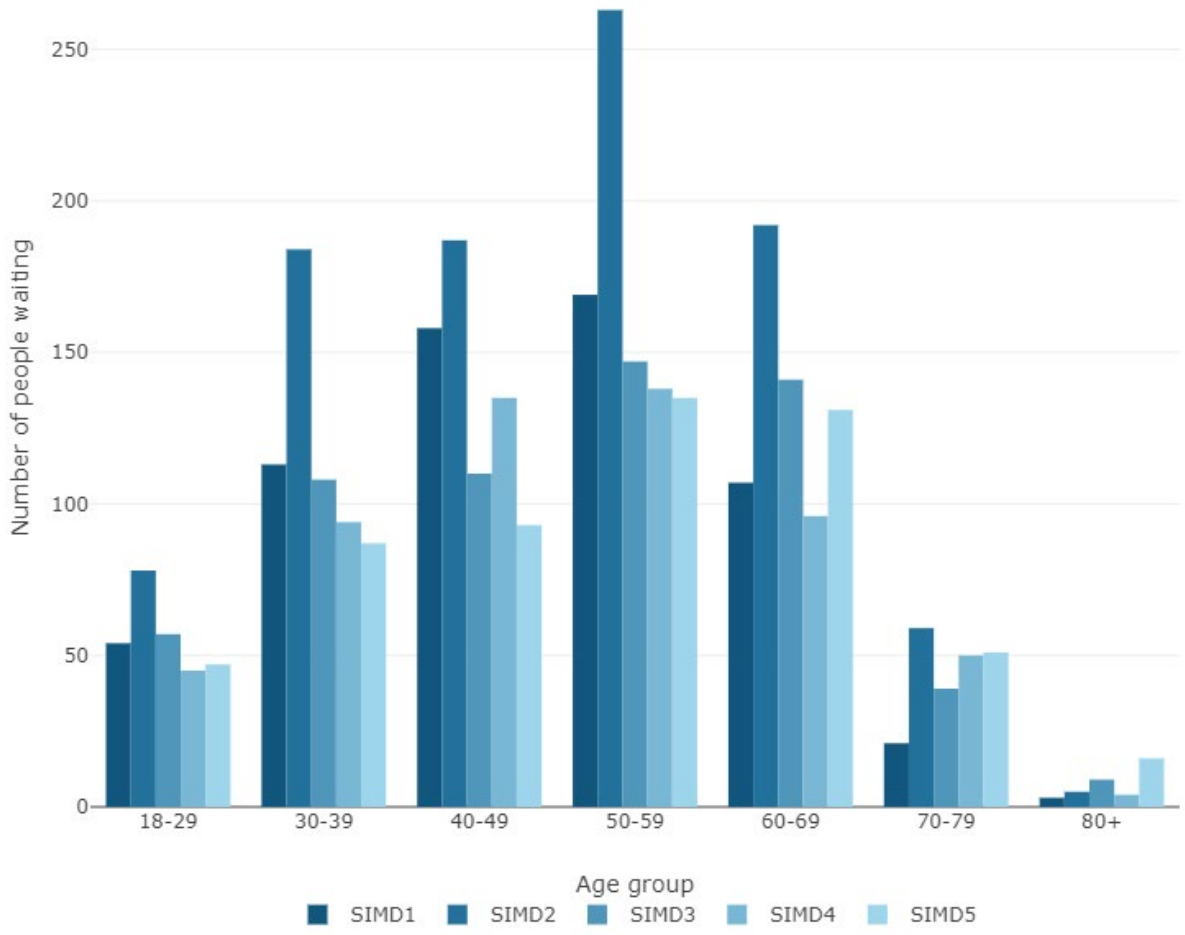


Figure 8 presents the proportion of each SIMD decile that are currently on the Tier 3 dietetics waiting list and highlights that service demand is unequally distributed amongst Lothian's population with nearly 1% of those living in the most deprived areas being on a tier 3dietetics waiting list (around 5 times the proportion in the least deprived areas).

Figure 9 presents the number of individuals on the Tier 3 dietetics waiting list, by age and SIMD quintile. As this figure presents the absolute number of people waiting, and not percentage, it reflects the underlying demographic distribution of Lothian. However, despite Lothian having disproportionately fewer individuals living in Scotland's most deprived areas, the absolute number of people waiting in the most deprived 40% (SIMD quintiles 1 ad 2) remains where the largest burden on Tier 3 dietetics services is observed.

Figure 9. Number of Lothian population on Tier 3 Dietetics Waiting list (by age and SIMD quintile)



Potentially Preventable Winter Admissions

Public Health Scotland provide information to support acute services through the Discovery platform, based on SMR01 data. Potentially Preventable Admissions are defined as 19 condition groups (by individual ICD-10 codes), see Table 3 for a list of these condition groups. Figures 10 to 14 present winter (December to February) pressures in NHS Lothian over the past 5 years for these specific conditions.

Table 3. Condition groupings defined as “potentially preventable”

Condition Group
Ear, nose and throat infections
Dental conditions
Convulsions and epilepsy
Gangrene
Nutritional deficiencies
Dehydration and gastroenteritis
Pyelonephritis (kidney infection)
Perforated bleeding ulcer
Cellulitis
Pelvic inflammatory disease
Influenza and pneumonia
Other vaccine preventable disease
Iron deficiency anaemia
Asthma
Diabetes complications
Hypertension
Angina
COPD
Congestive heart failure

Figure 10 demonstrates the proportion of emergency attendances that were diagnosed with a potentially preventable condition. This figure highlights that the number, and proportion, of attendances due to preventable conditions has been increasing since 2019/20 and contributed to 8.3% of all attendances in 2022/23; almost returning to pre-pandemic levels (9.2% in 2018/19). Similarly, Figure 11 shows that the mean length of stay for admissions defined as potentially preventable is increasing over time.

Figure 10.

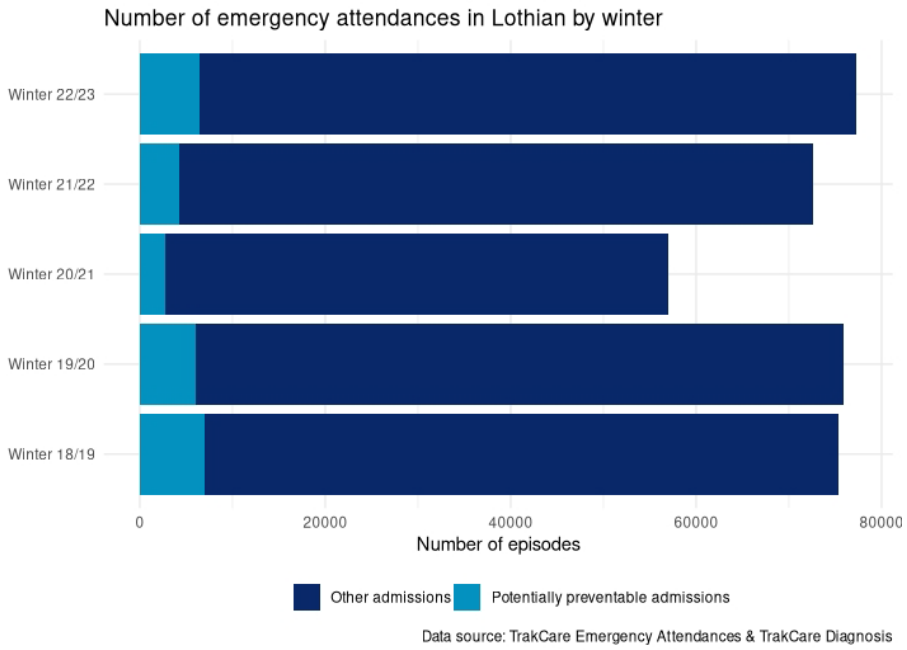
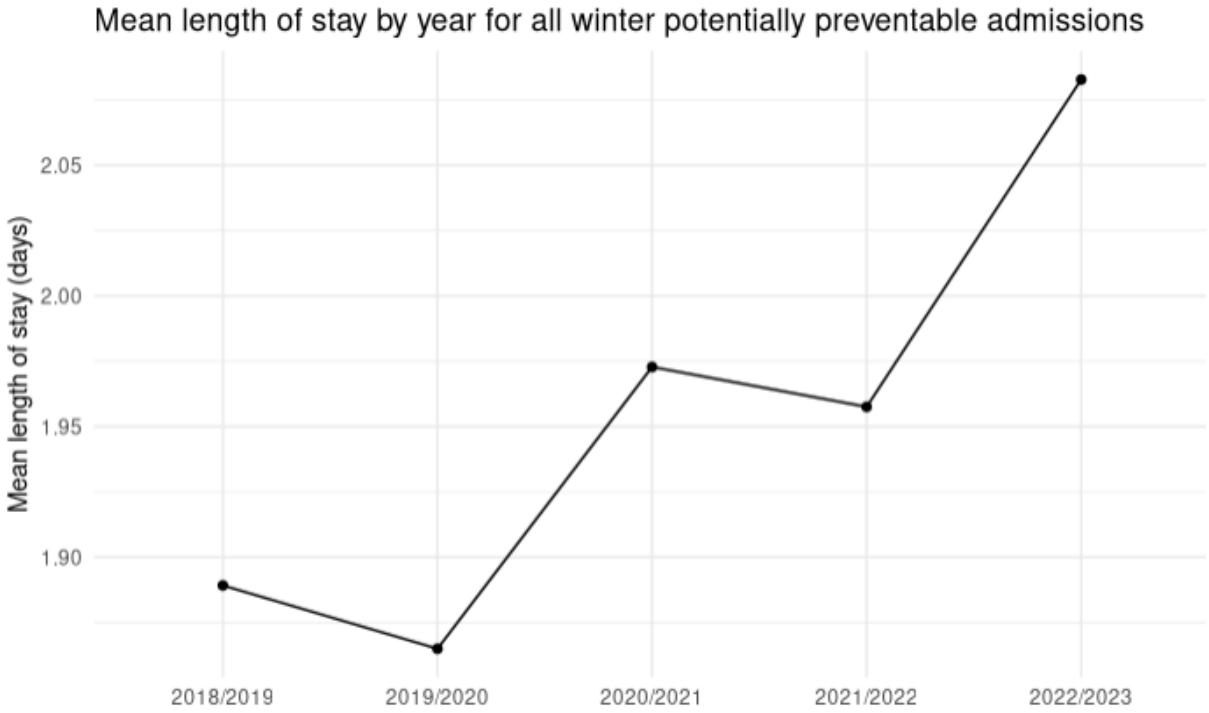


Figure 11



NB outliers (length of stay greater than 8.5 days) are removed from this figure.

Figure 12 shows the number of admissions with stays over 3 days for potentially preventable conditions, in the last 5 years. The conditions are broadly similar over the last five years and the effect of the pandemic can be seen in reducing longer admissions. However, the number of longer stays due to influenza and pneumonia have increased from pre-pandemic levels.

Figure 12.

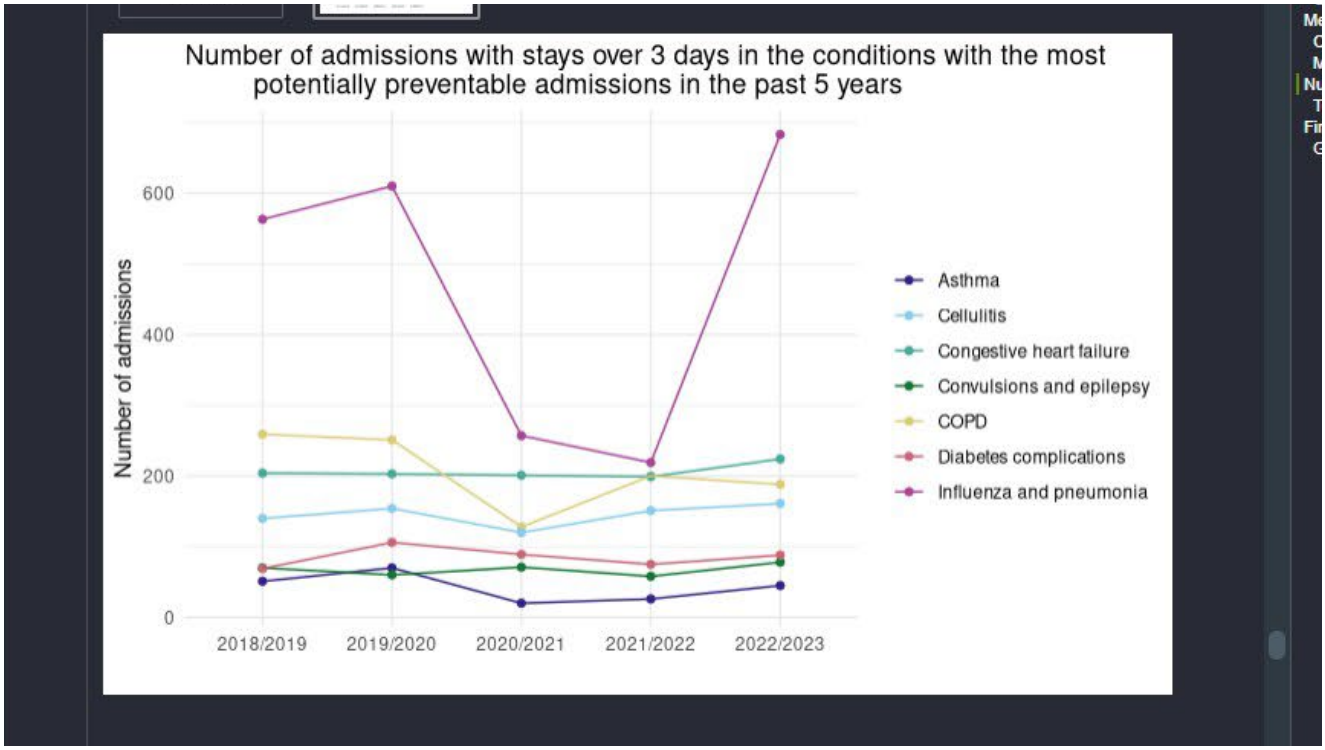
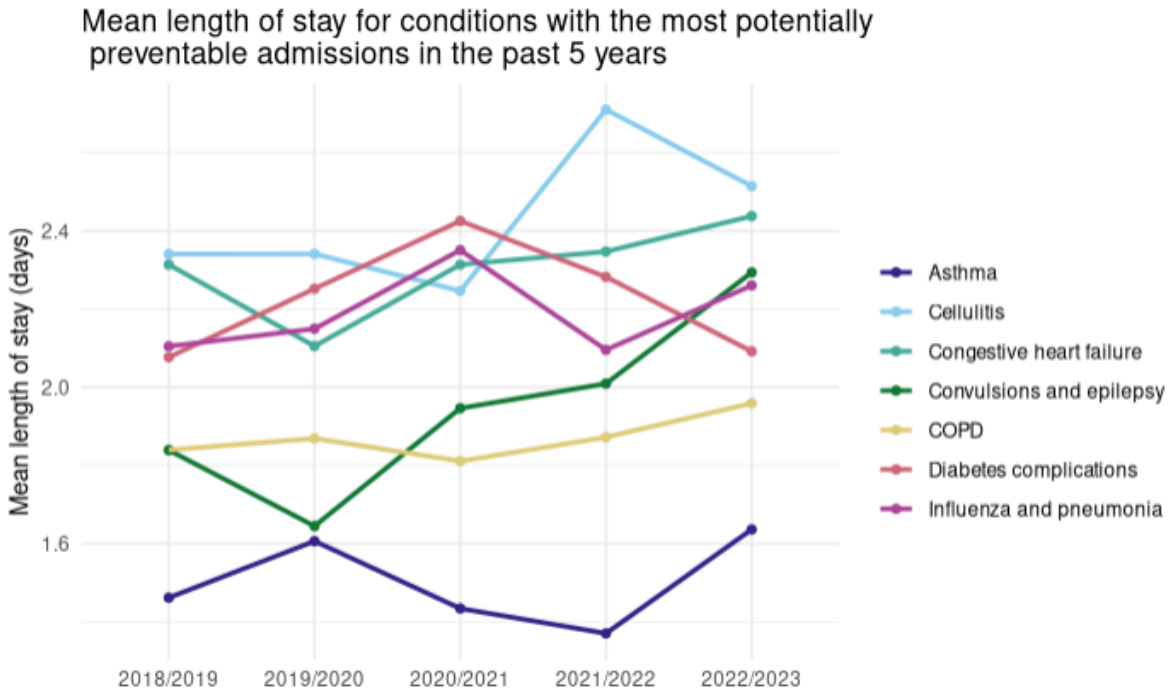


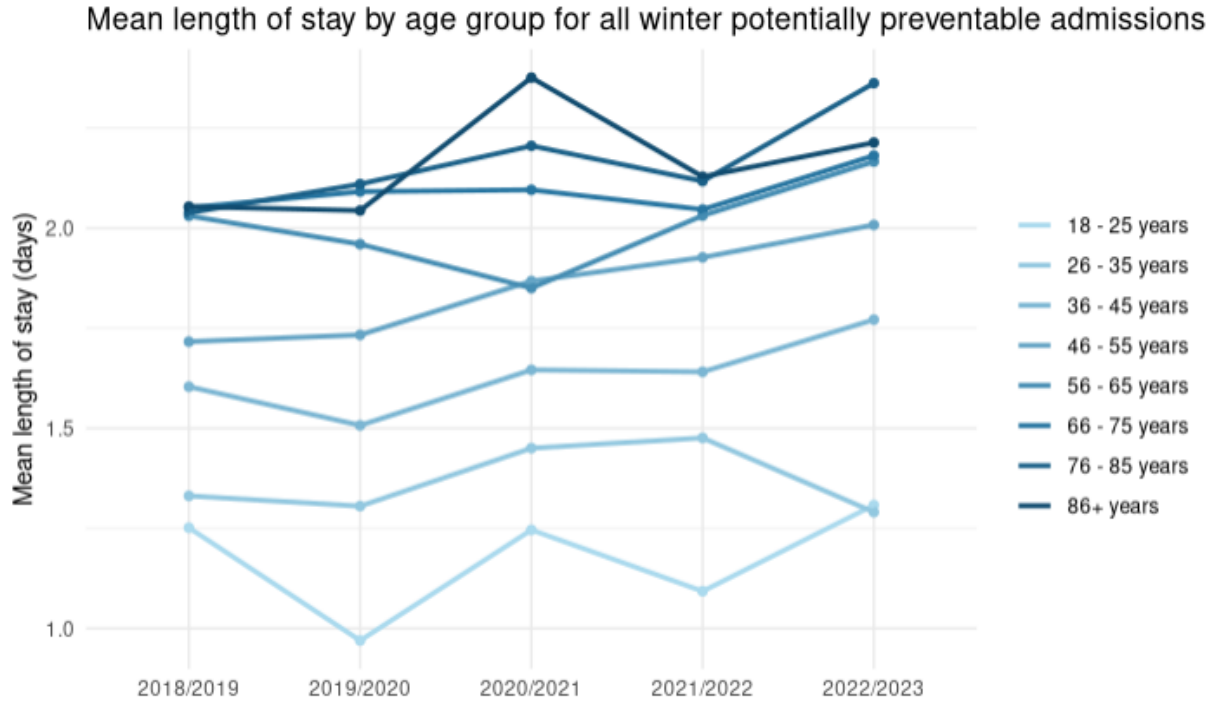
Figure 13 shows the mean length of stay for conditions with the highest number of potentially preventable admissions. The length of stay is increasing for all displayed conditions after the pandemic, particularly for convulsions and epilepsy. The mean length of stay is highest for congestive heart failure and cellulitis.

Figure 13.



NB outliers (length of stay greater than 8.5 days) are removed from this figure.

Figure 14.



NB outliers (length of stay greater than 8.5 days) are removed from this figure.

Figure 14 highlights both that older patients are likely to have longer stays, and that for each age group the general trend over time is towards an increasing length of stay for potentially preventable admissions during winter months.

Appendix 3 – Embedding Prevention: Recommended actions for the health and care system

Social determinants of health	
Access to money and resources	**Action**
There is a strong relationship between money, income and wealth, and health outcomes. Taking action to reduce poverty and maximise incomes reduces financial stress and provides people with a standard of living that protects and promotes their health.	• Reduce stigma surrounding issues of financial wellbeing, to ensure that all frontline staff feel comfortable asking service users about financial wellbeing and knowledgeable to signpost or refer to relevant sources of support. • Invest to ensure there is good access to specialist welfare and debt advice across Lothian, including in locations that are easily accessible to those with high levels of need, such as schools, community venues, and primary care practices as well as acute health settings. • Ensure that where crisis support is offered (including support with access to emergency food) this is linked to longer term support to reduce the chance of that individual or family remaining in or returning to crisis. • Develop and embed referral pathways so that those in greatest need of support can be linked to it, rather than expecting them to navigate a complex system to access available resources.
Access to and maintenance of employment	**Action**
Employment can have a significant influence on health and wellbeing. In addition to providing sufficient income and social connections, work quality and job security are also important factors which influence health and wellbeing.	• Support local people from diverse backgrounds to access careers in health and social care, including through specific volunteering and training opportunities and employability programmes. • Support changes to our recruitment system to attract and support applicants from a wider range of backgrounds. • Support people from a range of backgrounds and a range of needs including disability and caring responsibilities to remain in employment through the use of reasonable adjustments. • Ensure that our local commissioning contributes to community benefits, including increased local employment.

	• Recognise the importance of childcare, housing and other factors as a determinant of people's ability to access and remain in employment, consider actions to improve this, including potential availability of land and assets for housing and childcare provision as well as potential joint recruitment to roles such as childcare and construction that are needed to enable more local people to work in health and social care.
Housing	**Action**

Secure, quality and affordable housing is a vital building block for physical and mental health and wellbeing. Spending a high proportion of household income on housing leaves less for other essentials such as food and energy costs. Action on improving housing stability and security, and preventing homelessness, can have a significant positive impact on people's lives.	• Recognise the importance of affordable, quality and stable home environments, work with community planning partners to
	  ○ advocate for an increase in the proportion of housing available for social rent
	  ○ identify partnership opportunities where NHS land and assets might contribute to provision of quality, affordable home building programmes, where disposal of land can both support housing and achieve income for NHS Lothian.
	• In conjunction with area 1, above, ensure that frontline staff feel comfortable and knowledgeable to 'ask and act' in line with the forthcoming homelessness prevention duty, to identify and refer for support service users at potential risk of homelessness.
	• Improve preventative discharge planning to reduce the number of people who spend longer in hospital than required because of a lack of timely availability of suitable (including adapted) housing.
	• Use population and disease projections to influence the design and development of future housing supply that will meet the needs of an aging population to enable them to live independently for longer.

Transport	**Action**
Transport provides opportunities for active travel which has a direct positive impact on health. It can also be associated with negative effects such as air pollution. Transport supports	• Recognise the impact that affordable, healthy transport has on individuals' ability to stay healthy and access a range of local services (including health services) and ensuring that we design services to be located close to where people live, or be digitally inclusive, to reduce the

other building blocks of health, by providing access to public services and employment.	need for people to travel, as well as working with local authority colleagues to ensure sustainable transport options are provided and promoted in relation to access to our service. • Recognise the impact that unsustainable travel behaviours can have on others' health, including through air and noise pollution and road danger (which can therefore decrease participation in active travel) as well as wider impacts on greenhouse gas emissions and climate change and commit to reduce the proportion of staff who travel by unsustainable means. • Consider the transport impact of the goods and services we procure.
Neighbourhood and surroundings	**Action**
The environment in which people live can have a significant impact on health and health inequalities. Acting on, and increasing community resilience to, climate change can protect people from the effects of severe weather, infectious disease and other health impacts of climate changes. Working to address the commercial determinants of health can reduce the availability, accessibility and affordability of health-harming products such as alcohol, tobacco and food and drinks high in fat, sugar and salt. Local planning policy, and considering use of land and assets, can provide opportunities to improve population health, for example by increasing access to greenspace.	• Recognise that the environments in which we live have a significant impact on our health and that the greatest emerging threat to heath and health inequalities is climate change and taking action, in line with the NHS Scotland Climate Emergency and Sustainability Strategy, to o reduce the greenhouse gas emissions associated with the provision of and access to health and care services, and o support the resilience of our communities, services and estate against extreme weather, infectious disease and other health impacts of climate change. • Recognise the commercial determinants of health and taking action to influence national policy in relation to alcohol, tobacco, gambling and food high in sugar salt and fat, as well as reducing local exposure to harmful commodities by influencing licensing, advertising, and implementing other policies such as Smoke Free Places and Good Food Nation. • Taking local action to influence the built environment, including by influencing Local Development Plans and considering the way we use our own land and assets to support people to live healthy lives.
Family, friends and community	**Action**

Social relationships are important for health and wellbeing, and can reduce loneliness, reduce stress responses and influence healthy behaviours. Connecting with people in local communities and feeling safe can also influence health.	• Ensure that through Community Planning Partnership work we invest in the development of resilient communities, both place-based and communities of interest, including ensuring that physical and digital spaces and other community resources are available to support residents to interact, support each other and live well, and that staff promote the use of these resources as part of people's care. • Ensure that as part of Realistic Medicine, individuals who use health and care services are, where appropriate, invited and supported to include their friends, family and communities in developing a personalised approach to living well and having their health and care needs met. • Ensure that, in line with Scotland's commitment to trauma informed practice, we develop and deliver services in a way that supports our service users and staff to have good conversations and safe relationships, as a key part of patient centred care.

Maternal, children and young people's health	
Child poverty	**Action**
Prevention of child poverty will improve the health of children and families and reduce health inequalities. In implementing the Anchor Institution approach particular focus should be on ensuring that reducing child poverty and action on priority families (those most at risk of poverty) continues to be a priority for the Lothian health and care system. This should be part of an ongoing commitment to support Local Child Poverty Action Reports.	• Prioritise child poverty at senior level and include explicitly in strategic plans. • Ensure reducing child poverty across priority groups is a priority outcome in anchor institution activity. • Embed financial wellbeing pathways for pregnant women and families with children. • Increase awareness and understanding across frontline health and social care staff, including how to act on child poverty in their roles. • Continuing to influence in the partnership space to ensure prevention of poverty is a priority across community planning activity.
Long-acting reversible contraception	**Action**

Optimising access to contraception services is an important action that health boards can take to support the prevention of unintended pregnancy and reduce the associated personal and economic costs. LARC is the most effective form of contraception. There was almost a five-fold increase in abortion rates in Scotland between 2021 and 2022. Long-acting reversible contraception (LARC) prescription rates fell by more than 40% in 2020 and have not yet fully recovered. Rates of abortion rose in most age groups and all SIMD quintiles, although they are highest in the most deprived areas. Ensuring accessibility of LARC services are proportionate to need will contribute to reduced inequalities in unintended pregnancy rates. The cost of early medical abortion at home and early surgical abortion is 2.5 and 4 times as much, respectively, as LARC.[i] Health board areas with higher uptakes of LARC generally have lower abortion rates. Increased provision of LARC would be expected to lead to savings in the provision of abortion services. A UK economic analysis showed that for a population of 1000 women, initiation of LARC (even if not continued for five years) prevents on average an additional 47 unintended pregnancies per year at an annual net cost saving of over £51,000 compared with use of the combined oral contraceptive pill.[ii]	In Lothian, LARC is largely delivered in primary care, where a significant number of General Practitioners and Nurse Practitioners have been trained to fit LARC, and a Local Enhanced Service (LES) is in place. There are challenges with the current LES arrangements including increasing demand, a reduction in the number of trained practitioners who can fit LARC and accessing training. The challenges in primary care have a knock-on impact on Lothian Sexual Health Services, whereby increasing capacity to provide LARC could impact other services or reduce capacity to provide training to other practitioners. • LARC uptake is determined by both patient preference and accessibility. NHS Lothian should take action to improve and ensure equity of access to LARC to optimise the prevention of unintended pregnancy.
Smoking in pregnancy	**Action**
Smoking is a major risk factor for still-births, premature births, low birthweight and other negative maternal and child health outcomes. Reducing smoking prevalence among pregnant women has the potential for significant population health	During 2024-25, enhanced maternity smoking cessation support will be available for patients via all community midwifery teams in Lothian. Quit Your Way staff in Lothian have undertaken specialist training and all referrals from maternity services will be prioritised for support by practitioners.

benefit. In Lothian, however, the number of pregnant women trying to quit is lower than the average for Scotland and successful quit rates are the lowest in Scotland.[iii] It is essential that staff working in antenatal and postnatal settings are aware of the specialist support available to help pregnant women (and other members of their household) stop smoking.	Midwifery teams need to be supported to: • Complete the short training module developed to support referral to Quit Your Way. • Record CO monitoring results during the antenatal booking appointment so that there is an accurate record of smoking status. • Make referrals to smoking cessation support for women who express a desire to quit.
Perinatal, infant, children and young people's mental health and wellbeing	**Action**
Perinatal mental health problems affect at least 1 in 5 women. One in 20 will experience severe or complex issues requiring specialist care. Undetected and untreated, perinatal mental health problems can have a devastating effect on women, their babies, and the wider family network. Rates of maternal suicide are high, and it remains a leading cause of death during the perinatal period. The financial cost is significant; in 2014, untreated perinatal mental health problems were calculated to cost the UK up to £8.1 billion for each yearly group of births. Identifying and treating perinatal mental health problems early and effectively leads to considerably better outcomes for women, babies, and families and makes economic sense.[iv] Mothers with certain circumstances and characteristics are known to be at a higher risk of suffering mental illness during the perinatal period, including mothers from black and minority ethnic communities, young mothers, single mothers, and those experiencing domestic abuse, poverty and addiction. These circumstances and characteristics can also	• The Lothian health and care system should continue to invest in and support delivery of high-quality, population-based specialist mental health services, and the continued roll out of a Lothian-wide specialist infant mental health service, currently being piloted in two geographical areas (South Edinburgh and Midlothian). • The perinatal and infant mental health training programme should be embedded in agreed staff and service training plans. This includes a sustainable Solihull Approach, with a viable trainer cohort, rolling training programme and an embedded approach to use. • Establish Single Points of Access in each of the four partnership areas to ensure children and young people have timely access to appropriate emotional, mental health, and wellbeing support. • Ensure professionals are appropriately trained and equipped to deliver services in a trauma-informed way. • Continue to focus on prevention activity through Children's Services Partnership structures, including work to address child poverty.

act as barriers to accessing the care these women need, because of discrimination, stigma and isolation. Improving the mental health and wellbeing of children and young people should be seen within the context of wider social inequalities and the families and communities in which children live. Some young people are more likely to experience mental health problems, including but not limited to, children born into poverty, those who experience adversity in childhood, those who have a chronic health condition or learning disability, and those who are care experienced.[v] Good mental health support at an early age can protect and promote future mental wellbeing and resilience. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24.[vi] Nationally, data from the Health Behaviour in School-aged Children Study highlight continued deterioration of young people's mental health and wellbeing. These downward trends for 11–15-year-olds have been evident since approximately 2010, and as of 2022, the levels of self-reported confidence and happiness (for girls) are the lowest observed in nearly 30 years.[vii]	
Infant feeding	**Action**
Increasing breastfeeding duration supports both the family and the NHS. Research has shown, if 45% of babies were exclusively breastfed for 4 months and 75% of neonatal babies were breastfed on discharge, then GP consultations and hospital admissions could be reduced, as follows:	• The Maternal and Infant Nutrition service should continue to support breastfeeding initiation and continuation. • The Lothian health and care system should achieve UNICEF Baby Friendly Initiative Sustainability by working with Baby Friendly Guardians. • The Lothian health and care system should ensure all its premises are Breastfeeding Friendly.

• Gastroenteritis - 10,000 fewer GP consultations and 3000 hospital admissions saving £3.6 million. • Respiratory - 22,000 fewer GP consultations and 6000 hospital admission saving £6.7million. • Ear infections - 21,000 fewer GP consultations saving £750,000. • NEC - 361 fewer cases, saving £6million. • Increasing breastfeeding supports could reduce childhood obesity by 5% saving £1.6million. • Increasing breastfeeding rates also supports mothers. If half the mothers who currently aren't breastfeeding were supported to do so, breast cancer rates would be reduced saving £21 million.[viii]	• The Maternal and Infant Nutrition service should sustain, and explore how it can expand, the Delivering Early Breastfeeding Support project in areas where breastfeeding drop off rates are higher. • The Maternal and Infant Nutrition service should continue to deliver and expand the HENRY programme, designed to increase staff knowledge, confidence and skills on health, exercise and family nutrition when working with families with young children in the most deprived areas.
Child development	**Action**
Early child development is influenced by both biological and environmental factors. Problems with early child development are important as they are strongly associated with long-term health, educational, and wider social difficulties. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes. There is good evidence that parenting support and enriched early learning opportunities can improve outcomes for children with, or at risk of, developmental delay. Child health, development and wellbeing is supported from pre-birth to pre-school through GIRFEC principles and strengths-based approaches, the Universal Health Visiting Pathway, Family Nurse Partnership, early learning and childcare, and multiagency family support services. Early identification of developmental concerns (such as speech,	• Continue work to maximise coverage of the Universal Health Visiting Pathway, ensuring anticipatory care is delivered based on need using developmental concerns aggregated data, resulting in improved outcomes for the most deprived families. • Consider what further action is required to embed a whole system approach to speech, language and communication development, to ensure children's early language development can be supported and improved.

language and communication skills or emotional and behavioural development) allows practitioners to target interventions and support transitions to early learning and school in those who need it most, to reduce inequalities in early years development and future educational outcomes. Covid-19 containment measures have widened inequalities in early years development and educational attainment. Prior to 2019/20, positive progress had been observed across Lothian with reductions in the proportion of 27–30-month reviews identifying developmental concerns (from 18% of reviews in Lothian in 2013/14 down to 11% in 2018/19). From 2019/20 onwards, however, this progress stalled with slight increases across Lothian in the proportion of reviews identifying developmental concerns to over 13% in 2021/22. For each local authority area, developmental concerns pertaining to speech and language are most frequently identified, with the highest rate in West Lothian at 14%. There is a steep socioeconomic gradient in developmental concerns, particularly for speech and language development, with 16% of those living in the most deprived areas (SIMD 1) having a speech and language concern raised, compared to 5% in the least deprived areas (SIMD 10).	

Tackling modifiable risk factors and the future burden of disease	
Hospital-based income maximisation services	**Action**
The effectiveness of providing welfare rights advice in NHS settings is well documented.[ix] Patients' income problems can have significant impacts on the health and care system in the following ways:	• All NHS staff should be aware of the option to refer patients to income maximisation services. The staff team can meet with clinical teams to discuss how the service can be used.

• Delayed discharges relating to welfare issues may continue to block beds unnecessarily. • Clinical staff time may be spent trying to address welfare issues with patients. • The stress of these practical issues may increase recovery time or be the root cause of readmission to hospital. • Staff mental health and absence levels may increase as a result of debt issues or benefit worries, both for themselves or having to support patients whilst also completing their clinical work. As part of the NHS Lothian Anchor Institution commitment, the NHS Lothian Charity has committed to five years funding for income maximisation services based at six Lothian hospitals (Royal Infirmary of Edinburgh, Royal Hospital for Children and Young People, Western General Hospital, St John's Hospital, East Lothian Community Hospital, Midlothian Community Hospital). A new service model has been developed which means these hospitals have an on-site service which patients, their families, and NHS staff can access for support and advice on a range of topics including benefit claims, personal finances, housing, council tax, immigration, employment and debt. To ensure consistency and high-quality services, the organisations which provide the service are welfare advice specialists and all of them are required to meet the national standards for advice providers.	• Investigate how the service might be extended to support other priority patient groups, most notably patients in mental health settings and community paediatric services.
Smoking cessation	**Action**
Smoking increases the risks of cancers, heart disease, respiratory diseases, strokes and diabetes. Second hand smoke is also a health risk particularly for pregnant women	• Staff across Lothian should be encouraged to attend the 15-minute information sessions about the smoke free policy that the Tobacco Control team within public health can deliver.

and young children. In 2021, smoking accounted for an estimated 8,260 deaths (250 deaths per 100,000 population) in those aged 35 and over in Scotland.[x] Over 100,000 people were admitted to Scottish hospitals with smoking recorded as a primary or secondary cause of admission. Many smoking related illnesses, including Chronic Obstructive Pulmonary Disease (COPD), have long latency so that the impact of smoking is not apparent for decades. Smoking prevalence is significantly higher among adults than children and notably patterned by socioeconomic position. Tobacco consumption is an ongoing health inequality challenge as 24% of people living in the most deprived areas smoke compared with 5% in the less deprived areas.[xi] At the current rate, it is forecast that smoking prevalence rates in the most deprived section of society will be more than double the national target for a Tobacco Free Generation by 2034[xii] which is why Quit Your Way (smoking cessation) services will continue to target our resources and staff expertise at smokers who live in our most deprived communities. Referrals by health professionals of people who actively want to stop smoking have high chances of a successful quit, so ensuring pathways to smoking cessation are clear is key. The Lothian smoking cessation service provides access to specialist support for patients referred from primary care and acute settings. In recognition of the harm to babies from smoking, there is also a specialist cessation support for pregnant women. Denormalising smoking across the Lothian health and care estate is something that needs to happen.	• Corporate Management Team should continue to support action on the Smoke Free Policy which is co-ordinated by the Smoke Free Monitoring Group. • Ensuring that all staff are clear how to refer patients to smoking cessation support is imperative. There is a very brief training available from the Quit Your Way team to help all staff to understand how to make a referral. • Evidence also shows that smoking delays recovery from surgery. There is a further opportunity to enhance support for smoking cessation before people are admitted for planned surgery or healthcare procedures. This type of prevention work could be done in conjunction with developing work on prehabilitation.

Ensuring staff are aware of and adhere to the smoke free policy is the basis for this approach. If our staff smoke in healthcare settings, then we cannot expect patients, visitors and contractors not to smoke.	
Cardiovascular disease	**Action**
Cardiovascular disease caused the greatest burden of disease in NHS Lothian and across Scotland in the Scottish Burden of Disease study, 2019.[xiii] Ischaemic heart disease, which can lead to a heart attack, was responsible for 11.3% of all deaths in 2019, making it the disease with the biggest impact on mortality.[xiv] Prevention has a key role in tackling the health burden from cardiovascular disease. Risk factors for cardiovascular disease, including heart disease and stroke, include high blood pressure, atrial fibrillation, obesity, smoking, alcohol consumption and lack of physical activity. Diabetes is also a key risk factor for heart disease. An estimated 610,000 adults in Scotland don't know that they have high blood pressure. It is estimated that only 27% of adults with high blood pressure in Scotland have their blood pressure treated and controlled in line with the SIGN recommended level of 140/90mmHg.[xv] High impact interventions for cardiovascular disease, identified by NHS England, include community-based case finding for hypertension, high cholesterol and atrial fibrillation, as well as optimising treatment for these conditions.	• The Realistic Medicine Board and Public Health should continue to explore opportunities to strengthen preventative action across cardiovascular pathways, linking with colleagues in primary and secondary care to embed referral pathways for support to address risk factors, as well as considering health literacy and adherence to medication to optimise treatment of hypertension.
Type-2 diabetes	**Action**
Type 2 diabetes is affecting an increasing number of individuals, families and communities because of increasing levels of obesity and an ageing population. It also has an	• Public Health will continue to provide leadership on tackling the obesogenic environment and supporting the delivery of a Whole System Approach (WSA) to type-2 diabetes, working with stakeholders from

important impact on health and other services. Between 10 and 12% of NHS budgets is spent on diabetes[xvi]. This equates to around £240million of NHS Lothian's annual budget. However, type 2 diabetes is a condition that, for many people, could be prevented, or diagnosis delayed. Type 2 diabetes does not affect communities equally – it is more common in older people, men, lower socio-economic groups[xvii] and in certain ethnic groups. Obesity, the main modifiable risk factor for type 2 diabetes, is a complex issue and is rooted in inequalities. It is important to strike the right balance between individual and population approaches when planning actions to disrupt the current upward trajectory for type 2 diabetes. Historically, public health actions, such as those to tackle obesity, have focused on individual-level changes to diet and physical activity, rather than the upstream actions required to alter structural and environmental determinants of health. To focus purely on individual behaviour can widen inequalities and increase obesity-related stigma. Individual approaches should be seen as just one component of a whole system response that includes upstream initiatives to tackle 'obesogenic' environments. [xviii]	across the community planning partnership, to help to tackle the root causes of overweight and obesity[xix]. • Obesity is impacted by weight stigma. Public Health will facilitate the development of a programme on how to have positive conversations with families about weight and to avoid weight bias. • Midlothian HSCP should improve the effectiveness and efficiency of child and adult weight management programmes across the obesity pathway, which are accessible to local populations and robustly evaluated. • Community Planning Partnerships should continue to take a whole system approach to active travel, physical activity and use of green space. • Women who experience gestational diabetes, and the services supporting them, should work together to improve outcomes for women and their families. Diabetes, maternity, health visiting, weight management, E-health, income maximisation and other services can contribute to an improved pathway.
Immunisation	**Action**
Immunisation is the most cost-effective intervention for saving lives and improving the health of the population. Immunisations help protect the population against serious vaccine preventable illness, such as influenza, COVID-19, measles and pneumonia. Vaccination studies demonstrate	Public Health should: • Continue to provide leadership and governance to the immunisation programme. • Support strategic discussions to explore the development of a flexible skilled workforce, able to deliver immunisations across the lifespan.

effectiveness in reducing development of cervical cancer, GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and respiratory emergency department attendances. Work to improve local uptake rates across all vaccination programmes is an important preventative action. There has been a general decline in uptake of childhood vaccinations across all health boards in Scotland. In Lothian, at 5 years of age, uptake of the 4-in-1 booster vaccine (diphtheria, tetanus, whooping cough, polio) is 91.1% and the uptake for second dose of measles, mumps and rubella is 90.2%. Both have decreased from the previous year (92.4% and 91.9% respectively). Children from more deprived areas are less likely to be vaccinated than children in less deprived areas and this difference by deprivation has widened in 2023-24. In Winter 2023, Lothian's seasonal flu/COVID-19 vaccination campaign kicked off its third year of delivery to help protect people who are eligible for one or both vaccines. Whilst Lothian exceeded the national COVID-19 uptake comparator for most cohorts, uptake for the winter flu 2023 campaign was below pre-pandemic uptake levels.	• Engage with Public Health Scotland and other key stakeholders to influence national developments including data and digital (e-consent for parents and carers to streamline vaccine delivery in schools). • Understand public perceptions and identify the barriers to vaccination among parents and carers in relation to childhood vaccinations. • Continue concerted efforts to improve uptake and reduce inequalities working with our partners serving communities of faith, religion, ethnic minorities, for whom uptake is lower. • Support strengthened communications about the importance of vaccination, raising awareness with audiences including pregnant women and families with young children. The wider health and social care system should: • Explore a more joined-up prevention and vaccination offer, offering multiple vaccinations to the whole family where eligible e.g., opportunistic MMR and HPV catch up. Teams could offer wider health inputs and interventions including type-2 diabetes prevention, oral health, or mental health and wellbeing advice. • Make the best use of a wide range of health professionals able to administer vaccinations and make vaccination promotion the business of everyone working in health settings. Exploration of non-traditional workforce, possibly medical and nursing students, recently retired, sexual health or drug and alcohol service teams could have a greater role in immunisation delivery.
Screening	**Action**
National screening programmes are evidence based. Screening programmes involve the systematic offer of testing for populations or groups of apparently healthy people to identify individuals who may be at future risk of a particular medical condition or disease, or detect early indications of	• All parts of the system in Lothian with responsibility for delivery of screening programmes should continue to engage actively with local governance groups. • Public Health will continue to oversee the governance of screening programmes and monitor the quality of each part of the pathway.

disease or conditions with the aim of offering intervention to reduce their risk.[xx] There are six National Screening Programmes in the UK, each of which are planned, delivered and governed through an agreed set of UK wide standards – Abdominal Aortic Aneurysm, Bowel, Breast, Cervical, Pregnancy and Newborn, and Diabetic Eye Screening. Screening uptake needs to be maximised to ensure the programmes are effective and efficient, and to maximise population health gain. Each programme is required to meet the national standards. Performance thresholds have been established for all National Screening Programmes that cover each part of the screening pathway from invitation through to screening test performance and on to time to diagnostic assessment. The achievable threshold represents the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level. Each National Screening Programme also has an agreed set of Key Performance Indicators though which it is monitored.	• Public Health have a key role in raising awareness about screening and addressing issues relating to uptake to maximise the opportunity for screening programme effectiveness, particularly in underserved groups. • Public Health will continue to work with partners to ensure the pathway is working efficiently to ensure those who require further investigation have access to timeous investigation and treatment.
Falls prevention	**Action**
Falls are estimated to cost the NHS more than £2.3bn per year. Morbidity from hip fracture contributes to the demand on health and social care services. Given the ageing population, this burden is likely to increase further over the coming years. Evidence shows that effective interventions for falls prevention include: multifactorial risk assessment and timely and evidence-based tailored interventions for those at high risk of falls; evidence based strength and balance	• The health and care system should develop a strategic approach to falls prevention in Lothian, which makes high level recommendations for implementation across the four HSCPs and other key stakeholders.

programmes and opportunities for those at low to moderate risk of falls; and home hazard assessment and improvement programmes.	

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