NHS Lothian Board

Wed 14 August 2024, 09:30 - 12:30

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

Agenda

09:30 - 09:33
3 min

1. Welcome

Verbal   *John Connaghan*

09:33 - 09:34
1 min

2. Apologies for Absence

Verbal   *John Connaghan*

09:34 - 09:35
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

09:35 - 09:40
5 min

4. Items proposed for Approval or Noting without further discussion

Decision   *John Connaghan*

4.1. Minutes of Previous Board Meeting - 26 June 2024

For Approval   *John Connaghan*

📄 4.1 Board Minutes - 26-06-24 (Draft to Meeting).pdf (6 pages)

4.2. Staff Governance Committee Minutes - 29 May 2024

For Noting   *Val de Souza*

📄 4.2 Staff Governance Minutes- 29 May 2024.pdf (12 pages)

4.3. Healthcare Governance Committee Minutes - 28 May 2024

For Noting   *Andrew Cogan*

📄 4.3 Healthcare Governance Committee Minutes - 28-05-24.pdf (7 pages)

4.4. Audit & Risk Committee Minutes - 15 April 2024

For Noting   *Martin Connor*

📄 4.4 Audit & Risk Committee Minutes - 15-04-2024.pdf (6 pages)

4.5. West Lothian Integration Joint Board Minutes - 23 April 2024

For Noting   *Martin Connor*

📄 4.5 West Lothian IJB Minutes - 23-04-2024.pdf (5 pages)

4.6. East Lothian Integration Joint Board Minutes - 23 May 2024

For Noting   *Shamin Akhtar*

📄 4.6 East Lothian IJB Minutes - 23-05-2024.pdf (7 pages)

4.7. Edinburgh Integration Joint Board Minutes - 22 April 2024

For Noting   *Katharina Kasper*

📄 4.7 Edinburgh IJB Minutes - 22-04-2024.pdf (7 pages)

4.8. Midlothian Integration Joint Board Minutes - 18 April 2024

For Noting   *Val de Souza*

📄 4.8 Midlothian IJB Minutes - 18-04-2024.pdf (15 pages)

4.9. National Whistleblowing Standards – Quarter 1 Performance Report

For Noting   *Janis Butler*

📄 4.9 National Whistleblowing Standards – Quarter 1 Performance Report.pdf (4 pages)
📄 4.9 Appendix 1 Q1 202425 Whistleblowing Performance Report.pdf (12 pages)
📄 4.9 Appendix 2 Process changes since the introduction of the standards.pdf (2 pages)

4.10. Pharmacy Practices Committee Outcomes - Quarter 1 2024/25

For Noting   *Jenny Long*

📄 4.10 Pharmacy Practices Committee Outcomes - Quarter 1 2024-25.pdf (4 pages)

4.11. Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2024

For Approval   *Alison Macdonald*

📄 4.11 Appendix 1 - HCSA Q1 Report.pdf (25 pages)
📄 4.11 NHS Lothian Board Paper - HCSA Quarter 1 Board Report.pdf (4 pages)

4.12. Appointment of Members to Committees & Integration Joint Boards

For Approval   *Darren Thompson*

📄 4.12 Appointment of Members to Committees & Integration Joint Boards (August 2024).pdf (5 pages)

Items for Discussion

09:40 - 09:45
5 min

5. Board Chair's Report - August 2024

Verbal   *John Connaghan*

09:45 - 09:55

6. Board Executive Team Report - August 2024

10 min

Discussion   *Jim Crombie*

📄 6. Board Executive Team Report - 14 August 2024.pdf (4 pages)

09:55 - 10:00
5 min

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

Verbal   *John Connaghan*

10:00 - 10:30
30 min

8. NHS Lothian Annual Delivery Plan

Discussion   *Colin Briggs*

📄 8. NHS Lothian Annual Delivery Plan.pdf (4 pages)
📄 8. Appendix 1 - ADP final draft for Board.pdf (44 pages)
📄 8. Appendix 2 - Approval of financial plan.pdf (3 pages)
📄 8. Appendix 3 - Annual Delivery Plan.pdf (2 pages)
📄 8. Appendix 4 - Summary of Performance to end June.pdf (1 pages)

10:30 - 11:00
30 min

9. NHS Lothian Financial Position - June 2024

Discussion   *Craig Marriott*

📄 9. NHS Lothian Financial Position - June 2024.pdf (8 pages)

11:00 - 11:10
10 min

BREAK

11:10 - 11:40
30 min

10. NHS Lothian Board Performance Paper

Discussion   *Jim Crombie*

📄 10. Board Paper Performance Update (Aug2024) final.pdf (5 pages)
📄 10. Appendix 1 - Performance Update.pdf (18 pages)

11:40 - 11:55
15 min

11. Corporate Risk Register

Discussion   *Tracey Gillies*

📄 11. Corporate Risk Register Paper to Board 14082024.pdf (29 pages)

11:55 - 11:57
2 min

12. Any Other Business

Verbal   *John Connaghan*

11:57 - 11:59
2 min

13. Reflections on the Meeting

Verbal   *John Connaghan*

11:59 - 12:00
1 min

14. Date of Next Meeting

For Noting   *John Connaghan*

- **10 October 2024 (on a Thursday)**
- **04 December 2024**
- **04 February 2025**

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 26 June 2024 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr A. Fleming (Vice Chair) (Chairing); Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms V. de Souza; Ms E. Gordon; Mr G. Gordon; Prof A. Khan; Mr P. Knight; Mr A. McCann; Ms K. Macdonald and Cllr D. Milligan.

Executive Board Members: Mr J. Crombie (Interim 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 C. Briggs (Director of Strategic Planning); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Campbell (Director of Estates & Facilities); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Mr D. Hood (Head of Operations, East Lothian HSCP); Mr A. Tyrothoulakis, Site Director, RIE; Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for absence: Prof. J. Connaghan (Board Chair and Non-Executive Board Member); Cllr S. Akhtar (Non-Executive Board Member); Cllr S. Jenkinson (Non-Executive Board Member); Ms K. Kasper (Non-Executive Board Member);Mr P. Allenby (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member); Prof L. Marson (Non-Executive Board Member); Mr E. Balfour (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Ms M. Carr (Chief Officer, Acute Services); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr P. Togher (Chief Officer, Edinburgh IJB); Ms F. Wilson (Chief Officer, East Lothian IJB) and Ms A. White (Chief Officer, West Lothian IJB).

19. Welcome & Declaration of Interests

19.1 The Chair welcomed members, colleagues, and observers to the Board meeting. The Board welcomed Ms Kirsty Macdonald, recently appointed Non-Executive Director, attending her first Board meeting.

19.2 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.

ITEMS FOR APPROVAL OR NOTING

20. Items proposed for Approval or Noting without further discussion

20.1 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.

20.2 <u>Minutes of Previous Board Meeting held on 24 April 2024</u> – Minutes were approved.

20.3   Staff Governance Committee Minutes – 06 March 2024 – Minutes were noted.

20.4   Healthcare Governance Committee Minutes – 26 March 2024 – Minutes were noted.

20.5   Audit & Risk Committee Minutes – 19 February 2024 – Minutes were noted.

20.6   Finance & Resources Committee Minutes – 27 March 2024 – Minutes were noted.

20.7   West Lothian Integration Joint Board Minutes – 26 March 2024 – Minutes were noted.

20.8   East Lothian Integration Joint Board Minutes – 22 February, 28 March & 25 April 2024 – Minutes were noted.

20.9   Edinburgh Integration Joint Board Minutes – 18 March 2024 – Minutes were noted.

20.10   Midlothian Integration Joint Board Minutes – 08 February & 21 March 2024 – Minutes were noted.

20.11   National Whistleblowing Standards – Annual Performance Report (2023 – 2024) – Annual Report was noted.

20.12   Property Rationalisation Programme - Belhaven Hospital & Newtongrange Clinic - The Board confirmed that, based on the recommendations of the Finance and Resources Committee, the following sites should be formally declared surplus to requirements:
* Belhaven Hospital
* Former Newtongrange Clinic

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

The Board approved:
* The appointment of Professor John Innes as a member of the Staff Governance Committee, with effect from 26 June 2024.
* The appointment of Kirsty MacDonald as a member of the Remuneration Committee, with effect from 26 June 2024.
* The appointment of Kirsty MacDonald as a Voting Member of the Midlothian Integration Joint Board, with effect from 1 August 2024.
* The appointment of Dr Amjad Khan as a Voting Member of the Midlothian Integration Joint Board, with effect from 26 June 2024.
* The appointment of George Gordon as the Board's Non-Executive Climate Emergency and Sustainability Champion, with effect from 26 June 2024.
* The re-appointment of Professor Emma Reynish as a Non-Voting Member of the Edinburgh Integration Joint Board, with effect from 27 June 2024.

The Board noted:
* The appointment of Kirsty MacDonald as a new Non-Executive Board Member, with effect from 10 June 2024.

ITEMS FOR DISCUSSION

21.   Board Chair's Report – June 2024

21.1   The Vice Chair updated the Board on the following:

- **Reforming services and reforming the way we work** – Correspondence on this matter from the Director General of 5 June 2024 was noted. There was discussion on the Board's engagement with ongoing developments and it was noted that the Board Chair had already spoken with the Director General on the details involved with reform. There would be the opportunity for further discussion through the Board's Strategy Planning and Performance Committee. The Interim Chief Executive added that the ambition of a reform strategy was welcomed but further detail was required. The Board noted that the Director of Finance was part of the planning and delivery board looking at this piece of work, pulling together a number of strategic and operational issues. Further details would come back to the Board as further developments were made.

- **NHS Scotland – Financial Position and Improvement Expectations** – Correspondence on this matter from the Director General of 21 June 2024 was noted.

- **Board Annual Review 2024** – The Board noted that the Annual Review with the Cabinet Secretary would take place on Monday 7 October 2024. Further details would be issued to Board colleagues once finalised.

22.   Board Executive Team (BET) Report – June 2024

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

- **NHS Lothian Annual Delivery Plan (ADP)** – The Director of Strategic Planning confirmed that the response from Scottish Government on the Board's ADP submission had now been received, however there had not been sufficient time to bring this to the Board in an appropriate fashion. The response had been preceded by feedback from Scottish Government which the Board had been asked to note. The Board noted that the final ADP would therefore be brought to the August meeting for formal agreement and updates on progress would also be provided ahead of further discussion on trajectory at the September meeting of the Strategy, Planning and Performance Committee.

- **Theatre Utilisation Electronic Scheduling** - The Board noted the update on the roll out and improved session uptake, increase in patient numbers and utilisation. The Board was a pathfinder for this work and the roll out had started at St John's Hospital with encouraging feedback from specialties. Discussions were ongoing in relation to the Royal Infirmary of Edinburgh and the Western General Hospital.

- **Recent Awards** - The Board recognised the success of Frances Aitken, Lead Dementia Nurse for Stress and Distress at St John's Hospital, Prof Juliet MacArthur, and the Neonatal Unit (Simpsons, RIE) and the Special Care Baby Unit (SJH) who had recently won RCN Scotland's Nurse of the Year, Mental Health Nursing Award and Scottish Neonatal Nurses' Group Team of the Year respectively. The acting Chief Executive would be writing out to colleagues to congratulate them.

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

23.1 <u>Healthcare Governance Committee</u> – The Board noted that the committee had acknowledged and discussed the 'Cass Review – Independent Review of Gender Services for Children and Young People' at its meeting held on 28 May 2024. The Committee would continue to review relevant developments and expected to receive a more detailed report on the implications for NHS Lothian in due course.

23.2 <u>Staff Governance Committee</u> – The Board noted that the Committee had received several challenging reports around Agenda for Change reform and the delivery of workforce savings. The comprehensive and candid nature of these reports had been welcomed by the Committee, in outlining opportunities and challenges in each of the areas.

23.3 <u>Finance and Resources Committee</u> – The Board noted the discussions at the Committee around the declaration of Belhaven Hospital & Newtongrange Clinic as surplus as part of the asset management reporting. The Committee had also received a report on the relocation of NHS Lothian's headquarters and approved the standard business case for a proposed move to an alternative city centre location in 2025, subject to finalisation of commercial matters.

24. NHS Lothian 2023/24 Financial Outturn Position

24.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position for 2023/24. The Board noted that the revenue outturn target had been achieved, subject to auditing. Starting the 2023/24 year with a deficit of £52M, NHS Lothian had been one of only six mainland boards to deliver a breakeven position. The Director of Finance thanked all staff that had contributed to this achievement.

24.2 The Board discussed a range of factors relevant to the 2024/25 position, including additional funding announced by the Scottish Government, the challenge of delivering significant efficiency and savings targets, and the specific financial challenges faced by Integration Joint Boards. It was reiterated that NHS Lothian's opening 2024/25 financial position had included a £140M gap and that the difficult decisions required to close this were likely to have adverse impacts. The ongoing work to undertake detailed impact assessments was noted.

24.3 The Board thanked the executive team and wider organisation of achieving a break-even position in challenging circumstances. It agreed to accept this report as a source of significant assurance that NHS Lothian had achieved its financial target of breakeven for the year 2023/24, subject to external audit review.

25. Lothian Strategic Development Framework (LSDF) & Corporate Objectives 2024/25

25.1 The Director of Strategic Planning briefed the Board on the Lothian Strategic Development Framework (LSDF) Annual Report and presented the review of Corporate Objectives for 2023/24. Approval was sought for the publication of the LSDF Annual Report.

25.2 There was discussion on the Corporate Objectives and revised implementation books that would come to Strategy Planning and Performance Committee in September. The Board also discussed the delivery timeframe for LSDF and noted that some areas remained on trajectory to deliver and may be quicker than 5-10 years to achieve, whereas some parts may face significant delay, due to the restrictions in capital funding and the significant impact of this on NHS Lothian's capacity to deliver.

25.3 The Board welcomed the narrated LSDF video which provided a good balance between sharing information and accessibility to the public. The challenges involved in having a joint approach across the Health Board and integration joint boards were recognised but it was important to retain a consistent approach which takes time and effort.

25.4 The Board noted the background, approved the LSDF Annual Report and noted the review of performance against Corporate Objectives for 2023/24.

26. NHS Lothian Board Performance Report

26.1 The Interim Chief Executive presented the Board Performance Report. There was discussion on General Practice activity across Lothian and the challenges within Primary Care, as well as in relation to Unscheduled Care. The Board noted that occupancy across all acute hospitals remained extremely high and the concerns in Primary Care and Acute Services were both reflected within the Corporate Risk Register.

26.2 The Board also discussed the ongoing challenge around delayed discharges, noting the renewed Scottish Government focus on reducing this number by October 2024. The complexity of achieving this target, given the multiple factors involved in admission and discharge, was recognised and the work between NHS Lothian and the Centre for Sustainable Development was noted. The impact of affordable housing allocation decisions and care home closures on delayed discharges and whole system working was also highlighted. The Board noted that the Edinburgh Older People pathway had been approved by Edinburgh IJB at its last meeting and would be a helpful approach to addressing some of the issues around delays.

26.3 The Chair welcomed the discussion and confirmed that there would be the opportunity to expand on some of these areas, include whole system working at the Strategy, Planning and Performance Committee.

26.4 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.

27. Corporate Risk Register

27.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register (CRR).

27.2 The Board received the circulated paper, reviewed the May 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table, and noted the following:

- The reduced grading of risks 3828 Nursing Workforce, and 5784 Inappropriate Low Secure Accommodation.
- That the divisional high and very high risks had been reviewed by the Corporate Management Team in June 2024.
- That any new or materially worsening risks would be presented to the Board's Strategy, Planning and Performance Committee (SPPC) prior to submission to the Board.

28. Any Other Business

28.1 There was no other business.

29. Reflections on the Meeting

29.1 The Chair asked members to contact colleagues offline if they wished to discuss any items further.

30. Date of Next Board Meeting
- 14 August 2024

Chair's Signature …………………………………………………………………………………

Date ………………………………………………………………………………………………

Mr Andrew Fleming (on behalf of the Board Chair)
Vice Chair – Lothian NHS Board

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 29 May 2024 via Microsoft Teams.

<u>Present:</u>
Ms V. de Souza, Non-Executive Board Member (Chair); **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Ms K. Kasper**, Non-Executive Board Member; **Ms E. Gordon**, Non-Executive Board Member and **Ms T Miller**, Employee Director.

<u>In Attendance:</u>
Mrs R. Kelly, Deputy HR Director; **Mr C. Campbell,** Chief Executive; **Mr J. Crombie,** Deputy Chief Executive; **Ms T. Gillies,** Medical Director; **Ms F. Ireland,** Deputy Director Nursing; **Ms A. MacDonald,** Executive Nurse Director; **Ms M. Campbell,** Director of Facilities; **Ms L. Cunningham,** Partnership Representative; **Mr D. Thompson,** Board Secretary; **Ms L. Hutchinson,** Equality, Diversity, Inclusion, and Human Rights Lead (Item 2); **Ms H. Monaghan,** Speak Up Advocate (Item 5.2); **Ms R. Weerakoon** (Speak Up Advocate) (Item 5.2); **Mr N. McAlister,** Head of Workforce Planning (Item 7.3); and **Mr G. Ormerod**, Committee Administrator (minutes).

<u>Apologies:</u>
Ms H. Fitzgerald, Partnership Representative.

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.

1.   Declaration of Conflicts of Interest

1.1   No interests were declared.

2.   Equality, Human Rights and Inclusion Strategy

2.1   The Equality, Diversity, Inclusion, and Human Rights Lead provided an update on the Equality, Human Rights, and Inclusion Strategy that the board approved in April 2023. The 5-year strategy has six key priorities set out in the report that will be taken forward over the next 4 years for improved outcomes.

2.2   The strategy, progress, and priorities over the last year have focused on areas including ethnic minority groups, improving access to services for disabled people, gender inclusion areas, and supporting people involved in decisions in care where they lack capacity. The annual report was presented and approved at the recent Healthcare Governance Committee.

2.3   This year, the team has recruited an additional member of staff focusing on information to identify indicators and make a difference across the organisation, with further work and progress to be presented in the year-two annual report.

2.4   The Chair highlighted that the word disability has a strong voice, but on reading the strategy, it is not that visible. The Equality, Diversity, Inclusion, and Human Rights Lead confirmed that

1

terms such as mental health and wellbeing are used. The definition of disability in the Equality Act is specific, and some people who may have a mental health condition may not be covered. By using a broader term, this will cover a broader range of people in our service.

2.5   A Non-Executive Board Member asked, given the current financial challenges, is the team sighted on impacts for the service and what this means for vulnerable communities, and how likely will there be groups of the population that are impacted by what we do. In response, the Chief Executive referred to the work in-progress relating to impact assessments and commented that Lothian appeared to be further ahead than any other board in carrying out equality and impact assessments as part of financial recovery plans. There is no concern, and the strategy is doing the right thing. He confirmed that this would come back through SPPC in September with appropriate mitigations for vulnerable groups.

2.6   The Chair thanked the Equality, Diversity, Inclusion, and Human Rights Lead for the update.

3.   Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 6 March 2024

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

3.2   It was agreed that the Action note would be updated in advance of the next Committee.

4.   Matters Arising

4.1   No matters arising.

5.   STAFF EXPERIENCE

5.1   Advancing Equalities Action Plan 2023/24 – update and Action Plan for 2024-26

5.1.1   The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2023/24. She confirmed the paper provides highlights of the advancing equalities work and communication over the last year for special weeks and promotion, including:

- A survey of BME nurses was undertaken to support the implementation of the career progression programme from 2024/25;
- The Equality and Diversity Conference took place in February 2024, covering a wide range of areas. The conference will continue annually as a business as usual activity;
- The Equality and Human Rights Education Framework has been agreed to be implemented in core training for 2024/25;
- Disability and Carer's Passports were approved, with ongoing training around Reasonable Adjustments.

5.1.2   The Deputy HR Director confirmed the action plan has been developed in conjunction with the HR and OD Equality and Diversity Group and staff network chairs and this will move to a 2-year period from March 2024 to April 2026, as some actions will take longer to implement. The HR and OD groups will monitor the actions and provide an update to each Committee using the RAG status.

2

5.1.3 The Committee accepted the recommendations set out in the report, including the moderate level of assurance against the delivery of the actions contained in the Advancing Equalities Action Plan 2023-24 and members endorsed the Advancing Equalities Action Plan for 2024-26.

5.2   Speak Up Report

5.2.1 The Speak Up Ambassador provided an update on the Speak Up service; she confirmed the service started in 2019. This was set up for all concerns for staff in NHS Lothian, but the role has expanded to include whistleblowing, with the ambassadors undertaking a confidential contact role for the whistleblowing standards. She confirmed that recently a third Speak Up Ambassador has joined the team, who will add a fresh perspective and bring a different skill set.

5.2.2 The Speak Up Ambassador provided an update on key highlights for service delivery and what the Speak Up Ambassadors and Advocates had done to promote the service in Q3 and Q4 in the last fiscal year, including:

- The number of contacts continues to increase, with Q3 having the highest number of contacts since 2019 and a year-on-year increase in complexity.
- Speak Up promotion has been driven by services, and Speak Up Week, which was a big success in 2023, will take place again this year on 30 September focusing on enabling speaking up.
- There has been an increase in whistleblowing cases, with six people raising level 2 concerns, although all of these staff members raised this through their line manager and discussed it against the standards.
- The Speak Up Advocate confirmed that two out of the three advocates co-chair the National Speak Up group.
- All advocates attend joint development sessions relating to human factors every 2 months and weekly drop-in sessions. Face-to-face meetings take place quarterly.
- The INWO has also met with advocates around detriment.
- The National Network Bulletin is produced by Speak UP Ambassadors in Lothian, who continue to be at the forefront of the network and have been asked to speak by the INWO team as part of the national programme for Speak Up Week 2024.
- A programme of local activity for Speak Up Week 2024 is in progress and feedback will be provided to the Committee in due course.

5.2.3 The Chair welcomed the report, highlighting specifically the level of engagement and positive impact of co-chairing the national group and the overall learning benefit.

5.2.4 A Non-Executive Board Member inquired how the service links to primary care. The Speak Up Ambassador confirmed that the service extends to Primary Care colleagues and that the HSCP presence is well recognised in the community centres and contacts through small GP and dental practices, with support from the Director for Primary Care to promote and communicate the service. It was also confirmed that one of the Speak Up Advocates is based in primary care.

5.3   Whistleblowing Report

3

5.3.1   The Committee received the Whistleblowing Report, which included an update on the case that has been with the INWO since August 2022. This was the Board's first case subject to a full investigation by the INWO, will the full report being received in May 2024. The protracted timescales were concerning. The report was published on 22 May, with the first set of actions to be addressed by 19 June and some by Autumn 2024.. A complete update on progress against the recommendations would come back to the Committee in July.

5.3.2   The Director of HR and OD confirmed there has been a lot of learning about the standards since they were implemented in 2020. Since the concern was raised with the INWO in summer 2022 a number of process and practice improvements raised by the INWO have already been implemented in the intervening period. A summary of this would be included in the update to the Committee in July.

5.3.3   The Director of HR and OD confirmed there are four new Stage 2 concerns raised since the last Staff Governance Committee update, and these are at the planning or investigation stage.

5.3.4   Members discussed another case currently with the INWO since 2023 with similar patterns and timescales to the first case. NHS Lothian is required to investigate the case within 20 days and provide regular updates to the whistleblowers every 20 days. The report from the INWO is expected by the end of June.

5.3.5   The Director of HR and OD confirmed that she and the Executive Medical Director have met with the INWO on a few occasions to discuss process concerns, timescales and performance relating to INWO activity, with the INWO recognising there are some improvements required. Concerns have been raised around bullying and harassment concerns and whether they should sit under whistleblowing or would be more appropriately addressed under workforce policies. The Director of HR and OD has also raised this issue with the Chief People Officer for Health Workforce and it has been agreed that this matter needs to be explored as part of the imminent review of the National Whistleblowing Standards.

5.3.6   The Director of HR and OD confirmed that she understood that the National Whistleblowing Standards would be reviewed later this year, and it was important that employer experience and learning over the last four years was well articulated.

5.3.7   A Non Executive Board Member highlighted that there is a significant time factor if bullying and harassment issues span both the standards and HR policy there is a strong overlap with an allegation of bullying and harassment, and there needs to be a decision on whether this sits in the HR policy space and when the whistleblowing standards apply.

5.3.8   A Non Executive Board Member inquired if this is a resource issue at the INWO that's causing the delay in the investigation. In response, the Director of HR and OD confirmed that capacity appears to be a factor for the INWO team.

5.3.9   The Committee approved the report's recommendations.

5.4   Agenda for Change Review – Implementation Arrangements

4

5.4.1   The Director of HR and OD provided an update on the Agenda for Change Review as part of the 2023/24 pay deal. She confirmed there are three separate strands to this review, including: protected learning time ; reducing the working week by 1 hour and 30 minutes for agenda for change staff, but with the first 30 minute reduction to be effective from the 1 April 2024; and the Band 5 nursing review. It was noted that a programme management structure had been established to support and enable delivery, including a Programme Board co-chaired by the Director of HR & OD and the Employee Director.

5.4.2   Members noted the plan to implement the reduced working week, phase 1 being non-rostered staff by end summer and rostered staff before the height of winter.

5.4.3   The review of Band 5 nursing is expected to have significant resource implications and capacity modelling is under way. The Director of HR and OD advised that this programme of work is likely to take over 52 weeks and will depend on capacity to support the demand which is difficult to accurately predict but is expected to be more that 50% of eligible staff.

5.4.4   The Director of HR and OD commented that this overall programme of work was significant and that arrangements were underway to recruit a dedicated programme manager to support this work using project principles and programme management methodology to the planning, implementation and monitoring of the programme.

5.4.5   The Director of HR and OD confirmed that a progress update would be provided at each meeting of the Committee through to full implementation.

5.4.6   The Employee Director highlighted concern with clinical areas including rotas and the significant cost; there would also be a knock-on effect with shifts and areas including car sharing at RIE, which has been a focus of recent work. Once the changes have been implemented, there is concern that this work will have to start again next year and the following year.

5.4.7   The Director of HR and OD confirmed that £200M had been allocated across NHS Scotland to support implementation of the AfC reform programme and NHS Lothian's allocation was £30M.

5.4.8   The Executive Nurse Director highlighted that this will be difficult, but the board needs to look at who can provide input for job evaluations, and the benefit is that this is being done at a corporate level across Lothian and working together to implement the plan.

5.4.9   The Employee Director confirmed there would be challenges with the protected learning time and Band 5 nursing, and this will be very time-consuming, but there is a process in place to manage this, and work already underway. The difficult part will be to reduce the working week from 37.5 hours to 36 hours over a 3-year period.

5.4.10 The Chair asked if the Committee could help support this work. The Director of HR and OD advised that at this stage the key ask of the Committee was to note the operating context the work in progress and the potentially significant capacity challenges. She confirmed that she and a number of colleagues were members of national fora and were well placed to help influence national guidance and to flag any significant implementation issues from an employer perspective.

5.4.11 The Chair thanked the Committee for their honesty and fullness of the report. She praised the Director of HR and OD and the Employee Director's leadership in supporting this work, keeping communication open, and escalating any concerns within and out with the Board as necessary.

5

5.4.12 The Committee approved the recommendations in the paper and noted the current challenges and constraints

6. ASSURANCE AND SCRUTINY

6.1 Corporate Risk Register

6.1.1   3455 – Management of Violence and Aggression

6.1.1.1 The Deputy Director of Nursing provided an update on the work plan intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed the implementation phase work was delayed by 1 month, as there was a risk of a backlog for bank workers who hadn't received updated training. She confirmed there are currently 11 bank workers trained and progressing with work to upskill work-based trainers, recruit additional-based trainers, and implement the model agreed.

6.1.1.2 The purple pack risk assessment will be part of the Health and Safety Q1 report and will be completed by the end of June, with an expected increase in the new way of working and implementation over the next few years. The measurement framework and base line data are currently being worked on, and this will come to the next Committee. The programme board would continue to meet monthly while this work is being implemented, and all elements are currently at a moderate level of assurance.

6.1.1.3 The Chair thanked the Deputy Nurse Director for the update and highlighted the significant work undertaken and progress made.

6.1.1.4 The Committee approved the recommendations in the paper and accepted the moderate assurance level for each workstream.

6.1.2   3828 – Nurse Workforce – Safe Staffing Levels

6.1.2.1 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 confirmed that good progress has been made in recruitment and eliminating agency whilst maintaining good staffing levels with a good escalation process in place.

6.1.2.2 The current establishment gap is around 6%, and there has been an increase in recruitment of around 700 nursing staff and a recruitment plan to follow in September. The agency is in a better position than last year, with agency reductions of 91%. Discussions are ongoing with managers to reduce the risk rating from very high to high.

6.1.2.3 The Deputy Director of Nursing confirmed that safe staffing is heading in the right direction, with moderate assurance on escalations and professional oversight in place. Work is continuing on enabling work for health checks and work around additional duties to optimise resources available.

6.1.2.4 Members noted that the service needs to take the best of this year's graduates, as this is expected to decline in the next few years. Funding for Earn as you Learn will not be supported in 2024 as the National Taskforce pauses to review Nursing and Midwifery supply and retention; this is expected to start again in 2025/26.

6

6.1.2.5 The Chair commented on the high level of annual leave within the report. In response, the Deputy Director of Nursing confirmed the service is looking to smooth out annual leave across the year but to maintain the numbers for supplementary staffing and to avoid staff having to use up their annual leave in March.

6.1.2.6 The Committee approved the paper and agreed to adjust the risk level from very high to high with the work undertaken to reduce the establishment gap.

6.1.3. 5020 – Water Safety

6.1.3.1 The Deputy Chief Executive provided an update on the water safety risk, confirming that the risk remains high with limited assurance. He indicated that members have been briefed on the new approach to water safety, with changes to the safety group members and a focus on maintenance.

6.1.3.2 Members noted that compliance for engagement with third-party premises around water safety has progressed from 61% to 84%, with a zero-tolerance approach for non-compliance working well. Progress has been made against reducing the target risk, and this is expected to be achieved within the next year.

6.1.4   3328 – Traffic Management

6.1.4.1 The Deputy Chief Executive provided an update on the traffic management risk, confirming the risk remains high with limited assurance. He indicated that the ability to reduce the three red risks is linked to capital funding to support safe provision, but there is a focus on reducing the risk level.

6.1.4.2 Members noted there were no adverse events in the last quarter; however, there continues to be some bad behaviour by visitors towards traffic management teams, and this is a consistent message coming back from leadership teams.

6.1.4.3 The Chair thanked the Deputy Chief Executive for the update and proposed to continue with the zero-tolerance approach to visitor behaviour.

6.1.5   RIE Fire Safety

6.1.5.1 The Director of Facilities provided an update on the RIE fire safety risk, confirming that there have been no changes to the grading or controls for the associated risks.

6.1.5.2 The Director of Facilities set out some highlights from the report, including:

- Both NHS Lothian and PFI providers have submitted formal appeals to the enforcement notices issued; this suspends the notice for the duration of the appeals process but not the rectification, and the risks will continue to be addressed.
- A feasibility review has been undertaken and found that additional ventilation work is required for the basement rooms, with support from Site Director's office to address this.
- The Fire Safety Incident Support Team is in place, with patrols ongoing and escalating any issues to the Site Director. There are five vacant positions to be filled.

7

- The fire safety team continues to work with the Site Director's office to roll out training, including walk-and-talk and fire drills, to understand responsibilities in the event of a fire.
- Life cycle work continues with wards 203 and 209 completed and 201 ongoing with alarm replacement, but work is slower than expected as only 1 ward is available for decanting.
- A total of 3654 staff (79%) have now been trained in fire safety modules.

6.1.5.3 The Deputy Chief Executive provided an update on the NHS Lothian, Consort and Equans appeals against the SFRS Enforcement Notices that took place at Sheriff Court yesterday. He confirmed the Court has agreed to order the Scottish Fire and Rescue to lodge answers to the appeals within 4 weeks by 25 June 2024, fixed a mutual adjustment period of 6 weeks for the other parties to respond by 6 August 2025 and confirmed a further procedural hearing for early August.

6.1.5.4 A Non-Executive Board Member inquired on the timescales for decanting the wards. The Deputy Chief Executive confirmed that he is in discussion with Consort on a development proposal for additional ward capacity by either building on the Ward arc as a permanent solution or a modular building to connect to the ward arc. Both options have received formal sign-off and are subject to costs.

6.1.5.5 The Chair welcomed the work and commended the risk mitigations in place. She asked if the actions in the report could be updated as some of the actions had lapsed. The Director of Facilities agreed to take this forward.

6.1.5.6 The Committee approved the report's recommendations.

6.2   Health and Safety Assurance Report

6.2.1   The Executive Medical Director provided an update from the Health and Safety Assurance Report with information drawn from the local Health and Safety Committee reports, assurances, and minutes of the most recent meeting.

6.2.2   Health and Safety is currently in a transition period to focus on 12 key risks and any additional risks that have a targeted approach appropriate to the service area. This will take time to implement as the Health and Safety team works closely with each Committee.

6.2.3   The Annual Health and Safety Paper was presented to the Healthcare Governance Committee yesterday and included information on slips, trips, and falls, which was accepted by the Committee.

6.2.4   The Committee noted the latest update and accepted the recommendations in the Health and Safety Assurance Report.

6.3   Staff Governance Committee Annual Report

6.3.1   The Deputy Director of HR provided an update on the Staff Governance Committee Annual Report, which is a requirement for all Board Committees. She confirmed that the Statement of Assurance report has been pulled together and is updated after each meeting throughout the year.

8

6.3.2 The Committee Effectiveness Survey was circulated to members and provided feedback on how the Committee is functioning. Overall, there was a poor response, with only four Committee members providing feedback. The Deputy Director of HR commented that because there were only a small number of responses received, it was difficult to get a positive or negative overview, but there was nothing significant to report from the governance statements.

6.3.3 The Chair highlighted that the lack of responses was disappointing and asked for a more proactive approach next year. She pointed to a number of changes with Committee members that may have impacted responses.

6.3.4 The Committee approved the Staff Governance Committee Annual Report.

6.4 Medical Appraisal

6.4.1 The Medical Director provided an update on the Medical Appraisal paper that was circulated to the Committee, which underpins the process for revalidation.

6.4.2 The paper sets out the purpose of the appraisal and provides information on the designated body policy and definitions. The second Appendix provides data submission to GMC and information on the position of doctors appraised, referrals, and revalidation as of March 2024.

6.4.3 The MARQA data for NHS Lothian was in place pre-Covid, but this is the first submission since Covid. The Medical Director commented that she was pleased with the numbers in the report, as there is a significant level of turnover with this workforce as this applies to all doctors, including Locum and Bank.

6.4.4 The Medical Director highlighted that the reporting process is robust and that there is significant monitoring in place. She asked the Committee to take moderate assurance that all processes are in place.

6.4.5 The Committee accepted significant assurance that processes are in place for appraisal and revalidation within NHS Lothian.

6.5 Staff Governance Work Plan 2024-25

6.5.1 The Director of HR and OD provided an update on the Staff Governance Work Plan. She confirmed that the Committee has an annual work plan and a proposed plan for 2024/25, which focus on three areas: corporate workforce objectives, committee risks and annual review processes on a range of matters, such as medical appraisals and the review of the Remuneration Committee.

6.5.2 The Committee agreed the Work Plan for 2024/25.

7. SUSTAINABLE WORKFORCE

7.1 Workforce Report

7.1.1 The Deputy Director of HR presented the Workforce Report for April 2024, which included data on short and long-term absences, retire and returns, and mandatory training across the organisation.

9

7.1.2   The Deputy Director of HR confirmed the report provides data for absence levels, which are now at 5% across the organisation, down from March 2023, with a robust process in place for absence management. The most common absences are a cold or flu, a cough, anxiety, and stress.

7.1.3   Members noted that mandatory training across the organisation is at 75% compliance, and review Agenda for Change staff appraisals is at 50%. It was noted that more staff appraisals may have taken place but have not been recorded, and the importance of recording this information was important. Further data on Whistleblowing, Speak Up, and Junior Doctor compliance was presented in the report.

7.1.4   The Chair asked a question about the 'unknown' absences recorded on the system. The Deputy Director of HR confirmed this is a continuous housekeeping issue, and often when an employee calls to report an absence, they don't want to disclose the reasons for their absence or it simply is not recorded. Managers should follow up with that employee when they return to work and ensure the reason for absence is recorded on the system but often this does not happen.

7.1.5   A Non-Executive Board Member asked about the dip in appraisal compliance from the previous month but a better position overall from March 2022. She asked if this would plateau or if there would be a better level of compliance. The Director of HR and OD acknowledged that performance need to improve and confirmed this is largely a leadership and cultural issues, and corporate communications have been issued setting out the reasons why appraisal conversations are important and the benefits of doing this. CMT has also discussed the need for robust management as part of leadership team objectives and responsibilities.

7.1.6   The Committee noted the workforce update for April 2024.

7.2   Equality and Diversity Monitoring Report

7.2.1   The Deputy Director of HR provided an update on the Annual Equality Report, which is produced in line with the Equality Act and Public Sector Equality Duty and publishes information on race, disability, sex, age, religion, sexual orientation, and protected characteristics in relation to our current workforce. Since the report was circulated, it has been updated with information and data from the 2022 Census.

7.2.2   The chairs of the staff networks will meet to go through the report in detail to see if anything further can be added for the next year. The report and plan will be published on the internet, and a summary of the report will be shared widely with staff.

7.2.3   The Deputy Director of HR confirmed the report circulated is very detailed and asked if anyone had any further questions to contact her directly.

7.2.4   The Committee approved the report's recommendations.

7.3   Delivering Workforce Reductions to Support Financial Recovery

10

7.3.1 The Director of HR and OD provided an update on the workforce efficiencies programme, highlighting that there are a number of constraints, complexities, and interdependencies in reducing our workforce by the target 1200 WTE.

7.3.2 A programme board and a number of workstream's have been set up; including absence management and good housekeeping workshops to focus on some of the transaction people management and pay processes such as junior doctors hours of work, rotas, absence management, salary protection.

7.3.3 A Non Executive Board Member highlighted the helpful report and acknowledged the difficulty of reducing the workforce. She asked how redeployment can be managed in a positive way. The Director of HR and OD confirmed redeployment sometimes has negative connotations for staff and that the OD team were working alongside the employee relations team to develop a career and assets based approach.

7.3.4 The Chair highlighted a number of key reports presented at today's Committee that provide thoroughness and clear information for the Committee to support the executive team in challenging times. She commented that the Workforce Reductions report provides a full picture of the challenges at present.

7.3.5 The Committee accepted the recommendations in the paper.

8. FOR INFORMATION AND NOTING

8.1 NHS Scotland Staff Governance Standard Monitoring Framework and iMatter Staff Experience 2022-23

8.1.1 The Director of HR and OD confirmed that the Staff Governance Standard Monitoring Framework was submitted last year, and that response was received in the first letter. She explained that the current system for monitoring standards has been in place for some time; however, the framework is out of date. The second letter confirms that the monitoring framework will be paused for the next 12 months while improved monitoring is discussed.

8.2 NHS Scotland Staff Governance Monitoring Framework letter

8.2.1 Item was covered under item 8.1

8.3 Staff Governance Assurance Statement

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

8.3.2 The Deputy Director of HR confirmed information from the Statement of Assurance and the agreed work plan would be included in the new work plan for 2024/25.

9. Any Other Competent Business

9.1 No other competent business

10. REFLECTIONS ON THE MEETING

11

10.1 The Director of HR and OD confirmed a lot of information had been presented to the Committee with good discussion. It would be important to have full engagement from committee members going forward.

10.2 The Employee Director confirmed there are a number of challenges, but due to her position, she is able to challenge from a different angle.

10.3 A Non-Executive Board Member confirmed the papers at the meeting were candid, with a lot of information covering the risks and mitigations.

10.4 A Non-Executive Board Member underlined the importance of work at a national level to influence things and highlighted the violence and aggression and nurse workforce reports as key pieces of work.

11.1 Matters to be highlighted at the next Board meeting

11.1.1 The Chair indicated that she would update the Board on the key papers discussed at the Committee, including Delivering Workforce Reductions to Support Financial Recovery and the Agenda for Change Review: Implementation Arrangements; this would also be included in the Director of HR and OD Board Executive Report (BET).

12.2 Matters to be highlighted to another Board Committee

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

13. Date of Next Meeting: Wednesday 31 July 2024

The next Committee meeting would be held on Wednesday 31 July 2024 at 9.30am

Signed by Chair
31 July 2024

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 28 May 2024 by video conference.

Present: Mr A. Cogan, Non-Executive Board Member (chair); Mr E. Balfour, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member.

In attendance: Mr F. Ahmed, Head of Service, Adult Audiology (item 5.5); Ms M. Perez-Botella, Director of Midwifery (item 3); Dr L. Bream, Associate Medical Director for Quality and Safety (item 1.2 and 6.1); Ms J. Browning, Associate Director of Pharmacy; Ms M. Carr, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Guthrie, Associate Nurse Director, Infection Prevention and Control (item 5.6); Mr S. Malzer, Public Involvement Manager (item 4.2); Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms J. Mackay, Director of Communications; Ms C. Meldrum, Associate Nurse Director (item 5.5); Ms D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Mr A. Short, Director of Women's and Children's Services; Ms M. Stewart, Public Health (item 1.2); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms A. White, Chief Officer, West Lothian Health and Social Care Partnership; 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: Mr S. Garden, Director of Pharmacy; Mr P. Knight, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative; Mr P. Togher, Chief Officer, Edinburgh Health and Social Care Partnership.

Chair's Welcome and Introductions

Mr Cogan welcomed members to the meeting and members introduced themselves. He welcomed Mr Balfour to the Committee as Non Executive Board Member and as Chair of the Area Clinical Forum.

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

1.   Patient Story

1.1   A video was shown of a patient giving feedback on her home birth experience and describing the person centred care she received.

1

2.   Committee Business

2.1   <u>Minutes from Previous Meeting (26 March 2024)</u>

2.1.1   The minutes from the meeting held on 26 March 2024 were approved as a correct record.

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

2.2   <u>Committee Assurance Framework update</u>

2.2.1   Ms T. Gillies presented the previously circulated paper. The framework would be trialed with the Women's Services assurance report at this meeting and the Children's Services assurance report at the next meeting. Feedback would be sought from the Committee following these two papers, and feedback from the services completing the papers would also be gained while working on the papers. The Quality Improvement Team would work with those completing the reports to ensure the new guidance was applied.

2.3   <u>Healthcare Governance Committee Annual Report and Assurance Need</u>

2.3.1   Ms J. Gillies presented the previously circulated annual report, the initial draft of which had been discussed in at the meeting in May 2024.

2.3.2   Feedback had indicated that more development opportunities for Committee members would be welcomed. Ms T. Gillies agreed to offer an in-person workshop session giving examples of how data given in assurance reporting was collected, reported, and used.   **TG**

2.3.3   Members accepted the recommendations laid out in the paper and approved the Annual Report for submission to the Audit and Risk Committee.

3.   Emerging Issues

3.1   <u>Patient Safety Commissioner for Scotland Act 2023 - Circular</u>

3.1.1   The Director's Letter dated 30 April 2024 had been previously circulated. Ms T. Gillies advised that the Committee would be updated as more information became available on the role of the Patient Safety Commissioner.

3.2   <u>Infected Blood Inquiry</u>

3.2.1   Ms T. Gillies advised that the final report from the Inquiry had been published on 20 May 2024. The Scottish Government was arranging a meeting at the end of June to discuss the NHS in Scotland's response to the recommendations in the report, and Ms T. Gillies would be the medical director representative on the group.

3.2.2   The Healthcare Governance Committee had received two papers in the past two years giving assurance on current standards in the Haemophilia Centre in NHS Lothian.

2

3.3　　Gender Identity Services – Cass Review

3.3.1　　Ms T. Gillies advised that following the Cass Review it had been agreed across Scotland that prescription of puberty blocking hormones for children under the age of 16 years had been paused. The Chief Medical Officer and Deputy Chief Medical Officer would speak in front of a parliamentary committee on 18 June on their decision. The Healthcare Governance Committee would be kept informed of any actions needed.

4.　Women's Services Assurance Report

4.1　　A paper had been previously circulated. The chair welcomed the Director of Women's and Children's Services to the meeting, and he gave a presentation. Ms Perez-Botella, Director of Midwifery, was also in attendance. The paper was based on the new assurance framework but this time the presentation followed the previous narrative-based template. The new process would focus on data, and this would become clear in the next few meetings.

4.2　　Key assurance came from national indicators for example the MBRACE report, which allowed focus on recommendations from reports and bench marking against other health boards. In addition to this, the number of significant adverse event reports and the level of harm reported were used to investigate themes which would inform improvement actions.

4.3　　There had been an increase in complaints relating to waiting times and the treatment time guarantee for gynaecology procedures and this was related to a deterioration in waiting time. Ms Morrison advised that work had been done to improve appointment letters sent from TRAK and review of letters sent to patients on the waiting list. Clinicians were also being encouraged to be open with patients about the waiting time when adding them to the list for a procedure. Presentation of waiting times information online was also being considered.

4.4　　It was known that the experience in maternity services was poorer for women of black ethnicity and work was being done with a third sector organisation which supported women of African descent. This included monitoring experiences and providing additional antenatal support including longer or more appointments provided closer to home. There was also support for staff on providing appropriate care.

4.5　　Members requested more information about Gynaecology consultant cover. Mr Short advised that this would depend on complexity of cases, for example between the St John's and Royal Infirmary units.

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

3

4.7   Women's Health Plan

4.7.1   Ms Milne presented the previously circulated paper. Members agreed to change the limited assurance offered in the paper and accepted moderate assurance on the delivery of the plan. Good work was in progress on implementation of the plan and some of the outcomes were not directly within NHS Lothian's remit.

5.   Person Centred Care

5.1   Spiritual Care and Bereavement Services – update on action plan

5.1.1   Ms McAuley presented the previously circulated paper. Currently the out of hours on call services could not be provided, and this would not be possible until the new posts had been recruited to and staff had been trained, likely in 6 months' time. The day service was prioritising patient support was being prioritised over staff support, as there was a range of other types of support available for staff. There was also access to local religious leaders who provided some support to patients. There had been no complaints or significant adverse events related to the reduced service.

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

5.2   Involving People Update

5.2.1   Ms Mackay presented the previously circulated paper. There was an awareness among service managers of the need to engage with patients when making services changes, but it was not always clear what processes were available and what level of patient engagement should be sought in different situations. This was where guidance would be provided.

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

5.3   NHS Lothian British Sign Language Action Plan

5.3.1   Ms Milne presented the previously circulated paper. Members accepted the recommendations laid out and accepted significant assurance on the delivery of the plan.

6.   Safe Care

6.1   Royal Edinburgh Hospital and Associated Services Accommodation Risk Mitigation Plan

6.1.1   The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. During discussion at the Strategic Planning and Performance Committee it had been suggested that a national solution was required for female high secure provision. Mr Crombie advised that a decision was awaited from the Scottish Government on the capital programme and that if this was not available then NHS Lothian would be unable to provide this service. If this was the case, then this

4

item should be removed from the Corporate Risk Register as it would no longer be the Board's responsibility.

6.1.2   A further update would be brought to the next meeting outlining what aspects of the risk were within NHS Lothian's remit and which aspects which were not under NHS Lothian's control and had been escalated to the Scottish Government.   **TMcK**

6.2   Access to Treatment Risk Mitigation Plan

6.2.1   Ms Carr presented the previously circulated paper. Members noted the amount of work in progress in different areas to mitigate this risk. It was suggested that it would be helpful to define the highest risk areas and associated measurements for improvement. Some areas were monitored at service level and other needed governance oversight.

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

6.3   Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan

6.3.1   The chair welcomed Mr Massaro-Mallinson to the meeting and he presented the previously circulated paper. This risk had also been discussed at the Strategic Planning and Performance Committee. There was a focus on stabilisation of bed occupancy, but there was a risk of deterioration due to financial challenges.

6.3.2   Members accepted the recommendations laid out in the paper and accepted limited assurance. Mr Cogan would discuss with Ms T. Gillies on when an update should be brought back.   **AC / TG**

6.4   Independent Report on Audiology Services in Scotland

6.4.1   Ms T. Gillies presented the previously circulated paper. The Scottish Government were in the process of deciding a set of audiology standards. Work was in progress against the 55 recommendations from the report, most of which were with the Scottish Government.

6.4.2   Members accepted the recommendations laid out in the paper.

6.5   NHS Lothian Review of Physiology Services

6.5.1   The chair welcomed Ms Meldrum and Mr Ahmed to the meeting. A service review was being carried out by the team to develop specific standard operating procedures and pathways with measurements to ensure the recommendations were met.

6.5.2   A further update would be part of the Acute Services Annual Assurance Report in November 2024.

6.5.3   Members accepted the recommendations laid out in the paper.

5

6.6   Healthcare Associated Infection update

6.6.1   The chair welcomed the Associate Nurse Director for Infection Prevention and Control to the meeting, and she presented the previously circulated paper and talked through the data provided. The paper asked for limited assurance as more work was required to improve delivery of the service including definition of the corporate risk and measures for reporting mitigation plans. However, members agreed to accept moderate assurance that a safe infection control service was being delivered and that there was a plan in place to make improvements. The Committee had previously accepted moderate assurance, and there had been no change to the risk to patient safety since that time.

6.6.2   Members accepted the recommendations laid out in the paper and accepted moderate assurance for the reasons described.

6.7   Management and Learning from Significant Adverse Events

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

6.8   Health and Safety Clinical Governance and Performance Annual Report

6.8.1   Ms T. Gillies presented the previously circulated paper and members accepted the recommendations laid out. There had been improvement in compliance with reporting from each area.

7.   Effective Care

7.1   Hospital Standardised Mortality Reporting – data analysis

7.1.1   Ms T. Gillies presented the previously circulated paper. The analysis was not yet complete, but the final part of the work around stroke would be reported as part of the stroke services annual report in November 2024. There was currently no evidence of avoidable mortality in patients receiving care in the stroke unit.

7.1.2   Members accepted the recommendations laid out in the report and accepted moderate assurance. It was noted that the robust analysis provided assurance that NHS Lothian was not an outlier in terms of hospital mortality rate.

7.2   Medicines Management Annual Report

7.2.1   Ms T. Gillies presented the previously circulated paper and members accepted the recommendations laid out.

8.   Exception Reporting Only – reports provided

        Members noted the following previously circulated reports:

8.1   Research and Development Annual Report.
8.2   Palliative Care Managed Clinical Network Annual Report.

6

9. **Other Minutes: Exception Reporting Only**

Members noted the following previously circulated minutes:

9.1 Area Drug and Therapeutics Committee, 2 February 2024.
9.2 Organ Donation Sub Group, 7 March 2024.
9.3 Health and Safety Committee, 21 February 2024.
9.4 Clinical Management Group, 13 February 2024, 12 March 2024.

10. **Corporate Risk Register**

10.1 Ms T. Gillies presented the previously circulated paper and members accepted the recommendations laid out.

11. **Reflection on the Meeting**

11.1 It was agreed that the outcome of the Cass report and any actions for NHS Lothian would be highlighted in the Board Committee Chairs' updates at the Board meeting following update from the Scottish Government. **AC**

12. **Date of Next Meeting**

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

13. **Further Meeting Dates**

13.1 Meetings would take place on the following dates in 2024:
- 17 September 2024;
- 22 October 2024;
- 19 November 2024.

Signed by Chair
23 July 2024

7

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday 15 April 2024, via MS Teams.

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

In Attendance: Mr C. Campbell, Chief Executive; Ms M. Campbell, Director of Estates and Facilities, Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms C. Grant, Audit Scotland; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms E. Mayne, Grant Thornton; Ms K. McCartney, Audit Scotland; Ms H. McKellar, Grant Thornton; Ms O. Notman, Head of Financial Control; Mr S. Nugent, Audit Scotland; Mr J. Old, Finance Manager; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: Mr J. Crombie, Deputy Chief Executive, Ms C. Grant, Audit Scotland.

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 April meeting of the Audit and Risk Committee.

1. Minutes of the previous meeting held on 19 February 2024

1.1 The minutes of the meeting held on 19 February 2024 were accepted as an accurate record and approved.

2. Running Action Note

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

2.2 Internal Audit Complaints Handling Update – The Committee noted that the outcome of the Complaints Internal Audit Report was approved at the Audit and Risk Committee in August 2023 and a verbal update was provided on progress made in February 2024.

2.3 It was noted that actions are progressing as per the action plan and there is management oversight of this work through the Corporate Management Team.

2.4 The Committee accepted the update.

2.5 Internal Audit Top Medical Earners – The Committee acknowledged that the action agreed through the internal audit process have been completed.

2.6 The Committee noted the outputs of the short life working group and residual actions to ensure implementation of new process and controls.

2.7 The Committee accepted the update.

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

3.   Risk Management

3.1   <u>NHS Lothian Corporate Risk Register (CRR)</u> - the previously circulated report was received.

3.1.1   The Committee reviewed the January/ February 2024 updates provided by the executive leads concerning risk mitigation.

3.1.2   The Committee noted:
- The overall impact on our 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 two years.
- The reframing of risk 3455 Violence & Aggression, and the splitting of risk 5687 inappropriate and inadequate accommodation in the secure estate.
- The overview of the changes in the CRR over the past two calendar years.
- The any new or maternity worsening risks will be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.

3.1.3   It was acknowledged that the freeze on capital funding would impact bed occupancy plans, to mitigate this NHS Lothian would monitor progress of the current plan and the position within local authorities to ensure that flow into the community is maintained and bed occupancy is maximised.

3.1.4   The Committee discussed the impact of the freeze on capital funding on the current plan to address HSDU capacity in Lothian and the reliance that it placed on other Boards and services in NHS England that were nearing capacity. Members were assured that the lack of contingency held within NHS Scotland had been brought to the attention of the Scottish Government Health Department and a response awaited.

3.1.5   The Committee accepted the report and its recommendations.

3.2   <u>Risk Management Annual Report</u> – the previously circulated Risk Management Annual Report for the period of 1 April 2023 to 31 March 2024 was received.

3.2.1   The Committee accepted moderate assurance that there are systems in place to manage risk across NHS Lothian in accordance with the revised Risk Management Policy and Procedure approved in April 2023.

3.2.2   It was noted that Healthcare Governance Committee (HGC) which seeks assurance on the management of adverse events accepted the following in November 2023:
- Significant assurance that local processes are in place to identify events which require to be reported to Healthcare Improvement Scotland (HIS) to comply with the national notification process and to note number and types of events reported.
- Moderate assurance in the progress made in improving processes for management of significant adverse events (SAEs) and in addressing the backlog.
- Moderate assurance on the process for safety alerts and the associated reports up to 30 September 2023.
- HGC approved NHS Lothian Duty of Candour Annual Report at its October 2023 meeting prior to publication on NHs Lothian internet sire in line with national requirements.

2

3.2.3   It was noted that the revised Adverse Event Policy and Procedure were endorsed by NHs Lothian Policy Approval Group and published in September 2023.

3.2.4   The Committee welcomed the report and how it reflected the significant work undertaken to improve and strengthen the overall risk framework.   Members extended their appreciation to Ms Gillies and her team for their support with these matters.

4.   Internal Audit

4.1   <u>Internal Audit Progress Report – April 2024</u> – the previously circulated progress report was received. To date the internal audit team had completed 439 days, which equated to 99% of the overall plan.

4.1.2   It was noted that of the three outstanding reports relating to financial sustainability and waiting time governance would be submitted to the June Committee. Backlog maintenance was with management awaiting their response.

4.1.3   The Committee accepted the report.

4.2   <u>Internal Audit Recommendation Tracker Report (April 2024)</u> – The previously circulated report was presented.

4.2.1   It was noted that since February management had implemented 29 actions. Grant Thornton continued to track 57 open recommendations, of which 29 actions are currently overdue.

4.2.2   It was noted that the outstanding high recommendation related to IJB Directions and a further update and evidence to support closure of this action was expected by the end of April.

4.2.3   The Committee noted that Grant Thornton recommended that management focus on those actions over three months and closing them off before year end.

4.2.4   The Committee agreed that the actions relating to 'Top Medical Earners' would be reviewed, and the tracker would be updated to reflect any action taken and fed back via the June report.

4.2.5   The Committee were assured that the Corporate Management Team regularly discussed outstanding audit actions and were committed to concluding these actions within the times described.

4.2.6   The Committee accepted the report.

4.3   <u>Draft Internal Audit Plan 2024/2025</u> – The previously circulated Draft Internal Audit Plan 2024/2025 was received.

4.3.1   The Committee noted that audits selected for quarter one were not core audits relating risk, governance, or financial controls. These would be scheduled for later in the year so that Internal Audit can provide greater assurance to the Audit and Risk Committee and the Board.   Instead, quarter one would focus on audits that did not required transactions to be monitored throughout the year and those directed by the Integrated joint Boards.

3

4.3.2   Since the February Meeting Waiting Time Governance had been added to the 2024/25 plan and Committee Governance, RIE Lifecyle Maintenance, Community Engagement and how the Board hears about risk removed. Internal audit assured the Committee that management had reviewed the plan in detail and confirmed that the audits listed within the current plan identified the greatest areas of need within the organisation.

4.3.3   In previous years, contingency within the internal audit plan was between 20 to 40 days. The 2024/25 plan currently allowed for 60 days of contingency but was subject to further review and conclusion of the draft internal audit plan for 2024/25 with management.

4.3.4   The Committee approved the progression of the quarter one reviews, noting that the final Internal Audit Plan for the period covering 2024/2025 would be considered at the June 2024 Audit and Risk Committee meeting in full.

4.3.5   The Committee received assurance the that audits removed from the plan would be addressed through other sources of assurance and mechanisms within the organisation, specifically ongoing dialog around the RIE PFI contract, the Governance Blueprint and the NSS Audits considered as part of the assurance statement annually.

4.3.6   The Committee accepted the report.

4.4   Internal Audit Risk Management Report – The internal audit of Risk Management had been assigned an overall rating of moderate assurance with the key issues relating to Identification, assessment, treatment, and control, reporting and monitoring that does not take place in a timely and consistent manners across Operation Services and set out as in the Risk Management Framework.

4.4.1   The Committee accepted the report.

5.   Counter Fraud Activity

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

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

5.1.2   Attention was drawn to the National Counter Fraud Standard and its requirement that Boards have a response plan that aligns to the new Counter Fraud Strategy and the draft annual delivery plan issued by CFS.

5.1.3   It was noted that the quarter four statistics on training were not available at this time and a fuller report would be provided to the committee as part of the annual report provided in June.

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

5.1.5   It was noted that Counter Fraud Action Group (CFAG) would consider and identify an appropriate level of compliance to e-Learning modules within the organisation for procurement, finance, staff involved in tender exercises and those staff who are on the authorised signatory database. In the interim a communication would be issued to all staff

4

on the authorised signatory database requesting that they confirm that they have completed the e-learning modules.

5.1.6   Attention was drawn to the recent work with Human Resources around the development of a bite sized session for Managers on Sickness Absence and its implementation once approved by the CFAG.

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

5.1.8   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.

6.   External Audit

6.1   NHS Lothian Annual Audit Plan – The previously circulated report on the NHS Lothian Annual Audit Plan was received. Attention was drawn to the key issues and significant risks that External Audit would consider as part of their work plan for the 2023/24 external audit of NHS Lothian.

6.1.1   It was noted that External Audit were on schedule to present their annual audit of NHS Lothian and their conclusions on all elements of their audit work undertaken at the June Annual Accounts meeting and no significant issues had been identified in the work carried out to date.

6.1.2   Attention was drawn to the impact of IRFS 16 on the financial statements in 2023/2024 and the work with external specialist regarding the complexities surrounding the RIE site. It was noted that the main challenges for the organisation related to the requirement to restate liabilities on an annual basis, the split between repayment and interest and the materiality of the initial restatement.

6.1.3   The Committee accepted the report.

7.   Governance

7.1   Accounting Policies – The previously circulated report on the amended accounting policies was received.

7.2   The Committee reviewed and approved the accounting policies and confirmed that they are appropriate for the Board at the present time for the purpose of giving a true and fair view.

8.   Any Other Competent Business

8.1   Edinburgh Integration Joint Board (EIJB) Internal Audit (IA) Plan – The Committee noted the Edinburgh IJB IA Plan and the information therein.

8.2   Audit Scotland 2024/25 Audit Fees – It was noted that Directors of Finance (DoF) had agreed that they would continue to pay a 2% level of uplift in line with the previous year and 0% level of uplift for 2024/25 inline with what had been assigned to Boards.

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

5

9. **Reflections on the Meeting**

9.1   The Committee welcomed the detailed discussions held. There were no matters to highlight to the Board from the April meeting.

10. **Date of Next Meeting**

10.1   The next meeting of the Audit and Risk Committee will be held on Monday 17 June 2024 at 9.30 a.m. in Meeting Room 8 & 9, Waverley Gate and via Microsoft Teams.

Signed by Chair
17 June 2024

4.5

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 23 APRIL 2024.

Present

Voting Members – Tom Conn (Chair), Tony Boyle, Martin Connor, Damian Doran-Timson, George Gordon, John Innes, Amjad Khan and Andrew McGuire

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

In attendance – Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services) and Jeanette Whiting (Strategic Programme Manager – Home First West Lothian Lothian Health & Social Care Partnership)

1   DECLARATIONS OF INTEREST

There were no declarations of interest made

2   MINUTES

The IJB approved the minute of its meeting held on 26 March 2024 as a correct record.

3   MEMBERSHIP & MEETING CHANGES

The Clerk advised that there were no changes to report.

4   CHIEF OFFICER'S REPORT

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

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

Decision

1. To note the terms of the report.

2. To agree that the format of IJB meetings should continue as per

the decision taken in June 2022.

5   CHIEF FINANCE OFFICER REPORT

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

It was recommended that the IJB:

1. Consider the finance updates covered in the report.

2. Note that Council Executive had agreed the IJB recovery plan for 2023/24: that the year-end overspend within social care functions be funded equally by the Council and from the Board's reserves.

Decision

To note the terms of the report.

6   INFRASTRUCTURE FUND

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an overview of the process for accessing the Infrastructure Fund agreed by the Board on 26 March 2024 as part of the two-year budget.

It was recommended that the IJB consider the procedure for accessing the Infrastructure Fund.

Decision

To note the terms of the report.

7   BEST VALUE FRAMEWORK

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing a review of the Board's Best Value Framework.

It was recommended that the IJB:

1. Note that the Audit, Risk and Governance Committee had reviewed the IJB Best Value framework on 6 March 2024 and had recommended the report be presented to the Board for approval;

1. Note that the Accounts Commission had decided not to roll out a new approach to auditing Best Value in Integration Joint Boards;

2. Agree that there be no changes to the current IJB Best Value framework; and

3. Agree that the framework should be reviewed again in three years.

Decision

To approve the terms of the report.

8   SCOTTISH GOVERNMENT CONSULTATION – THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (INCORPORATION) (SCOTLAND) ACT 2024: STATUTORY GUIDANCE ON PART 2 AND 3, SECTION 18

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance informing members of the Scottish Government's consultation on the United Nation Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024: Statutory Guidance on Part 2 and 3, Section 18 and seeking the IJB's approval of the draft response to the consultation included as Appendix 3 in the report.

It was recommended that the IJB:

1. Note that the Scottish Government was consulting on statutory guidance on Part 2 and 3, section 18 of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024;

2. Consider the contents of the statutory guidance included in Appendices 1 and 2 of the report; and

3. Consider the draft response to the consultation included as Appendix 3 to the report and approve its submission to the Scottish Government.

Decision

To approve the terms of the report.

9   IJB PERFORMANCE REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a performance report based on the latest published data available on the Core Suite of Integration Indicators, the latest Ministerial Strategic Group Integration Indicators and Primary Care Improvement Plan Performance. The report also contained an overview of the Directions issued to both West Lothian Council and NHS Lothian during 2023/24.

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

Decision

To note the terms of the report.

10 HOME FIRST PROGRAMME UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the Home First Programme and update on the progress of a range of transformational project initiatives undertaken across key functions within our health and social care system.

It was recommended that the IJB:

1. Note the progress made in relation to the Home First transformation programme;

2. Note the emerging benefits of the Broxburn/EH52 locality multidisciplinary test of change;

3. Note that the Home First transformational programme's governance structure would need to evolve to reflect further whole system transformational work; and

4. Note that the report would be accompanied by a presentation.

Decision

To note the terms of the report.

11 COMMUNITY CONNECTIONS HUBS - 12-MONTH REVIEW

The IJB considered a report by the Senior Manager, Adult Services providing an update on Community Connections following the review of community hubs.

It was recommended that the IJB:

1. Note the contents of the report; and

2. Approve the recommendation to cease operating from the following locations:
   - Craigshill
   - Linlithgow
   - East Calder
   - Winchburgh
   - Boghall

<u>Decision</u>

To approve the terms of the report.

12   <u>WORKPLAN</u>

A workplan had been circulated for information.

<u>Decision</u>

To note the workplan.

13   <u>DATES OF FUTURE MEETINGS</u>

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

<u>Decision</u>

To note the dates of future meetings.

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

**THURSDAY 23 MAY 2024
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:
Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Ms E Gordon
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Ms L Byrne	Ms S Gossner
Mr D Hood	Mr D King
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms N Donald	Ms C Goodwin
Ms J Jarvis	Ms L Kerr
Mr J Megaw	Ms G Neill
Ms C Rodgers	Mr G Whitehead

Others Present:
Mr M Bonnar, MELDAP
Mr N Clater, MELDAP
Ms V Holtom, Care Inspectorate
Councillor G McGuire

Clerk:
Ms F Currie

Apologies:
Dr P Conaglen

Declarations of Interest:
None

1

1. **MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 28 MARCH AND 25 APRIL 2024 (FOR APPROVAL)**

The minutes of the IJB meetings on 28 March and 25 April were approved.

Councillor McGuire explained that at the meeting on 28 March, when he had attended as a substitute for Councillor Findlay, he had inadvertently voted in error on Item 6. He had intended to vote against the recommendations. He asked that a note be added to the minutes to reflect this. This proposal was agreed.

2. **MATTERS ARISING FROM THE MINUTES OF 28 MARCH AND 25 APRIL**

The following matters arising from the minutes on 28 March were discussed:

Item 6 (page 5) – Thomas Miller said he had asked for details of costs for the renovation of Belhaven Hospital but had yet to receive a response. Fiona Wilson said she would follow this up.

The Chair advised that a brief update on actions following the decisions made on 28 March would be prepared and circulated to members.

There were no matters arising from the minutes of the meeting on 25 April.

3. **CHAIR'S REPORT**

The Chair provided a short report to members on her attendance at recent meetings, including the NHS Lothian Board, a conference on intergenerational work at QMU and the Scottish Women's Budget Group. She also highlighted events taking place in the coming weeks, e.g., Carers Week on 10-16 June.

Councillor Lyn Jardine suggested that the IJB might want to look in more detail at some of the initiatives highlighted at these events as many could have transformational impacts for health and social care services. The Chair agreed to discuss this further with Councillor Jardine.

4. **CHANGE TO THE VOTING MEMBERSHIP OF 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 approval for a change to the membership of the Audit & Risk Committee, and appointment of a new Chair for the Committee.

Ms Wilson presented the report outlining the background and recommendations. She invited nominations for the roles of NHS voting member on the Audit & Risk Committee, and also the role of Committee Chair.

Councillor Akhtar nominated Councillor Jardine as Chair of the Audit & Risk Committee, and this was seconded by Andrew Cogan. Councillor Akhtar also nominated Dr Patricia Cantley as the new NHS voting member on the Committee, and this was seconded by Councillor Jardine.

The members nominations were agreed unanimously via roll call vote.

2

Decision

The IJB agreed unanimously, via roll call vote, to:

    (i)   note the appointment of Jonathan Blazeby as a voting member of the IJB, replacing Fiona Ireland.

    (ii)   appoint Dr Patricia Cantley as a NHS Lothian voting member on the Audit & Risk Committee, to replace Ms Ireland; and

    (iii)   to appoint Councillor Lyn Jardine as the new Chair of the Audit & Risk Committee.

5.   MELDAP FINANCE AND DELIVERY REPORT

A report was submitted by the Chair of Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) providing an overview of MELDAP, including a financial summary and performance against key Scottish Government priorities.

Nick Clater provided a detailed summary of the report highlighting the continuing pressures on funding, MELDAP's progress in delivering the MAT Standards and the challenges of getting people into treatment quickly to ensure the best outcomes for their longer-term health and wellbeing.

Mr Clater and Martin Bonnar responded to questions from members providing further detail of the pressures facing their service, in particular the prescribing budget for drugs such as Buvidal. They advised that while there was degree of flexibility in how they were able to spend their funding from the Scottish Government, much of it was ring fenced. Mr Bonnar gave an example of support available for people not currently covered by their service. The Low Threshold Cafes were designed for lower-level engagement with people within their own communities, as a way of discussing their options and encouraging them into treatment.

The members welcomed this very positive and valuable report and the Chair suggested that Mr Clater and Mr Bonner be invited to a future development session to provide a more detailed presentation on the work of MELDAP.

Decision

The IJB agreed to:

    i.   note the financial information in Table 1 of the report; and

    ii.   recognise the performance of MELDAP and its services in meeting Scottish Government Access and Medication Assisted Treatment [MAT] Standards.

6.   STRATEGIC WORKFORCE PLAN UPDATE

A report was submitted by the Chief Officer providing the IJB with the first annual update of the East Lothian Workforce Plan 2022-2025, highlighting the progress that had been made and the challenges.

Laura Kerr presented the report. She outlined the background and advised members that the report highlighted the work which was currently being done and that which was still

to come. She drew attention to the recommendations in the report and advised that recommendation 2.1iv had been withdrawn. The need for a Direction was still being reviewed and, if one was required, a report would be brought back to the IJB at a future date.

Ms Kerr responded to questions from members. She confirmed that a report on workforce requirements would be available shortly and that the main gaps appeared to be around succession planning, rather than specific skills. She outlined some of work underway on recruitment, induction and training & development of staff, including the utilisation of digital resources. She also pointed to the challenges of trying to support transformation within existing budgetary restrictions.

Ms Kerr also confirmed that workforce plans included actions around staff wellbeing. Sarah Gossner said that all of the processes were in place for safe staffing and had been for some considerable time.

Ms Wilson added that managers were more reflective on how they engaged with staff and were trying to be more accessible and transparent.

The Chair thanked officers for the report and for the additional reassurance on areas such as the health and wellbeing of staff. She offered her thanks to all staff within the HSCP for their hard work and diligence. She added that it was important to promote East Lothian as a great place to work.

The Clerk confirmed with Ms Kerr that recommendation 2.1iv had been withdrawn from the report. A vote was taken by roll call and the remaining recommendations were approved unanimously.

Decision

The IJB:

     i.   Agreed to note the content of the report.

    ii.   Acknowledged the progress that had been made to date; and

   iii.   Approved the annual update of the workforce plan.

7. EAST LOTHIAN HSCP PERFORMANCE FRAMEWORK

A report was submitted by the Chief Officer presenting the East Lothian HSCP Performance Framework to the IJB for approval.

Claire Goodwin presented the report outlining the background and drawing members' attention to the contents of the framework and the current timetable for reporting performance data to the IJB. She advised that this was an ongoing piece of work and a starting point for further development of the performance framework, which would include the work of the new change board looking at digital transformation.

Ms Goodwin responded to questions from members of the reporting of performance information to the IJB and how this linked with reporting to other boards and committees. Ms Wilson acknowledged that they needed to get better and develop ways of getting information out to the wider Council, in the same way as they did to the NHS Lothian Board. She also agreed that they needed to consider how best to make performance data more transparent to support the decision-making of the IJB.

4

The Chair suggested that members may wish to allocate more time to review and discussion of the next annual performance report as part of an IJB meeting or development session.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

    i.   Review and approve the ELHSCP Performance Framework; and

    ii.   Note ongoing activity to develop key performance indicators to be presented to the IJB alongside the existing mid-year Annual Delivery Plan progress report and the Annual Performance Report (from autumn 2024).

8.   REDESIGN OF CARE AT HOME SERVICES

A report was submitted by the Chief Officer updating the IJB on the work of the Care at Home Change Board, including the proposal for the Flexible Locality-Based Model for Care at Home services, bespoke to local need and outcomes.

Ms Kerr presented the report on the work of the Change Board highlighting the key points and explaining that the intention was to move away from using Care at Home to deliver all resources but developing other services to integrate and better meet the needs of clients. The initial plan was to undertake a pilot to develop a localised model in the North Berwick area using staff with a good knowledge of local resources. The Change Board would have oversight and it was hoped that the model would be implemented and reviewed by the end of 2025. An interim progress report would be brought to the IJB at the end of this year.

Ms Kerr responded to questions from members outlining the evidence base for the development of the project and the split between in-house and external providers for the current Care at Home service. She acknowledged that there needed to be a more co-ordinated approach and a better way of working with external providers, and that some of those providers were part of the project team. She also confirmed the involvement of VCEL and on the project team, as well as plans to include carer and service user representatives.

In response to a further question, Ms Wilson confirmed that she was aware of the work of Prof. John Bolton and would link in with Ms Kerr.

Ms Kerr also agreed to keep local councillors updated on the progress of the project in North Berwick. She added that the further geographical spread of the project had yet to be determined and would be dependent on demand within the area.

A vote was taken via roll call and the recommendations were approved unanimously.

Decision

The IJB agreed to:

    i.   To the development of a Flexible Locality-based Care at Home model, flexible so it could be bespoke to the needs and outcomes of the Locality within which it was used.

ii. To use internal CAH service, alongside external providers representative of Older Peoples and Learning Disability Services CAH, Community Supports, TEC and Community Health services in a defined locality possibly within North Berwick under a Test of Change.

iii. That the bespoke locality-based model fitted with the wider approaches of the IJB Strategic Plan 2022-25, in particular Strategic Objective 1 - Develop Services that are Sustainable and Proportionate to Need

iv. That the project would be governed by the CAH Change Board with the purpose set out in the Care at Home Project Delivery Plan.

v. To note that the CAH Change Board program would help inform development of CAH services for all disability groups and localities within East Lothian.

vi. To note that the IJB's Financial Recovery Plan could have an impact on the ELHSCP's ability to implement a locality-based CAH model. Specifically in relation to expected budget availability to the third sector and associated cost of living pressures, acutely felt by the social care sector. This may reduce their ability to flex or deliver capacity as part a new locality-based model of care.

vii. To note that the new model would have to be delivered within the existing forecast Care at Home Budget as noted in the IJB Commissioning Board Paper 31st Jan 2024.

9.   IJB RISK REGISTER

A report was submitted by the Interim Chief Finance Officer presenting the IJB's Risk Register.

David King presented the report outlining the background to the risk register which set out the higher level risks associated with delivery of the IJB's strategic plan. He reminded members that it was reviewed quarterly by the Audit & Risk Committee and annually by the IJB.

Mr King response to questions from members on the content of the risk register. He also confirmed that it had been reviewed and updated by officers following its presentation at the Audit & Risk Committee in March.

The Chair thanked Mr King for the report and noted that there were some significant risks captured within the register.

Decision

The IJB agreed:

i. To note the current risk register; and

ii. That there were no further risks be added to the risk register.

10.   FINANCIAL OUT-TURN 2023/24

A report was submitted by the Interim Chief Finance Officer laying out the current financial out-turn position for 2023/24.

Mr King presented the report. He reminded members of the financial papers presented to the IJB at its meeting on 28 March and that the IJB was unable to agree a way forward to address the year-end overspend for 2023/24. As required by the Integration Scheme, Mr King and Ms Wilson had been tasked with seeking further dialogue with the partners on how this situation might be resolved. Mr King indicated that he had also sought advice from the Scottish Government. He outlined to members to final position for 2023/24 and the further responses from the partners. He also highlighted the clear advice from the Scottish Government that where an IJB is overspent at year end, and is holding reserves, the IJB must offset one against the other.

He concluded his presentation by explaining that the recommendations in the report were for noting, as the Scottish Government guidance on the use of reserves was clear.

Mr King responded to questions from members. He explained what was meant by the 'fortuitous' and 'non fortuitous' nature of previous year end underspends and the advice on reserves set out in the Integration Scheme. He acknowledged that by using the general reserves in this way there would be implications for the IJB's future financial resilience. These implications could include the need for additional efficiency actions within 2024/25. He also outlined the current arrangements for financial monitoring and the challenges of getting detailed information in order to improve financial planning.

Ms Wilson added that she had been asking all teams for further recovery plans as it was anticipated that these would be needed to get through the current financial year. She was aware of the continuing challenges and the need to maintain the link between the strategic plan, finance and clinical value.

In response to a further question, Mr King outlined the additional pressures on the 2024/25 financial position.

The Chair said that the spirit of integration was to view the IJB's budget as one pt to deliver its strategic objectives. The IJB had previously been good at raising concerns and working with the partners to resolve issues and this needed to continue.

Decision

The IJB agreed to:

i.   Note the current position; and

ii.   Note the use c. £1.1m of the IJB's general reserve to allow the IJB to break-even in 2023/24 on the assumption that the Council will take the analogue to digital costs.

Signed   ....

                 Councillor Shamin Akhtar
                 Chair of the East Lothian Integration Joint Board

7

Minute

Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

Monday 22 April 2024

Hybrid Meeting – Main Council Chamber, City Chambers / Microsoft Teams - City Chambers

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Robin Balfour Macrae (Item 1.1-7.2), Hannah Cairns, Councillor Euan Davidson, George Gordon, Helen Fitzgerald, Rose Howley, Peter Knight, Jacqui Macrae (Item 1.1-7.2), Councillor Claire Miller, Councillor Max Mitchell, Eugene Mullan, Councillor Vicky Nicolson, Moira Pringle, and Pat Togher

Officers

Angela Brydon, Natalie Carter-Osbourne, Andrew Henderson, Matt Kennedy, Gavin King, Mike Massaro- Mallinson, John McKee, Catriona Morton, Craig Russell and David White

Apologies

Philip Allenby and Elizabeth Gordon

Declarations of Interest

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 In relation to item 5.1 Rolling Actions Log, The Sub item is Workforce Strategy)

The deputation expressed concern that the uplift in the Scottish Living Wage from the 1st of April as agreed at the meeting of the EIJB on the 18th of March 2024 would not be paid as the Scottish Government had not provided enough money to the EIJB for this. The deputation also noted concern at the suggestion that some IJB's had received adequate funding for this whilst others had not. The deputation requested that the Edinburgh Health and Social Care Partnership pay the relevant increase to £12 per hour from the first of April and highlighted that Trade Unions would support the EIJB in efforts to attain improved funding from the Scottish Government. The deputation also asked that the EIJB support the motion on the Pay Care Workers the Missing Millions Campaign currently being proposed to the Scottish Parliament. The Deputation also referenced the risk 3.2 Managemet of the Role of the EIJB contained within the EIJB Risk Register and requested clarification as to what action would be taken in the next 12 months.

The deputations also asked how the EIJB would look to address issues in the workforce strategy going forward, what are the EIJB and Council doing to address them. The deputation asked the board to and asked members to recognise the long term costs incurred from reduced funding. The deputation expressed concern on the impact on unpaid carers who would take the strain of funding reductions and further outlined that since the start of the COVID Pandemic that morale is low and pressure on services is high.

2.   Minutes

The minute of the Edinburgh Integration Joint Board of 18 March 2024 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 18 March 2024, 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 2 -** Chief Social work Officer Annual Report 2021/22

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log April 2024, submitted)

4. Annual Cycle of Business

The updated annual cycle of business for the Edinburgh Integration Joint Board was presented.

Decision

To agree the annual cycle of business attached at appendix 1.

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

5. Chief Social Work Officer Report

The Chief Social Work Officer's Annual Report for year 2022/23 was presented. Members were informed of the role and responsibilities exercised by the Chief Social Work Officer and provided with information on the delivery of statutory social work services and decision making in the period and a progress report on key areas of social work provision was presented.

Decision

1) To note the Chief Social Work Officer's (CSWO) Annual Report for 2022/23 attached at Appendix 1; and
2) To note that the report has been to the Policy and Sustainability Committee 12 March 2024, and will also go for noting to the Edinburgh Integrated Joint Board on 22 April 2024.

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

6. Primary Care 2023/24 Summary Report

The purpose of this report is to provide the Edinburgh Integration Joint Board with an overview of the ongoing Primary Care (GMS) 'Transformation' as at the end of March 2024.

Decision

1) To note the progress being made to stabilise and transform Primary Care, despite the challenges;

2) To note the continuing challenge of population increase to primary care stability across Edinburgh;

3) To note the end of the substantive Primary Care Improvement Plan (PCIP) investment period and the national 'demonstrator' status awarded from April 2024 to December 2025;

4) To agree the continuing role of the Edinburgh Leadership and Resources Group (chaired by the Clinical Director) in directing and overseeing all Primary Care investments;

5) To agree that this report should become an annual expectation from the IJB, separately from any government PCIP specific reports which may be required; and

6) To note the boards thanks to David White ahead of his retirement.

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

7. Adults with Incapacity

The report provided the board with an overview of the study carried out by the Mental Welfare Commission for Scotland's study based on data provided by Local Authority Health and Social Care Partnerships of 457 patients affected by incapacity issues who were discharged during the COVID-19 pandemic from hospitals between 1/3/2020 and 31/5/2020. The report also provided an overview of the Edinburgh Health and Social Care Partnerships response including the action plan the internal review of all transfers of patients with incapacity issues from Hospitals to Care Homes between 1/3/2020 and 4/8/2021.

Decision

1) To note the content of this report including:

   a) Investment in social work services to enable them to meet the recommendations of the inspection reports and the needs of their communities;

   b) Training programmes which are vital in providing an informed workforce.

   c) Local auditing systems are in place which can inform practice, and gaps in service, however they are limited so current information systems need updating / replaced.

   d) Updating policy and procedures will also require investment as they set direction, guide and influence practice and decision making.

   e) Recruitment and retention of staff is an issue across Scotland, however without sufficient investment in human resources it will be difficult for social work to take forward the change agenda and should be considered an area of priority.

2) To note the legal considerations contained in the B Agenda report – Legal Considerations.

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

8. Proposed changes to the Committees' Terms of Reference

The report provided an update on the review of scrutiny of delegated services, which the EIJB agreed to undertake at its meeting on the 9 February 2024.

Decision

1) To note that a review of where scrutiny of delegated services is currently undertaken has been completed;

2) To agree that the EIJB takes the overall responsibility and accountability for the scrutiny of delegated services; and

3) To agree the changes to the terms of reference of each of the committees as detailed in Appendix 1. These changes will ensure robust scrutiny of delegated services is undertaken through the EIJB and will provide assurance to partners.

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

9. EIJB Risk Register Referral from the IJB Audit and Assurance Committee

The purpose of this report is to refer the attached report on the Edinburgh Integration Joint Board Risk Register from the Audit and Assurance Committee to the Edinburgh Integration Joint Board for consideration with the committee's recommendations detailed below.

Decision

To endorse the report.

(References – IJB Audit and Assurance Committee of 05 March 2024 (item 5); referral from the IJB Audit and Assurance Committee.)

10. Review of the Edinburgh Integration Joint Board Standing Orders

The purpose of this report was to review the Edinburgh Integration Joint Board Standing Orders.

Decision

1) To approve the revised Standing Orders; and

2) To note that the next annual review of the Standing Orders will be presented to the IJB in October 2024 in conjunction with the annual governance review.

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

11. Appointments to the Edinburgh Integration Joint Board

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

Decision

1) To note the resignation of Heather Cameron from the EIJB as a non voting member of the EIJB;

2) To appoint Hannah Cairns to the EIJB as a non voting member and AHP advisor; and

3) To re-appoint Alister McKillop to the EIJB as a nonvoting member.

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

12. Committee Update Report

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

Decision

To note the work of the Committees.

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

13. Minute of the Strategic Planning Group of 30 01 24

Decision

1) To agree officers to provide a clear remit for the Climate Champions and to ensure that board appointed champions are linked in with the relevant work; and

2) To note the minute of the Strategic Planning Group of 30 January 2024.

(Reference – Minute of the Strategic Planning Group of 30 January 2024, submitted)

14. Draft minute of the Audit and Assurance Committee of 05 March 2024

Decision

To note the draft minute of the Audit and Assurance Committee of 06 March 2024 of 05 March 2024.

(Reference – Draft Minute of the Audit and Assurance Committee of 05 March 2024, submitted)

15. Minute of the Performance and Delivery Committee of 06 March 2024

Decision

To note the minute of the Performance and Delivery Committee of 06 March 2024 of 06 March 2024.

(Reference – Minute of the Performance and Delivery Committee of 06 March 2024, submitted)

16. Draft minute of the Strategic Planning Group of 13 03 24

Decision

To note the draft minute of the Strategic Planning Group of 13 March 2024.

(Reference - Draft minute of the Strategic Planning Group committee of 13 March 2024, submitted)

17. Date of Next Meeting

Decision

To note Monday 17 June 2024 at 10am as the date of the next EIJB meeting.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 18 April 2024	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Connor McManus (Chair)	Val de Souza (Vice Chair NHS)	Councillor Winchester
Councillor Milligan	Andrew Fleming (NHS Lothian)	Angus McCann (NHS Lothian)
Nadin Atka (NHS Lothian) (virtually)	Councillor Parry (virtually)	

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse) (attended virtually)	Rebecca Green (Clinical Director) (attended virtually)	Jordan Miller (Partnership Representative NHS) (attended virtually)
Wanda Fairgrieve (Partnership Representative NHS) (attended virtually)	Marlene Gill (User Representative)	Keith Chapman (User Representative)
Magda Clark (Third Sector Representative) (attended virtually)	Claire Ross (Chief AHP)	Grace Chalmers (Partnership Representative (MLC))

In attendance:

Councillor McKenzie (attended virtually)	Councillor McEwan	Grace Cowan (Head of Primary Care and Older Peoples Services)
Nick Clater (Head of Adult Services & Social Care)	Gill Main (Integration Manager)	Jenny Long (Director of Primary Care)
Elouise Johnstone (Performance Manager) (attended virtually)	Fiona Kennedy (Group Service Manager)	Roxanne Watson (Executive Business Manager)
Ruth Flynn (Public Health Practitioner)	Rachael Mcgruer (Deputy Director of Adult Social Care Local Improvement &	Gary Leadbetter (Democratic Services Officer)

Midlothian Integration Joint Board
Thursday 18 April 2024

	Transformation Division, Scot Gov) (attended virtually)	
Hannah Forbes (Assistant Democratic Services Officer)		

Apologies:		

1.   Welcome and Introductions

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

2.   Order of Business

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

3.   Declarations of Interest

No declarations of interest were received.

4.   Minute of Previous Meetings

4.1   The Minute of the Meeting of the MIJB held on 8 February 2024 was submitted for approval and agreed as a correct record.

4.2   The Minute of the Special Meeting of the MIJB held on 21 March 2024 was submitted for approval.

Angus McCann stated that they had submitted their apologies for this meeting but that they were not noted. It was agreed that after this amendment was made then the Minute would be a correct record.

4.3   The Minute of the MIJB Audit and Risk Committee Meeting held on 7 December 2023 was submitted for noting.

5.   Public Reports

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
5.1 Chair's Update - Presented by Councillor McManus The Chair stated that they had sent letters to NHS, the Scottish Government and the Planning Board. They noted that they will share the replies once received. The Chair reminded the Members that a Chair was still being sought for the Strategic Planning Group.			
5.2 Chief Officer's Report – Presented by Morag Barrow, Chief Officer Morag Barrow, Chief Officer, presented their report which set out the key strategic updates for the MIJB Board meeting in April 2024. Members were asked to note the content of the report. The Chair thanked Morag Barrow for the report and opened it up for questions. Councillor Parry noted that some of the extra allocation MIJB received from Midlothian Council was to support people transitioning from young people services to adult services. Councillor Parry queried whether there had been any initial work across directorates around this. Morag Barrow explained that there are continual conversations, through the GIRFEC Board, around the challenges. Nick Clater, Head of Adult Services and Social Care, explained that a cross-departmental working group was being set up which will link in with various services. This will look at how young people will be transitioned more generally. Nick Clater talked about setting up a transition service which is ageless and works across a range of different departments. Joan Tranent, Chief Social Work Officer, explained that the CAMHS waiting list is doing fairly well and explained how it is split into two different waiting lists. Joan Tranent recognised that there are still challenges that exist in relation to the waiting lists. Councillor Milligan raised concerns around risks to GP practices and sustainability in respect of the areas where planning consent has been granted for a significant number of houses.			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
Morag Barrow stated that they shared the anxiety around this and outlined some of the actions that had been taken and are being taken. Val de Souza, Vice Chair, asked that in relation to community orders and the next time this information is supplied whether the percentage of self-referrals could be supplied. Val de Souza raised a query around the closing time of the MARS project and also questioned how things were going with the MHO workforce. Morag Barrow, in relation to the MARS project, stated that there were financial restrictions around the timings. Nick Clater explained that they were looking at piloting extending the service to 65 y/o's for a period of time. Nick Clater also advised that the closing time is also around capacity, although this is being reviewed. In terms of the MHO workforce, Nick Clater stated that this is an aging workforce. They noted that there is success in getting 2 people through the course each year and than 2 is the maximum number that can be afforded. Angus McCann queried whether, in relation to frailty, this is an ongoing continuous improvement or something more substantial. Morag Barrow explained that the answer was probably yes to both. It was noted that tests are broadly still running and there needs to be a decision around whether these are scaled up or not. It was noted that this links into larger pieces of work that are ongoing. Keith Chapman noted that there was a lot of publicity around hospices struggling and queried whether there was any impacts locally. Fiona Kennedy, Group Service Manager, explained that Edinburgh HSCP hosts contracted work within two hospices in Edinburgh and there are ongoing discussions around the model of care. It was noted that there is increasing interest in moving to at home care. Fiona Kennedy explained that there is collective working to make sure people get the best possible care when they need it.			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
5.3 **MIJB Dates for December 24 – December 25 – Presented by Democratic Services** The Chair presented the report. The purpose of the report was to set the dates for the meetings, committees, groups and development sessions on the MIJB for 2025. Members were asked to: • Approve the meeting schedule and development session dates for 2025. • Note the scheduling of service visits for the Members of the MIJB. Councillor Winchester moved the report and was seconded by Keith Chapman.	Meeting schedule for 2025 dates approved.		
5.4 **MIJB Improvement Plan Financial Recovery Actions: Planning, Performance and Programme – Presented by Gill Main, Integration Manager** Gill Main, Integration Manager, presented the report. The report presented three options to either reduce expenditure or rescind investment support to the Planning, Performance and Programme service as one of five Financial Recovery Action Plan to achieve the required financial recovery position. Members are asked to: • Consider the benefits and risks associated with the presented options. • Determine and agree a position in relation to 2024/25 funding for the service. The Chair thanked Gill Main for the report and opened it up for questions. Discussion took place around the paper and the difficulties of making a decision at this moment in time, particularly considering the following paper. The importance of this team was noted, but the financial pressures the HSCP are facing was also highlighted. Following further	Options 1 and 2 to be worked out in more detail and brought back to MIJB.		

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
discussion on the options it was agreed that options 1 and 2 seemed the most desirable and that these should be taken away and worked out in more detail, including fleshing out some of the risks and challenges, to then be brought back to the MIJB in June.			
5.5 **Midlothian Health and Social Care Partnership System Transformation Planning – Presented by Gill Main, Integration Manager** Gill Main, Integration Manager, presented the report. The purpose of the paper was to note the planned Financial Recovery Actions within the context of transformation opportunities within Midlothian Health and Social Care strategic commissioning, planning and operational delivery. Members are asked to: • Consider the strategic whole-system transformation proposals and recommendations described in the report. • Determine which of these recommendations the Board would like to be considered as priority areas for investigation and development within the Strategic Commissioning Plan 2025/40. • Commission the Strategic Planning Group to take forward and identify strategic development. The Chair thanked Gill Main for the report and opened it up for questions. Morag Barrow noted that following the budget allocation a transformation board is about to be set up in the HSCP that will pick up all the key elements of transformation, including the transactional elements of year 1. Angus McCann queried whether the figures are in line with national figures or whether they are driven by Covid. Gill Main explained that that these are high-level, early indication data. David		The Integration Manager	

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
king explained that a lot of these things are still being delivered due to Covid as practices had to change and noted that this is one of the funding pressures. It was noted that this does need more work. It was agreed that the report be move forward with the recommendations outlined.			
5.6 National Care Service Discussion – Presented by Rachael McGruer, Deputy Director of Adult Social Care Local Improvement & Transformation Division, Scottish Government Rachael McGruer, Deputy Director of Adult Social Care Local Improvement Local Improvement & Transformation Division, Scottish Government, shared and spoke to a presentation. The Chair thanked Rachael McGruer for the presentation and opened it up for questions. Councillor Milligan queried what benefit the National Care Service (NCS) would have for end users. Rachael McGruer explained that the NCS is a big step forward as there is currently no national oversight of the care service, so this would allow the development of national standards. Angus McCann requested additional details in relation to firming up governance structures and simplifying them and raised a query in relation to integrated digital records. Rachael McGruer stated that in terms of voting membership nothing had been firmed up, although advised that the Minister had stated that each integrated authority will have equal voting rights. Rachael McGruer noted that the NCS will be co-designed with delivery partners and service users. They further stated that there was no particular update on an integrated digital record but advised that the government is still committed to this.			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
Andrew Fleming queried when detail will be shared so that it could be better understood what the NCS will mean on the ground. Andrew Fleming also queried how the NCS will help with some of the difficult challenges being face, such as a lack of resources to deliver. Andrew Fleming further questioned who sits on the expert legislative advisory group, what the process around the advice provided is and how co-production with IJBs would work. Rachael McGruer, in relation to the first question, stated that they have written back to the Committee and intend to share the detail of changes to the Bill by June, including an outline of what will is likely to covered in the Stage 2 amendments. In terms of co-design, Rachael McGruer explained that the advisory group is focusing on primary legislation at the moment, noting that it is a framework bill. Rachael McGruer advised that the government is keen to work with partners on secondary legislation and guidance. In terms of working with Local Authorities, Rachael McGruer stated that they will work through HSCP and are keen to have discussions about how best to engage with IJBs. In terms of the membership of the advisory group, Rachael McGruer advised that there was a large membership composed of a range of different parties, such as representatives of providers, users, planners and deliverers of health and social care.			
Andrew Fleming queried if there was a published membership list of the advisory group and further questioned how the Bill will help IJBs deliver sustainable and social care services. Rachael McGruer advised that they would check the membership list and share this. They further advised that one of the key hopes for the NCS was a greater national oversight to better inform national planning and planning ahead and that the government is keen to make sure principles such as spare work are embedded within the service.			
Joan Tranent, Chief Social Work Officer, queried what the timescales are in relation to children's services and justice. Rachael McGruer advised that there was not a specific timeframe in terms of when a decision will be made, but noted that Ministers are keen to ensure NCS has oversight of children's services in some way and that the options are being worked through. It was further noted that there would be national standards which would be outcome			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
focused and that it would be at the discretion of Local Authorities in terms of how these services are delivered locally. The Chair, noting overspend, raised a concern around delivery of services as they are and queried how funding will work in the long term. Rachael McGruer advised that the NCS is about looking at how the services are delivered differently, and this would allow things such as sharing best practice. Rachael McGruer stated that they don't think the funding situation is something the NCS is looking to address. In relation to the following questions raised by Val de Souza, Rachael McGruer provided the corresponding answers: • Noting that it was stated that the NCS goes significantly beyond the Feeley Review, more information around this was requested. • How the NCS is going to be better and how things would be done differently. Rachael McGruer, in relation to the above two questions, explained that the scope of the services has went beyond the review. Rachael McGruer also explained that strict stipulations would not be set out in terms of how localities might operate in areas. Rachael McGruer also advised that the government is keen to work with Local Authorities on how to better embed the principles which drive good locality management and enable good communities' engagement. • Whether finances would still go through Local Authorities and health boards. Rachael McGruer explained that the majority of funding to IJBs from government would continue to go to Local Authorities and NHS, although Ministers are minded to place a power in the Bill which allows them to fund IJBs for specific circumstances, which is not currently possible.			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
Keith Chapman noted that the problem with lived experience is that there are some groups which are better organised and have louder voices and so are often heard by politicians, compared to where more voices might be needed, noting that an example of an underrepresented group is often the socially economically deprived. Rachael McGruer agreed that these are important points and that the government is keen to tackle this, with it being one of the priority areas. Rachael McGruer explained that the government is carrying out work to engage with and capture the voices of those who are not traditionally listened to when co-design work is being undertaken. Rachael McGruer mentioned citizens panels and explained that this is an area the government is very much committed to addressing.

Angus McCaan queried the legislative schedule in terms of completion and the expected timeframe in terms of implementation. Rachael McGruer explained that the legislative timetable is a matter for Parliament and so this is unknown, further nothing that the government is committed to launching the NCS in this Parliament which would be by spring 2026.

The Chair stated that it would be useful to have Rachael McGruer back in the future. Rachael McGruer stated that they would be happy for their email address to be shared with members if there were further questions. | | | |
| ***5.7*** **MIJB Finance Update – Presented by David King, Interim Chief Finance Officer**

David King, Interim Chief Finance Officer presented the report. This paper presents a further iteration of the IJB's five-year financial plan (2024/25 to 2028/29), the previous version having been presented to the IJB at its December 2023 meeting. The five-year plan presented to the IJB in December 2023 projected a total financial gap from 2024/25 to 2028/29 of £99.5m. Having revised and reviewed the forecast and having incorporated the actions identified as part of the 2024/25 IJB budget setting the total projected gap is now £39m. Further work and proposals are now required to move towards a balanced position for 2025/26 and the years | | | |

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
thereafter. The IJB Strategic Plan is currently under review and work will continue to ensure that the financial plan is clearly mapped onto and driven by the Strategic Plan. Members are asked to: • Note the five-year plan update. • Note the ambition to take a transitional approach in 2024/25 to realign the strategic, financial and workforce planning with the new Strategic Commissioning Plan 2025/40 scheduled for publication in April 2025. • Support the work to ensure that the financial plan aligns with the IJB's Strategic Plan. • Support the work to deliver a balanced five-year financial plan. The Chair thanked David King for the report and opened it up for questions, of which there were none.			
5.8 MIJB Performance Report – Presented by Elouise Johnstone, Performance Manager Elouise Johnstone, Performance Manager, presented the report. The purpose of the report was to update the IJB on progress towards the IJB performance goals set for the financial year 2023/24. Due to the processes required to validate the data, the full reporting year is almost complete for all indicators. Members are asked to: • Note the performance against the IJB Improvement Goals for 2023/24. • Note the proposed new dates for Performance Assurance and Governance Group Meetings for 2024. The Chair thanked Elouise Johnstone for the report and opened it up for questions.			

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
Val de Souza noted that the staff must be running very quickly with the work. Grace Cowan, Head of Primary Care and Older People's Services, explained that a lot of work had been undertaken, noting that Midlothian had taken a different approach in that it has looked at a proactive in-reach model, explaining the work around this. Andrew Fleming stated that a couple of the measures seemed quite close and queried whether there was any indication of when the measures are close to understand the sensitivity of the figures. Elouise Johnstone explained that some of the challenge with the published data is that there is such a lag on it being available which means that some of the data is outdated. Elouise Johnstone advised that whilst the management data is more timely, it is not necessarily an actual reflection of how it will look in months to come when it is fully validated, noting that some of this activity is continuous live activity within the system. As such, it was noted that it is difficult to predict from one month to the next in terms of whether it will improve or not.			
5.9 Public Health Prevention Update – Presented by Public Health Practitioner and Group Service Manager Ruth Flynn, Public Health Practitioner and Fiona Kennedy, Group Service Manager, shared and spoke to a presentation. The Chair thanked Ruth Flynn and Fiona Kennedy for the report and opened it up for questions. Angus McCann raised a query in relation to current prescribing. Ruth Flynn explained that at the moment GPs would pass cases on to wellbeing officers within the GP services and they would have the conversation and work out what would be the best approach. Ruth Flynn explained that the numbers around this are being collected, but noted the difficulties around this. Ruth Flynn further explained that the numbers of providers and their activities are also			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
being looked at, noting that part of the evaluation is looking at what is currently happening, but noted that it is not a blanket approach across the whole of the area. Andrew Fleming noted that one of the benefits is that it reduces the prescribing costs and queried if there was any way this impact could be assessed. Andrew Fleming also queried the equality dimension around this work, asking if different groups of individuals could be reached. Ruth Flynn advised that the economics aspect had not been looked at, noting that this was something that they tried to capture through evaluation and following the busy periods they would look at this further. In terms of equalities, Ruth Flynn advised that the activities generally happen in more deprived areas, so there is a feeling that they benefit the most from this. Ruth Flynn advised that an equalities impact assessment is also being looked at.			
5.10 Integration Assurance Report – Fiona Stratton, Chief Nurse Fiona Stratton, Chief Nurse, presented the report. The report is the Integrated Governance report for MIJB. Members were asked to discuss and approve the content of the report. Keith Chapman queried whether there was good input from secondary care in relation to the clinical directory. Fiona Stratton stated that the need for secondary care involvement is low in terms of the instances where significant adverse events are looked at, but noted that it would be unusual for there not to be input and cooperation for services that have had hands on in a situation that had had a significant adverse event.			
5.11 Annual Performance Report: Content and Proposed Timeline – Presented by Integration Manager Gill Main, Integration Manager, presented the report. The Midlothian Annual Performance Report provides information on the health and wellbeing of people and communities in Midlothian and an assessment of progress in relation to the nine National Health and Wellbeing			

Midlothian Integration Joint Board
Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
Outcomes. It also describes financial performance, and the quality of health and care services delivered during 2023-24. Members were asked to: • Note that as 2023/24 is a reporting year for the Health and Care Experienced survey, all indicators will be updated. • Note the timeline for data publication, governance meetings, and scheduled activities. The Chair thanked Gill Main for the report and opened it up for questions, of which there were none.			

6. Private Reports

No items for discussion.

7. Any Other Business

No items for discussion.

8. Date of Next Meeting

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

• MIJB Development Session on Thursday, 16 May 2024 at 2pm.
• MIJB held on Thursday, 20 June 2024 at 2pm.

Midlothian Integration Joint Board
Thursday 18 April 2024

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

The meeting terminated at 16:07pm.

NHS Lothian

4.9

Meeting:	**NHS Lothian Board**
Meeting date:	**14 August 2024**
Title:	**Q1 2024/25 Whistleblowing Performance Report**
Responsible Executive:	**Janis Butler, Director HR & OD**
Report Author:	**Lynne Barclay** **Whistleblowing Programme and Liaison Manager**

1   Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	**Performance / service delivery**	☒
Legal requirement	☐	Other	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	**Workforce (supply or wellbeing)**	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	Effective	☐
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

2.1.1 The National Whistleblowing Standards for the NHS in Scotland (the Standards) require all Boards to produce and publish on a quarterly basis a Whistleblowing Performance report, which covers the key performance indicators on which all Boards are required to report to the Independent National Whistleblowing Officer/Scottish Public Services Ombudsman.

2.2 Background

2.2.1 The National Whistleblowing Standards for the NHS in Scotland (the Standards) were introduced in April 2021. NHS Boards are required to report on their performance in handling whistleblowing concerns, against the key performance indicators as set out in the Standards. The Quarter 1 2024/25 Whistleblowing Performance report is included at appendix 1. In line with the Standards the 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 and are shared with the Independent National Whistleblowing Officer/Scottish Public Services Ombudsman.

2.2.2 During quarter 1 one stage 2 concern was recorded, and three stage 2 concerns which were received in the previous reporting year were closed.

2.2.3 There are currently five ongoing whistleblowing investigations, one in relation to the concern received in quarter 1 this reporting year, the remaining four were received in the previous reporting year.

2.2.4 Timescales for undertaking an investigation continue to be challenging. As reflected in the attached performance report there has been a significant increase in timescales this quarter (on average 189 working days) compared to the same quarter last year (on average 87 working days) to conclude an investigation.

2.2.5 This increase to timescales can in part be attributed to receiving a concern, then not being able to progress with the investigation due to the unavailability of the whistleblower due to a period of unplanned absence. Under the terms of the Standards there is no flexibility to pause or delay the whistleblowing procedure, this is something that will be raised during the review of the national standards which is overdue and expected to take place later this year. The only option available to the Board is to extend the timescales, therefore performance is impacted.

2.2.6 There have been significant changes to the whistleblowing process since the implementation of the Standards in April 2021, these changes/improvements are outlined at appendix 2.

2.2.7 The following system wide learning has been identified from the recently completed investigation.

- The need to ensure that nursing staff understand the importance of and value the improvements that can be identified through audit processes.

- Consider the level of assurance provided by the current Controlled Drug audits for example, should practice be observed in addition to records being audited.

- Take the opportunity to reinforce the importance of the Safe Administration of Medicines policy and practice and share the learning from the specific WB case.

2.2.8 Nurse Director, Mental Health to lead a discussion at Nursing Director Operations Group (system wide nursing & midwifery leaders) and agree necessary actions. Any agreed actions will be tracked by the Executive Nurse Director via the Nurse Directors Operational Group.

2.2.9 Currently there is one active case with the Independent National Whistleblowing Officer (INWO), which was initiated by the whistleblower in June 2023 and which we await the findings from the INWO investigation.

2.3 Assessment

2.3.1 Quality/ Patient Care

Accessing and using the Whistleblowing Standards does not in itself address patient care and quality issues. However, it is recognised that poor staff experience has a direct impact on patient care/experience.

2.3.2 Workforce

The aim of the Standards is to offer support and protection to all who raise a concern or who are directly involved in a concern at all stages of the process.

2.3.3 Financial

n/a

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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.

2.3.6 Other impacts

n/a

2.3.7 Communication, involvement, engagement and consultation

n/a:

2.3.8 Route to the Meeting

The content of the attached Quarter 1 2024/25 Whistleblowing Performance report was approved by the Staff Governance Committee at its meeting on the 31 July 2024.

2.4   Recommendation

This paper is presented for:

- **Assurance** – The Board is asked to agree and accept moderate assurance based on the evidence presented that systems and process are in place to help create a culture in NHS Lothian which ensure staff have confidence in the fairness and objectivity of the procedure through which their concerns are raised and acted upon and take significant assurance that the performance report meets the requirements of the Standards based on the evidence presented.

3   List of appendices

The following appendices are included with this report:

Appendix 1 – Quarter 1 2024/25 Whistleblowing Performance Report.
Appendix 2 – Process learning and changes since implementation of the Standards.

Whistleblowing Performance Report

Quarter 1 April to 30 June 2024

Lynne Barclay
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – Quarter 1 (April – June) 2024

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 across the 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, not contracted through National Procurement.

Q1 Performance Information April – June 2024

Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:
1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.
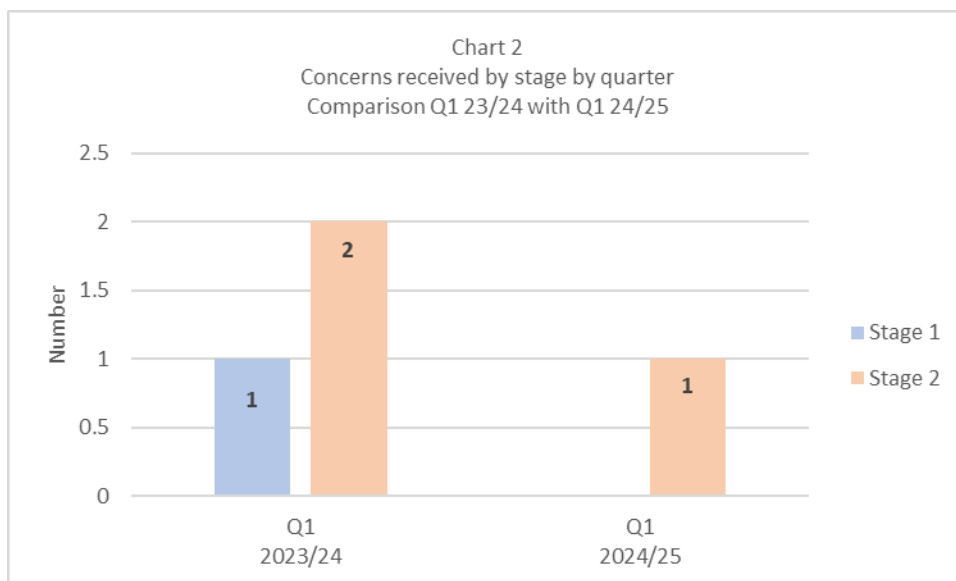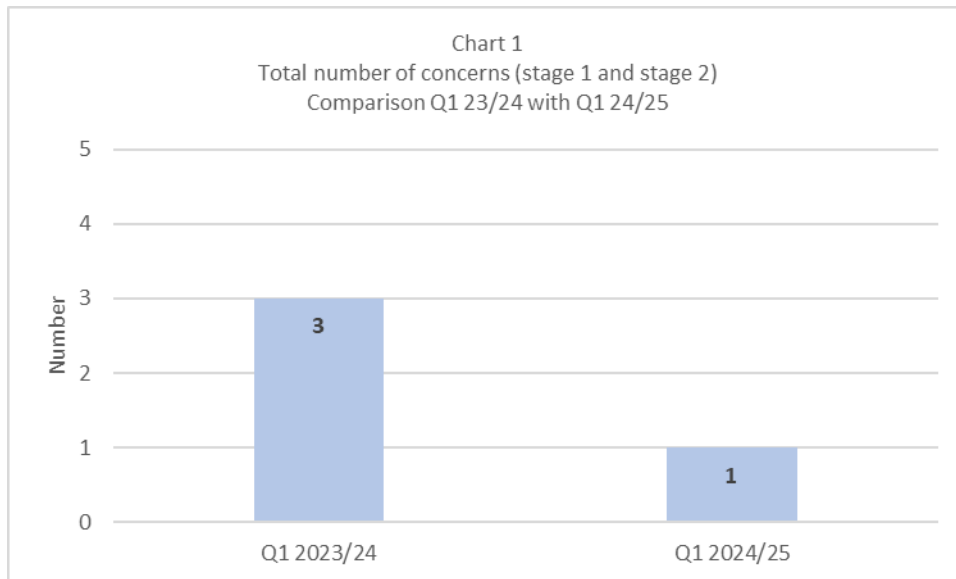
Due to the nature of whistleblowing concerns, some concerns received during 2023/24 remained open at the end of the previous reporting year, these concerns will be reflected in the performance information across this reporting year (2024/2025). At the end of quarter 1 2024/25 four stage 2 concern received in the previous reporting year were still being investigated.

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

During Q1 2024/25 one whistleblowing concern was received, in comparison three whistleblowing concerns were received in the same quarter during previous reporting year.

Chart 1 shows the total number of concerns received in Q1 2024/25 compared with Q1 2023/24.

Chart 2 provides a break down of the number of concerns received at each stage of the whistleblowing process over the same period.

Chart 1
Total number of concerns (stage 1 and stage 2)
Comparison Q1 23/24 with Q1 24/25

Q1 2023/24: 3
Q1 2024/25: 1

Chart 2
Concerns received by stage by quarter
Comparison Q1 23/24 with Q1 24/25

Q1 2023/24: Stage 1 = 1, Stage 2 = 2
Q1 2024/25: Stage 2 = 1

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

During Q1, three stage 2 concerns were closed, all three were received in the previous reporting year. The same number of concerns were closed in the same period of the previous year, one at stage 1 with the remainder being stage 2 concerns. Chart 3 shows the quarterly comparisons.

5 | P a g e

Chart 3
Concerns closed at Stage 1 & Stage 2 as a % of all concerns closed
Comparions Q1 23/24 with Q1 24/25
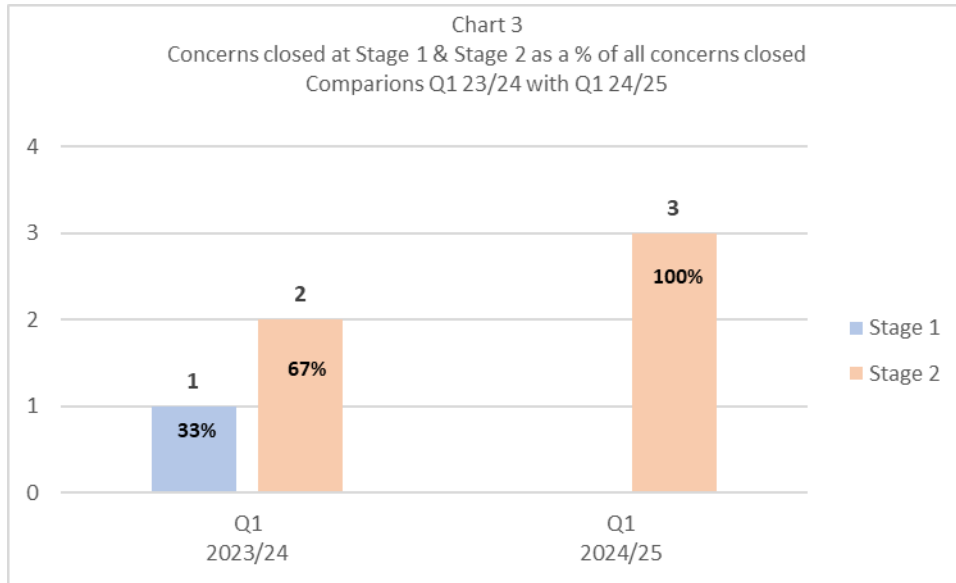
Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage.

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 Q4 either this or last year.

During the current reporting year, no stage 1 concerns were received.

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

Chart 4 below details the outcome of the three stage 2 concerns which were closed during quarter 1, all were partially upheld. In comparison in the same quarter last year two concerns were closed both being partially upheld.

Chart 4
Concerns upheld, partially upheld or not upheld as a % of all concerns closed in full at each stage
Comparison Q1 23/24 with Q1 24/25
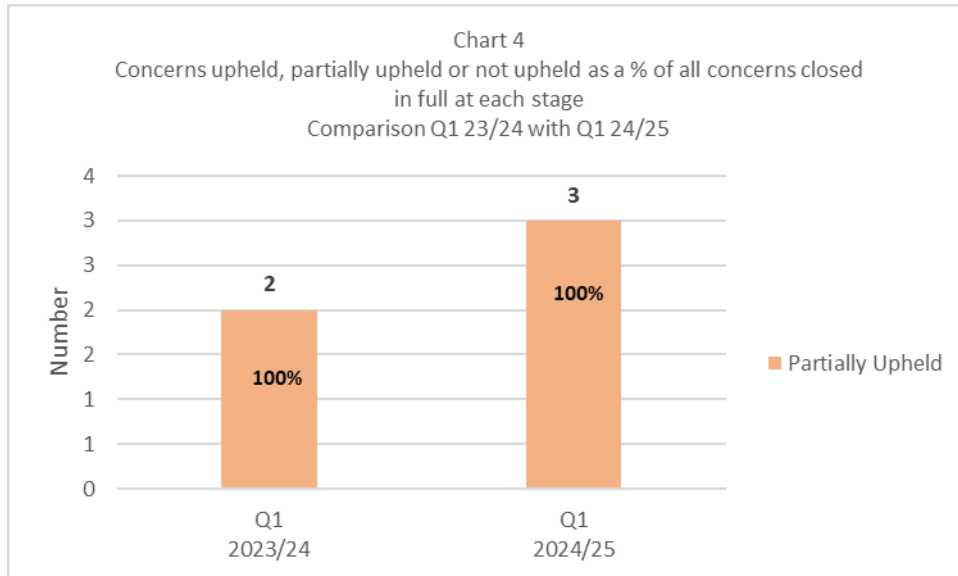
Indicator 4 - The average time in working days for a full response.

During this quarter three stage 2 concerns were closed, this compares with one stage 1 and two stage 2 concerns being closed over the same period of the last reporting year. No stage 1 concerns were closed during quarter 1 this reporting year.

Chart 5 below details the average number of working days to respond in full to concerns.

Chart 5
Average time in working days for full response
(Stage 1 & Stage 2)
Comparison Q1 23/25 with Q1 24/25
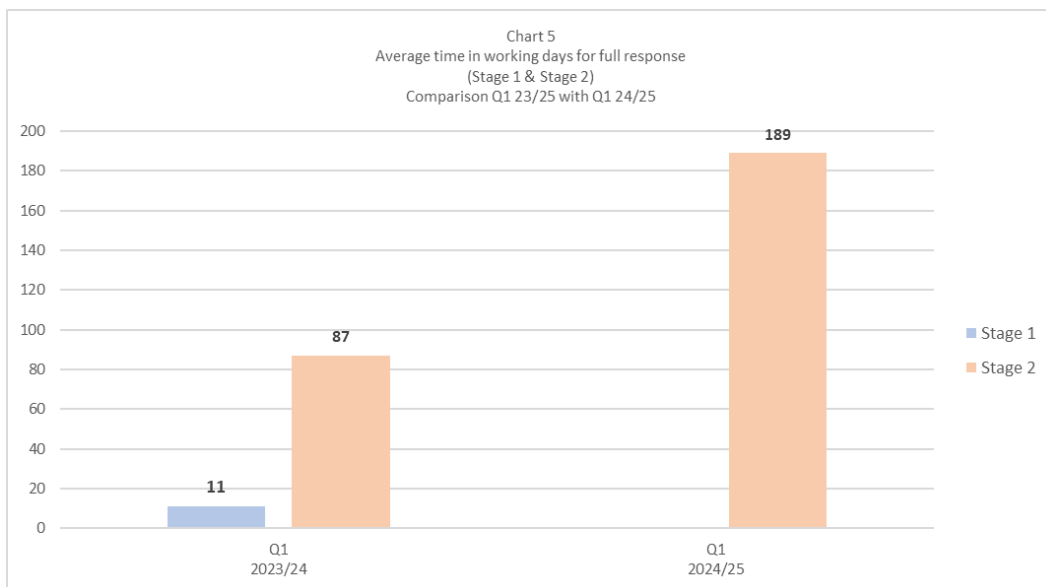
As can be seen the average number of days to close concerns significantly rose this quarter, this can be in part attributed to the complexity of the cases received, the limited number of trained investigators, and the availability of those with whom the investigators wish to meet. In one case the whistleblower, following raising their concern, was off on an extended period of unplanned leave, which contributed significantly to the delay in progressing and concluding the investigation. It should also be recognised that whistleblowing investigators, take on this additional work, alongside their substantive roles.

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

No concerns were closed in this quarter or across the reporting year 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, are also seen as contributing 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 be provided with 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 112 returns were received for quarter 1, details are outlined below, this compares to a total of 97 returns over the same quarter last year.

Quarter 1 2024/25				
	No	%*	Stage 1	Stage 2
GP Practices	72	62.1%	0	0
Dental Practices	29	16.6%	0	0
Optometry Practices	6	5.7%	0	0
Community Pharmacies	5	2.8%	0	0

* 1 based on the current primary care contractor cohort as detailed below

No stage 1 or stage 2 concerns were received during this quarter in this or the last reporting year.

The figures for quarter 1 2024/25 are based on the current primary care contractor cohort of:

- 116 GP practices including the challenging behaviour practice.

- 175 general dental practices.
- 106 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 Q1 there were 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 Q1.

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.

No anonymous concerns were received in Q1, or in the reporting year 2023/24.

Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

For each concern 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.

Action plans continue to be monitored by the Executive Director, whilst actions transition from 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, will be shared at the appropriate forums.

As part of the annual iMatter survey two additional questions are included which specifically relate to raising concerns. It should be noted that these questions were not specifically in relation to whistleblowing but related to raising concerns in a general sense.

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

Responding to these questions was not mandatory in:

2024/25 56% of NHS Lothian (an increase of 6%) staff chose to respond of these:

- 88% strongly agreed, agreed or slightly agreed that they felt able to raise their concerns and
- 80% strongly agreed, agreed or slightly agreed that their concerns would be responded to and followed up.

In 2023/24, 50% of NHS Lothian staff chose to respond, however the percentage of staff who strongly agreed, agreed or slightly agreed with both questions, remained the same across both reporting periods.

Experience of individuals raising concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing process in order that we can learn and make any improvements. The number of responses to date has been small, with the summary below based on the 2 responses received during Q1. As noted previously due to the time taken to investigate concerns, questionnaires are issued on an annual basis in June each year.

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.

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

Indicated if we had learned lessons/ made improvements as a result of concerns?	100%
Offered an apology where things went wrong?	100%
Was empathic and understanding?	100%
Was clear and explained reasoning reasoning?	100%
Was objective and impartial?	100%
Answered all concerns?	50% 50%

■ Yes ■ No
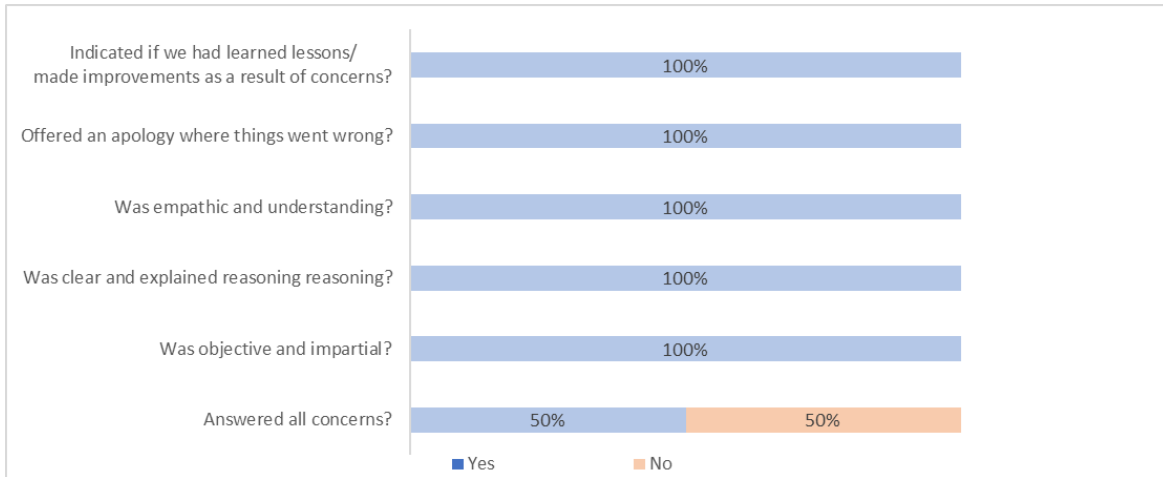
Level of staff perception, awareness and training

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 continue twice yearly, one session focusing on an Introduction to the Standards, which will be relevant to new managers and exiting managers wishing to refresh their learning. The second session focusing on Learning from Concerns in terms of process and outcomes.

Whistleblowing and Speak Up

The stage 2 concern received this quarter was raised with the Whistleblowing Programme and Liaison Manager.

Work continues with the Speak Up Ambassadors to more fully understand the barriers which staff perceive to raising concerns through the line management structure.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 1 2023/24 and quarter 1 2024/25.

Theme*1	Q1 23/24	Q1 24/25
Patient Care/Patient Safety	3	1
Poor Practice	0	1
Unsafe working conditions	0	0
Fraud	0	0
Changing or falsifying information about performance	0	1
Breaking legal obligations	0	0
Abusing Authority	0	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.

Process changes/improvements since the introduction of the National Whistleblowing Standards in April 2021

<u>Investigations and Investigators</u>

- Recognised the need to have two investigators for each whistleblowing concern, one 'subject matter expert' who may be external to the Board and one internal investigator.
- Introduced a more formalised process for recording and agreeing the 'heads of concern' with the whistleblower prior to any investigation commencing, this is now fully embedded within our processes. This assures the whistleblower that their concerns have been understood and that there is an agreed scope for the investigation.
- The 'heads of concern' are shared with the investigation Commissioners so that when they receive the outcome report, they can satisfy themselves that the investigation has been thorough, proportionate and addresses the 'heads of concern'.
- Established an investigators network, which not only includes those who undertake whistleblowing investigation but those who may undertake workforce policy, complaint or adverse event investigations. The remit of the network is to share knowledge, experience and provide peer and 'subject matter expert' support to investigators.
- Continuous review of our investigators pack to reflect process and practice changes as a result of learning from live cases
- Ask investigators to complete the relevant online whistleblowing training modules in Turas prior to undertaking an investigation.

<u>Whistleblowers and Witnesses</u>

- Improved processes around maintaining the confidentiality of the whistleblower. The need for confidentiality and the protections afforded by the standards is emphasised during our 'Lunch and Learn' training sessions for managers and during a series of briefing sessions held with our Leadership Network, Medical and Nursing leaders over the course of the last 12 months.
- Following feedback from confidential contacts and whistleblowers we have produced a Steps in the Investigation document and FAQ's which, are shared with whistleblowers at the start of the investigation. Both are available on the NHS Lothian website at [Stage 2 Whistleblowing Investigation Process – Raising Concerns (nhslothian.scot)/](#) [Stage-2-Investigation-FAQs.pdf (nhslothian.scot)](#)
- Following feedback from Speak Up Ambassadors that whistleblowers often experienced a communications void between notification of the investigation outcome and confirmation of the actions to be taken as a result of the investigation findings we have extended the 20-day update process until such times as the action plan has been developed and shared with the whistleblower.
- Improved signposting to support available to whistleblowers and those participating in a whistleblowing investigation. This can be accessed via QR code/ link to resources on the NHS Lothian website. Investigators are also required to share this information during the investigation process.

Service Management

- In response to requests from Service Directors and those receiving whistleblowing outcomes this has been documented and sets out what is expected from a manager receiving the outcome of an investigation e.g. development and ownership of the action plans, regular and transparent communications with staff.
- Action plans are agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors. Action plans continue to be monitored via the Whistleblowing Programme and Liaison manager until such time as the Commissioner is satisfied that all actions have either been completed or have moved into a business-as-usual process with supporting monitoring/governance arrangements in place. A standard template is used to capture the actions, recommendations, and evidence to support progress. This process is documented.

Scrutiny

- Enhanced Scrutiny of whistleblowing outcomes, via the Patient Safety Experience Action Group (PSEAG) - Introduced monthly reporting on whistleblowing cases to the Patient Safety Experience Action Group (PSEAG) to strengthen executive team oversight. This includes sharing recommendations and findings from investigations, action plans and communications with teams regarding the findings and actions being taken.
- Sharing this information at PSEAG enables the executive team to consider any wider patient safety or experience issues.

Feedback

- Developed and introduced a questionnaire to capture feedback from the whistleblower in relation to their experience of the process.
- Whistleblowers who raise 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.
- Introduced a six-monthly review between Speak Up Ambassadors, Investigation Commissioners and Executive Lead for Whistleblowing (Director of HR and OD) to create a space for learning, improvement and exchange of feedback.

Training

- Lunch and Learn sessions for mangers continue twice yearly, one session focusing on an Introduction to the Standards, which will be relevant to new managers and exiting managers wishing to refresh their learning. The second session focusing on Learning from Concerns in terms of process and outcomes.
- Promotion of the Turas Learn modules via corporate communications.

NHS Lothian

4.10

Meeting:	NHS Lothian Board
Meeting date:	14 August 2024
Title:	Pharmacy Practices Committee Outcomes – Q1 2024/25
Responsible Director:	Jenny Long, Director of Primary Care
Report Author:	Aleisha Hunter, Primary Care Contracts Manager

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☒	Other	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☒	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	**Effective**	☒
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Director (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The purpose of this report is to advise the Board on outcomes of Pharmacy Practices Committee (PPC) hearings held in Q1 2024/25.

2.2 Background

This information is for noting and will be provided to the Board on a quarterly basis with an annual report provided following the end of the financial year. The full minutes from all Pharmacy Practices Committee hearings can be found on the NHS Lothian website via the following link:

Previous Decisions – Pharmacy Application Process

2.3 Assessment

PPC Hearing Outcomes

The following hearings have taken place since April 2024:

- The Gilmerton hearing took place on 29th May 2024 (application not granted). The applicant has not lodged an appeal. The process is now at an end.

- The Pumpherston hearing took place on 17th July 2024 (outcome not yet published). There will be a right of appeal against the decision once published.

Appeal Outcomes

In March 2024 a new Chair was appointed to the National Appeal Panel. We have been notified of the following appeal outcomes since May 2024:

- **Whitburn, Heartlands, West Lothian** – application not granted. Appeal dismissed in its entirety; the process is now at an end.

- **Granton, Edinburgh** – application not granted. Appeal upheld. PPC reconvened on 6th May 2024. The applicant then lodged a further appeal which has forwarded to NAP in June 2024. The second appeal has been upheld by NAP. PPC will reconvene as soon as possible to review. There will be a right of appeal against the decision once published.

- **Haddington, East Lothian** – application not granted. Appeal dismissed in its entirety; the process is now at an end.

- **Winchburgh, West Lothian** – application not granted. NAP concluded that the appeal is at an end with no further action required, the process is now at an end.

- **Bathgate, West Lothian** – application not granted. Appeal dismissed in its entirety; the process is now at an end.

- **Linlithgow, West Lothian** – application granted. Appeal upheld. PPC reconvened on 10th June 2024. Interested parties then lodged a further appeal which has forwarded to NAP in July 2024. The second appeal has been upheld by NAP. PPC will reconvene as soon as possible to review. There will be a right of appeal against the decision once published.

- **Penicuik, Midlothian** – application not granted. Appeal dismissed in its entirety; the process is now at an end.

- **Burdiehouse, Edinburgh** – application not granted. Appeal dismissed in its entirety; the process is now at an end.

Upcoming hearings

- The Calderwood hearing is scheduled to take place on 28th August 2024.

- We have a further two quorate PPC panels confirmed for 18th and 25th September. These dates will be utilised if a new PPC hearing is required following a successful appeal or for new applications. Future dates to be confirmed.

2.3.1 Quality/ Patient Care

Many pharmacy applications are not granted by the PPC. This aligns with our extant Pharmaceutical Care Services Plan which outlines we have good core provision of pharmaceutical services for our population. Therefore, while the few granted applications should improve access to pharmaceutical services for that neighbourhood, the process itself of managing unsolicited applications is not effective, efficient, or person-centred (we cannot commission services based on population need). However we are required to work within the current framework as set out in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

2.3.2 Workforce

Management of the pharmacy application process is labour intensive and requires PPC members' time and the time of the primary care contracts team to administer the process, which are managed within existing resources.

2.3.3 Financial

The key resources are workforce as described above which are managed within core budgets.

2.3.4 Risk Assessment/Management

There is a risk that PPC hearings are delayed due to the challenges in providing quorate panels, leading to delay in processing pharmacy applications.

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.

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

No other known impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate:

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

2.3.8 Route to the Meeting

- This information is for noting and will be provided to the Board on a quarterly basis.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

- No appendices are included with this report.

Health and Care (Staffing) (Scotland) Act 2019
Quarterly Board Compliance Report

Quarter 1
01 April – 30 June 2024

Date: 1 August 2024

Report Authors:
Fiona Tynan, Associate Nurse Director, Corporate Nursing
Kevin Dickson, Health and Care Staffing Lead

Executive Lead: Alison Macdonald, Executive Nurse Director

2. Situation

2.1 The provisions in the Health & Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the Act) came into force 1 April 2024.

2.2 The Act aims to enable high quality care and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing. The Act places duties on health boards, care service providers, Healthcare Improvement Scotland, the Care Inspectorate and Scottish Ministers.

2.3 All clinical staff, including staff who provide clinical advice, are subject to the duties within the Act. Leaders/ Managers of clinical teams also have specific duties under the Act to comply with. The Act does not apply to non-clinical staff e.g. administrative and maintenance staff etc.

2.4 Section 12IF of the Health & Care (Staffing) (Scotland) Act 2019 (the Act) sets out that quarterly reports, at a minimum, on compliance with the Act, are to be provided to the Board of the relevant organisation(s) by the Executive-level clinician on the board with responsibility for the legislation, in this case, the Executive Nurse Director. These reports must include staff's views on compliance. A Board wide Compliance and Assurance Audit was distributed to managers during June 2024 to gather staff views.

2.5 The purpose of this inaugural quarterly report is to provide NHS Lothian's Board with a summary of compliance levels across all of the duties and requirements of the Act overall, by professional group, including evidence of areas of success and challenges identified by staff in meeting compliance. This supports board-level assessment and decision-making on the duties within the Act, since accountability for compliance with the health duties rests at Board level and not with individuals who may be charged with carrying out certain actions.

2.6 The report details compliance with the duties through the systems and processes that are in place to meet the requirements of the Act and ensure appropriate staffing. **It does not include reporting on any workforce data as this is not a requirement of the Act.**

2.7 Applying the Scottish Government rating system the overall level of assurance is "Reasonable". That is, systems and processes that are aligned with the duties in the Health & Care (Staffing) (Scotland) Act 2019 are in place for, and used by, 50% or above of all services/ professional groups managed by respondents to the June 2024 Compliance and Assurance Audit.

3 Background

3.1 The duties under the provisions of the Act set in statute the **12IA Duty to ensure appropriate staffing**; "that at all times suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients or service users and the provision of high-quality health care."

There are further duties within the Act:

- **12IB Duty to ensure appropriate staffing: agency worker** (reporting instances of high-cost agency staff, when agency costs have been higher than 150% of the equivalent NHS staff cost for the equivalent post for the same period).

- **12IC Duty to have real time staffing assessment in place and 12ID; Duty to have a risk escalation processes in place** (having procedures in place for identifying risks relating to staffing and then mitigating these or escalating as required).

- **12IE Duty to have arrangements to address severe and recurrent risks** (Having arrangements set out on how information on staffing risks will be collated, analysed and recorded, including reporting to The Board when required). The Act does not define what a severe or recurring risk is – organisations are expected to determine a locally accepted definition.

- **12IF Duty to seek clinical advice on staffing** (to have in place arrangements for seeking and having regard to appropriate clinical advice in making staffing decisions and having arrangements for recording and explaining decisions that conflict with that clinical advice).

- **12IH Duty to ensure adequate time given to clinical leaders** (giving sufficient time and resources to clinical leaders to carry out their leadership role).

- **12II Duty to ensure appropriate staffing: training of staff** (to ensure that staff are provided with information and training to implement the duties in The Act effectively **and** ensure that staff are suitably qualified and able to maintain competence in their role).

- **12IJ Duty to follow the Common Staffing Method, including 12IL training and consultation of staff**
  The Common Staffing Method is a consistent triangulated assessment with 9 components including reviewing the results of Staffing Level tools which should be run once per year. This duty requires organisations to use the Common Staffing Method as a framework for gathering and analysing relevant staffing and quality data. This helps clinical leaders understand and evidence staffing requirements and quality of care for their clinical areas.

The Act also lists '**guiding principles**' to be met when organisations are arranging staffing:

  (a) that the main purposes of staffing for health care are:

        (i) to provide safe and high-quality services, and

        (ii) to ensure the best health care or care outcomes for service users

(b) in so far as consistent with these main purposes, staffing is to be arranged while:

    (i) improving standards and outcomes for service users;

    (ii) taking account of the particular needs, abilities, characteristics and circumstances of different service users;

    (iii) respecting the dignity and rights of service users;

    (iv) taking account of the views of staff and service users;

    (v) ensuring the wellbeing of staff;

    (vi) being open with staff and service users about decisions on staffing;

    (vii) allocating staff efficiently and effectively, and

    (viii) promoting multi-disciplinary services as appropriate.

3.2   All of these principles must be considered together when determining staffing levels and organisations are also expected to provide information on the steps they have taken to have regard to the guiding principles in the Board's annual report to Scottish Ministers.

3.3   Section 2 of the Act "Guiding principles etc. in health care staffing and planning" stimulates that Boards must also have regard to guiding principles when planning or securing the provision of health care from a third party.

3.4   Further information on the duties and guiding principles within the legislation can be found in the Health and Care (Staffing) (Scotland) Act 2019 Statutory Guidance document in Appendix 1.

3.5   NHS Lothian's Health and Care Staffing Programme Board, chaired by the Executive Nurse Director sets direction and provides oversight on multi-professional work pan Lothian to ensure compliance with the duties within the Act.

3.6   NHS Lothian has established a Core team to support the implementation of the Act and a network of lead professionals.

3.7   A Reporting Subgroup was commissioned to consider all legislative requirements regarding reporting and to develop a reporting plan to ensure NHS Lothian's compliance with the duties within the Act. This plan was supported by CMT in January and April 2024, including development of a board wide compliance and assurance audit to help gather accurate data on compliance with the duties.

3.8   The audit consisted of 62 multiple choice and free text questions covering Health Duties within the legislation. One final question was also asked to understand staff views on the overall assurance level with the Act. A full list of audit questions is included at Appendix 2.

3.9   Responses were used to understand compliance with the legislation across NHS Lothian, to identify any gaps and develop recommendations for improvement as required by the legislation.

3.10 **Assurance Level Rating**
Responses were used to rate different professions and areas in terms of compliance. A Red, Amber, Yellow and Green (RAYG) system (Table 1) of categorising the Assurance Level is employed throughout this report. This aligns with the rating system employed within the Health and Care (Staffing) (Scotland) Act 2019 Annual Reporting Template on compliance, provided by the Scottish Government (SG) (Appendix 3). This will allow for the quarterly Board reports to be used to accurately formulate the annual report which is submitted to Scottish Government. Boards are free to develop their own format / template for quarterly reporting as none has been provided by the Scottish Government.

3.11 **Table 1: The Scottish Government Red, Amber, Yellow and Green (RAYG) system employed throughout this report**

Green (substantial assurance)	Systems and processes are in place for and used by all services and professional groups managed by respondents.
Yellow (reasonable assurance)	Systems and processes are in place for, and used by, 50% or above of all services/ professional groups managed by respondents.
Amber (limited assurance)	Systems and processes are in place for, and used by, under 50% of all services and professional groups managed by respondents.
Red (No assurance)	No systems are in place.

3.12 Please note, the RAYG ratings are based on the average question responses to the Compliance and Assurance Audit questions per Duty. Further detail on how the RAYG Ratings are calculated can be found in Appendix 4.

3.13 **Completion Rate**
The Compliance and Assurance Audit was circulated in June 2024 to 202 NHS Lothian operational managers across all of the professions as the Health and Care Staffing Professional Leads. Some areas and professions over reported due the Audit being shared by recipients with a larger group than had been initially identified by the professional leads for completion. Also, some areas and professions underreported. As well as seeking to understand gaps in completion, work to understand additional completions for future quarters will take place. The Audit received 181 responses. The number expected to complete was 202. The completion rate by profession ranged from 69% to 200%. Table 2 illustrates the number of returns by profession.

3.14 **Table 2: June 2024 Compliance and Assurance Audit Responses by Profession**

Profession	Actual Responses	Expected Responses
Nursing & Midwifery	96	122
Allied Health Professions (AHP)	38	23
Pharmacy	27	39
Healthcare Scientists	15	17
Medical	1	1
Dental	2	1
Physician Associate	1	0
Psychology	1	1
Grand Total	**181**	**204**

3.15 The responses from Psychology and Medical staff groups were completed by the Professional Lead. For this first report it was determined that this was the most appropriate arrangement. Going forward, the responses will be devolved.

3.16 It is important to note that some professions and areas have comparatively lower response rates. It is expected that progressive improvements will be made over time, leading to a broader base of staff views being captured in subsequent Quarterly Compliance Reports. These improvements in completion rates across the organisation will go hand in hand with communication efforts, to help staff understand the roles in scope of the legislation and any obligations under the Act. Registered Chaplains and Public Health Roles not included within the professions in the table above, are to be included in future reporting. Work is ongoing to fully understand how the legislative duties will apply to these professions.

3.17 The Scottish Government have indicated that Boards will be expected to demonstrate robust processes are in place to meet legislative requirements. A common thread throughout the Statutory Guidance is that the legislation is not prescriptive in nature, therefore with the exception of the Staffing level tools, the processes, practices and procedures Boards choose to use is often at their discretion.

4   Assessment

4.1   Guiding Principles & Duty 12IA To ensure appropriate staffing

4.2   The Duty to ensure appropriate staffing can be viewed as the overarching duty of the Act. The section 12IA duty sits alongside the staff governance, clinical governance and financial governance requirements which already apply to Health Boards. The aim of the legislation is to ensure appropriate staffing as defined below:

> "It is the duty of every Health Board to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for —
>
> (a)the health, wellbeing and safety of patients,
> (b)the provision of safe and high-quality health care, and
> (c)in so far as it affects either of those matters, the wellbeing of staff."

4.3   To comply with this overarching duty, all the other duties applicable to Health Boards within the legislation must be complied with. Additionally, Health Boards must have regard to the guiding principles when determining staffing levels. A specific question was asked within the Audit regarding overall compliance across all health duties (including the duty to ensure appropriate staffing). Responses to overall compliance can be found in the **Overall Level of Assurance** section below at 4.90.

4.4   In establishing staff opinions on whether they had appropriate staffing as defined above and in the legislation, respondents were asked:

> "Does your service(s) at all times have suitably qualified and competent individuals, working in such numbers as are appropriate for-
>
> (a) the health, wellbeing and safety of patients;
>
> (b) the provision of safe and high-quality health care, and;
>
> (c) in so far as it affects either of those matters, the wellbeing of staff?".

Table 3 sets out the responses from these questions by professional group

4.5 **Table 3: Compliance by Professional Group June 2024 Duty 12IA To ensure appropriate staffing**

Professional Group	Overall Compliance Assurance
AHP	Reasonable
Dental	Reasonable
Healthcare Scientists	Limited
Medical	Substantial
Midwifery	Limited
Nursing	Limited
Pharmacy	Limited
Physician Associate	Substantial
Psychology	Limited
All Professions	**Limited**

4.6 **Analysis**

On average, 41% of respondents answered "Yes" and 40% answered "Partially" when asked if their service(s) at all times had suitably qualified and competent individuals, working in such numbers as are appropriate for (a) the health, wellbeing and safety of patients;(b) the provision of safe and high-quality health care, and;(c) in so far as it affects either of those matters, the wellbeing of staff. This resulted in an Amber RAYG Rating (limited assurance) based on responses across all professions.

4.7 **Examples of Areas of Success Duty 12IA To ensure appropriate staffing**

AHP respondents listed encouraging staff views, effective local real-time staffing assessments and effective roster management as related to successes with this Duty. Other examples shared by the other professions include reviewing exit questionnaire information, the retire and return scheme, creating additional leadership and management capacity for clinical research and utilising workforce predictor data (age/retirement/undergraduate trainee numbers and vacancies). Other ongoing initiatives to support the recruitment pipeline reported included modern and graduate apprenticeships and career progression pathways.

4.8 **Examples of Areas of Success: Having Regard to the Guiding Principles**

Senior clinical leaders, together with management from Acute, Mental Health and Learning Disability, Primary Care, Health and Social Care Partnerships and Corporate functions, Finance, Strategic Planning, Professional Leads, and Partnership Leads collaborated to establish NHS Lothian's Workforce Plan (2022–2025). The plan stipulates that significant measures must be taken to ensure that each job family is included in workforce planning that is meaningful and that workforce enablers are developed for each to support and underpin the plan's implementation, including staff engagement and patient experience.

4.9 Services and professions have created 12-month action plans to support the delivery of annual objectives to deliver the strategy. The Health and Care Staffing Leads are engaged with the Workforce Planning Team to ensure that outputs of compliance monitoring efforts are integrated into the workforce planning process - to identify any

successes and challenges around compliance and use this to inform Board and service level workforce plans. The NHS Lothian Staff Engagement and Experience Framework aimed at improving and encouraging staff wellbeing and listening and learning from the experience of patients via Care Opinion which can then be used to influence simple changes in practice and /or procedures.

4.10 **Example Areas of Challenge: 12IA Duty to ensure appropriate staffing:**
All audit respondents mentioned recruitment challenges, financial pressures and increasing demand as challenges in ensuring appropriate staffing at all times. Many professions also noted that few services have funding models to support 52 weeks/year service - yet patient demand is whole year and that this routinely compromises appropriate staffing levels. Audit respondents for the Healthcare Science profession highlighted ensuring suitable supplies of competent individuals in small specialist teams, while managing vacancies and leave as particularly challenging, exacerbated by an aging workforce and financial constraints.

4.11 Healthcare Scientists, Psychology and AHP all reported that articulating the required workforce is hampered by a lack of workforce benchmarking across NHS Scotland or tools to understand workforce demand. For example, there are limited national benchmarking or workforce models for AHP, except guidelines in critical care and stroke therapeutic intervention and some professions, specialties and bands are harder to recruit to. Whilst there are routes to AHP practice, there are no national agreement on pre-registration training numbers. AHP pre-registration (with exception of paramedics) is not subject to controlled numbers which impacts on recruitment strategies and workforce planning. AHP workforce pipeline is therefore inconsistent and is driven largely by HEI (Higher Education Institution) strategy rather than NHS. Some pre-registration courses e.g. Physiotherapy, have 50% overseas students, the majority of whom do not end up in NHS workforce.

4.12 **Example Areas of Challenge: having regard to the Guiding Principles**
With regards to the Guiding Principles in Healthcare Staffing and Planning, it is recognised by NHS Lothian's Health & Care Staffing Programme Board that more work is required to understand compliance around the requirements when planning or securing the provision of health care from a third party. Boards must have regard to guiding principles when planning or securing the provision of health care from a third party. In having regard to the guiding principles there is also a need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place. The challenge is understanding how to capture the contracting processes across NHS Lothian and determining whether these processes are robust enough to meet the legislative requirements. This issue had been flagged up to the Scottish Government in the Quarter 3 Feedback session. Further guidance is being produced by Scottish Government to support understanding of this requirement.

4.13 **Duty 12IB To ensure appropriate staffing: agency workers**

4.14 The Act stipulates that, the board must report on the number of occasions that it has paid an agency worker more than 150% of the amount that would be paid to a full-time equivalent employee to fill the equivalent post for the same period. The report must include the number of occasions on which it is paid more than 150%, the amount paid on each occasion and the circumstances that have required the higher amount to be

paid. The Scottish Government provide a template for this report which includes the figures to be used for a full-time equivalent employee for each band / grade so that all Boards are reporting consistently. NHS Lothian's Quarter 1 Agency Report was submitted to Scottish Government on 31 July 2024 and can be found in Appendix 5.

4.15   The Duty does not prohibit the use of workers above the 150% figure, rather it states that the amount to be paid to secure the services of an agency worker should not exceed 150%, but if it does then all instances of this have to be reported quarterly to the Scottish Ministers.

4.16   Compliance with the Duty to ensure appropriate staffing: agency workers is not surveyed within the Compliance & Assurance Audit. The reporting obligations are managed through the Staff Bank (the service securing all supplementary staffing) rather that via the wider workforce.

4.17   It should be noted that Agency spend will be manged through numerous operational and professional groups. Parallel work in NHS Lothian to manage the agency utilisation is in place and reports to the Workforce Thematic Efficiency Programme Board.

4.18   The agency reports should cover the following periods and are required to be submitted according to the timelines set out in table 4.

4.19   Table 4 NHS Lothian: Agency Reporting timeline and Update

Period	Deadline	Status
01 March to 30 June	31 July 2024	Submitted
01 July to 30 September	31 October 2024	Not Yet Started
01 October to 31 December	31 January 2025	Not Yet Started
01 January to 31 March	30 March 2025	Not Yet Started

4.20   The Quarter 1 High-Cost Agency Report (Appendix 5) submitted on 31 July 2024 reported 318 occasions on which more than 150% of the amount that would be paid to a full-time equivalent employee to fill the equivalent post for the same period was paid to an agency worker. This is 9% of the total number of agency shifts (3541) used by all professions in NHS Lothian in 2024.

4.21   36% of shifts using higher cost agency workers were due to vacancies in hard to recruit areas for example, Doctors who work in Elderly Psychiatry and a long-term vacancy Assistant Practitioner role in Pathology Labs - which has now been successfully recruited to. 38% of shifts were due to requiring a Biomedical Scientist for a waiting list initiative.

4.22 **Duty 12IC To have real-time staffing assessment in place**

4.23 Real-time staffing assessment aims to ensure appropriate staffing through identification and mitigation of risks relating to staffing in real time. This requirement is not solely to assess numbers of staff on shift, and no staffing tools or calculators are required to comply with the duty. Real-time staffing assessment may consider:
- patient acuity / workload / activity for non-bed-holding areas
- number and skill mix of available staff
- professional judgement of the staff required

4.24 **12IC Duty to have real-time staffing assessment in place:**

4.25 **Table 5 Compliance by Professional Group, June 2024**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Substantial
Healthcare Scientists	Reasonable
Medical	Substantial
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Reasonable
Physician Associate	Substantial
Psychology	Substantial
All Professions	**Reasonable**

4.26 **Analysis**
On average 72% of respondents answered "Yes" and 25% answered "Partially" when asked if they met obligations under the Duty to have real-time staffing assessment. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

4.27 **Example Areas of Success**
The real-time staffing assessment system "SafeCare" has been in use within Nursing for 9 years with high levels of compliance in completion of census data, and the system is also used effectively to mitigate risk. Respondents within Nursing noted real-time staffing successes including a well-planned use of SafeCare, effective communication to staff, good support for staff regarding SafeCare as well as continued compliance with SafeCare census entry, allowing for data-based decision making. Other examples given include twice daily staffing huddles to discuss staffing issues and review any escalated risks, and in community nursing, local huddles reporting into Health & Social Care Partnership Resilience Meetings if required. The Clinical Research Nursing Leadership Team developed a 'Safe to Start' matrix in 2023, based on the Acute Safe to Start model. This informs the Team Huddles assessment of the staffing situation in real time in each of the individual clinical research teams. In addition, there is an agreed Clinical Research Prioritisation Matrix, which supports decision making regarding research activity if staffing is not at an optimal level. These assessments are not formally recorded in any system; however, each team would be

aware of the actions to take if staffing were not optimal. After collaboration with colleagues across Scotland and with Public Health Scotland, Psychology are trialling a profession specific real-time staffing tool which will enable teams to meet with requirements of the Act and facilitate operational management.

4.28 **Example Areas of Challenge**
All professions reported not having access to SafeCare yet as a challenge in meeting this duty, some because the system is not yet available to them, for example within the Allied Health Professions, and others due to the testing of the SafeCare calculators which do not accurately reflect Midwifery areas. Healthcare Scientists, Nursing and AHP all mentioned small speciality teams/services and services being impacted when staffing is assessed as at risk as there are no options to mitigate by utilising supplementary staffing or redeploying from other areas.

4.29 **12ID Duty to have risk escalation process in place**

4.30 The purpose of this duty is to ensure that relevant organisations have robust risk escalation processes in place to provide a consistent means of recording the escalations and mitigations of any staffing risk. All risks identified, by any staff member, must be notified to the professional with lead responsibility for that area. This may be a team leader. Risks that cannot be mitigated by the professional with lead responsibility must be escalated to a more senior decision maker.

4.31 **12ID Duty to have risk escalation process in place:**

4.32 **Table 6 Compliance by Professional Group June 2024**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Reasonable
Healthcare Scientists	Limited
Medical	Limited
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Limited
Physician Associate	Substantial
Psychology	Reasonable
All Professions	**Reasonable**

4.33 **Analysis**
On average, 63% of respondents answered "Yes" and 19% answered "Partially" when asked questions on compliance with the Duty to have risk escalation process in place. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

4.34 **Example Areas of Success**
Respondents from Pharmacy highlighted work undertaken to put a clear structure in place to help identify and escalate staffing risks. In addition, an MS Team's form and channel has been established to allow local leads to escalate risks to the Pharmacy

senior leadership. Staff can also escalate further to resilience leads for decision of Associate Directors/Director of Pharmacy.

4.35 Escalation of significant risks is also possible via Board and regional workforce planning committees and to Board Corporate Management Team (CMT) via a documented governance process flowchart and documented in service and corporate risk registers.

4.36 An example from Healthcare Science was having a robust escalation process in place, including out of hours cover and working together if a significant staffing risk was identified to adjust workload by clinical priority to ensure patient safety and escalating further if risk not able to be mitigated.

4.37 **Example Areas of Challenge**
The need for more robust systems and processes for identifying, mitigating, and escalating staffing level risks was mentioned by all professional groups. Other challenges described included having no clearly written process for escalations and a poor understanding of, and compliance with the need to involve professional leaders in decision making, and unpredictable workload demands for speciality teams fluctuating over the day.

4.38 **Duty 12IE To have arrangements to address severe and recurrent risks**

4.39 This Duty requires Boards to have arrangements set out how information on staffing risks will be collated, analysed and recorded, (including reporting to The Board when required). The Act does not define what a severe or recurring risk is – organisations are expected to determine a locally accepted definition.

4.40 **12IE Duty to have arrangements to address severe and recurrent risks:**

4.41 **Table 7: Compliance by Professional Group, June 2024:**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Substantial
Healthcare Scientists	Reasonable
Medical	Substantial
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Reasonable
Physician Associate	Substantial
Psychology	Limited
All Professions	**Reasonable**

4.42 **Analysis**
On average, 68% of respondents answered "Yes" and 23% answered "Partially" when asked questions on if they met obligations under the Duty to have arrangements to

address severe and recurrent risks. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

4.43 **Example Areas of Success**
All professional groups reported having risk registers and appropriate escalation procedures to report severe and recurrent risks to senior management. For example, in nursing and midwifery, all Datix reports that include nursing and midwifery staffing levels as a factor are annotated with staffing data and escalated to the Executive Nurse Director with quarterly summary reports produced at Nursing and Midwifery Workforce Governance Groups.

4.44 AHP respondents address severe and recurrent risks though Datix entries in a daily report that is sent to Senior Management, identifying and recording plans to deal with staffing.

4.45 Other successful processes across other professions include RAG rated daily staffing huddles, reviewing SafeCare and HealthRoster data overtime to identify patterns (nursing) and collaborative partnership working.

4.46 **Example Areas of Challenge**
Every professional group reported using a different set of systems and processes to escalate staffing risks making data capture of risks overtime variable.

4.47 AHP respondents cited challenges of managing variable demand, variable capacity, and multifactorial limitations of ability to support any additionality and that timely recruitment as essential for addressing severe and recurrent risks within their area.

4.48 All professions cited budget and funding limitations and lack of formal processes to record risks as challenges in addressing sever and recurrent staffing risks.

4.49 **Duty 12IF To seek clinical advice on staffing**

4.50 This duty places the requirement on Boards to put, and keep in place, arrangements for seeking and having regard to appropriate clinical advice in making decisions, and putting in place arrangements in relation to staffing under the various sections of the Act; and to put, and keep in place, arrangements for recording and explaining decisions which conflict with that clinical advice.

4.51 Section 8.7 of The Health and Care (Staffing) (Scotland) Act 2019: statutory guidance (Appendix 1) gives an example of how and when an organisation would seek and have regard to clinical advice.

4.52 **Duty to seek clinical advice on staffing:**

4.53 **Table 8 Compliance by Professional Group, June 2024:**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Reasonable
Healthcare Scientists	Limited
Medical	Reasonable
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Limited
Physician Associate	Substantial
Psychology	Substantial
All Professions	**Reasonable**

4.54 **Analysis**
On average, 59% of respondents answered "Yes" and 14% of respondents answered "Partially" when asked if they met obligations under the Duty to seek clinical advice on staffing. A Yellow RAYG Rating (reasonable assurance) was calculated based on responses across all professions.

4.55 **Example Areas of Success**
Medical and Nursing respondents cited the triumvirate nursing/ midwifery, medical leadership, and general/ service management model as a success in ensuring a professional voice in staffing decision-making.

4.56 An AHP respondent stated having daily staffing huddles to make staffing decisions ensured compliance with this duty.

4.57 A triumvirate approach to seeking and having regard to clinical advice is also employed within Research Nursing, where clinical advice is sought through the professional Nursing line up to the Chief Nurse Research & Development, who, if necessary, would seek further advice from the Nurse Director Acute or the Executive Nurse Director and also seek advice from the Research and Development Director who is a Medical professional and the individual Principal Investigators who are Medical professionals.

4.58 A common thread throughout the audit responses is the importance of the daily huddle in providing the structure to enable clinical advice to be sought and had regard to across job families and health and social care teams. This approach aligns with the statutory guidance around utilising existing organisational governance structures and processes which may already fully support delivery of the duties in the Act.

4.59 **Example Areas of Challenge**
While many examples across all professions of seeking and having regard to clinical advice were provided within the organisational structures and events of the day, it was also noted by respondents that information is not recorded in detail. A common theme amongst respondents is that a process is required to formally record employee views, specifically on staffing levels. Obtaining staff views is an important aspect of the

Guiding Principles and the Common Staffing Method and there is a specific requirement within the duty to seek clinical advice on staffing, to record and explain decisions which go against clinical advice on staffing and for a lead clinical professional to record their disagreement.

4.60   A common ask from respondents is around clarity, of the need to define a process. For example, when to go outwith a service to seek clinical advice and to finalise how to record clinical advice given on a daily basis. Respondents also suggest that recording disagreements with clinical advice might integrate well with the real-time staffing process such as in the SafeCare system. Challenges were highlighted around who to seek advice from and that not understanding a service may lead to the wrong advice.

4.61 Duty 12IH To ensure adequate time given to clinical leaders

4.62   This duty is intended to ensure that clinical leaders receive the right amount of time and resources to discharge their responsibilities under the duties within the Act, alongside all the other professional duties and responsibilities they have. These include the clinical leadership and management functions that support the delivery of high-quality care. This section should be considered within the context of existing staff and clinical governance arrangements, and professional structures.

4.63   **Duty to ensure adequate time given to clinical leaders:**

4.64   **Table 9: Compliance by Professional Group, June 2024**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Reasonable
Healthcare Scientists	Limited
Medical	Reasonable
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Limited
Physician Associate	Substantial
Psychology	Substantial
All Professions	**Reasonable**

4.65   **Analysis**
On average, 62% of respondents answered "Yes" and 25% answered "Partially" when asked questions on if they met obligations under the Duty to ensure adequate time given to clinical leaders. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

4.66 **Example Areas of Success**
In Acute areas of Nursing, plans to formalise the time given to clinical leaders and reducing the nursing vacancy gap to provide supernumerary status for Senior Charge Nurses was reported by respondents as a success that will see compliance with this duty improve each quarter.

4.67 Psychology cited work completed on Job Planning, demand and capacity planning and job description reviews as valuable in preparing their services to comply with this duty.

4.68 Other areas of success from other professions included regular 1:1 meetings between senior leaders and team leads, and agreeing time during the annual Personal Development Plan/ appraisal process with 6 monthly reviews.

4.69 **Example Areas of Challenge**
Responses for the Midwifery profession recognised that further work is required to support teams to determine what adequate time and resources are required for ensuring sufficient time for clinical area management and ensuring high quality and standards of care and the process for keeping the time and resources under review. A conversation was beginning within Midwifery to understand what 'time to lead' means within the Midwifery function and this will become one of the work streams for the team in 2024.

4.70 Overall, all other professionals responded with a recognition that the time needs to be set aside to lead but this can be challenging where there are staffing shortfalls.

4.71 **Duty 12II To ensure appropriate staffing: training of staff**

4.72 This duty requires relevant organisations to ensure that employees have appropriate and relevant training, to ensure that suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients and the provision of safe and high-quality healthcare. This duty also requires that adequate time and resource is provided to undertake that training.

4.73 **Duty to ensure appropriate staffing: training of staff:**

4.74 **Table 10 Compliance by Professional Group, June 2024**

Professional Group	Overall Compliance Assurance Rating
AHP	Reasonable
Dental	Substantial
Healthcare Scientists	Reasonable
Medical	Substantial
Midwifery	Reasonable
Nursing	Reasonable
Pharmacy	Reasonable
Physician Associate	Substantial
Psychology	Substantial
All Professions	**Reasonable**

4.75 **Analysis**
On average, 81% of respondents answered "Yes" and 17% answered "Partially" when asked questions on compliance with the Duty to ensure appropriate staffing: training of staff. This resulted in a Yellow RAYG Rating (reasonable assurance) based on responses across all professions.

4.76 **Example Areas of Success**
Successful robust processes in place within Pharmacy include Lothian Pharmacy Services Training and Royal Pharmaceutical Society Frameworks being in place with appropriate supervisors, mentors and peer support. Also, group education sessions, peer reviews, induction plans and ensuring sufficient training day attendances. A job planning pilot has made and continues to make significant progress within the Pharmacy profession. Focusing on training the trainers was also cited as a successful strategy within Pharmacy.

4.77 In Healthcare Science, an Education Subgroup has been formed with a primary aim to explore the development of a comprehensive education and skills competency framework in collaboration with National Education for Scotland (NES) and Scottish Government. This will ensure the healthcare science workforce in Scotland has access to an educational framework that provides flexibility; supports career progression across all levels of practise and is underpinned by robust education and training programmes in a Once for Scotland approach.

4.78 All professions mentioned training requirements for staff forming part of the annual PDP and appraisal processes documented on TURAS. Doctors and dentists in training have a curriculum approved by the General Medical Council with delivery overseen by NES. Career grade doctors have an annual appraisal with a personal development plan produced and an allocation of time and budget for study leave as well as time for supporting professional activities.

4.79 **Example Areas of Challenge**
Across all professional responses in the audit, staffing level challenges are often cited as barriers to complying with various legislative requirements within the Act.

4.80 In relation to the duty to provide adequate training the responses note that securing time for training was a barrier to attending anything other than the training essential to perform a role. Absences of other staff can have a negative impact on the time set aside for others in training. Availability of suitable training courses and money to attend training courses was also noted as a barrier to ensuring appropriate staffing through training of staff.

4.81 ## Duties 12IJ and 12IL To follow the Common Staffing Method inc. training and consultation of staff

4.82 The types of health care, locations and employees that have a duty to use the CSM aligns with the availability of a speciality-specific Staffing Level Tools, as use of such tools are an integral part of the CSM. There are currently 10 Staffing Level Tools which apply to nursing and midwifery areas only and doctors within emergency departments. Therefore, only these staff groups had the option to answer questions around the Common Staffing Method and for medical this was answered on this occasion by the nurse manager who led the multi-professional team to complete the Emergency Department Tool.

4.83 The Common Staffing Method (CSM) sets out a process, including the use of the relevant Staffing Level Tool and the Professional Judgement Tool and a range of other considerations, which must be applied rigorously and consistently. The application of the CSM will support NHS Boards to ensure appropriate staffing, the health, wellbeing and safety of patients and the provision of safe and high-quality care. The frequency of applying the CSM has been defined as once per financial year as a minimum.

4.84 **Duty to follow the Common Staffing Method inc. training and consultation of staff:**

4.85 **Table 11 Compliance by Professional Group, June 2024:**

Professional Group	Overall Compliance Assurance Rating
Nursing	Reasonable
Medical	Reasonable
Midwifery	Limited
All Professions	**Reasonable**

4.86 **Analysis**
It should be noted that staffing level tools should be run a minimum of once per annum over a minimum two-week period, but there is no requirement in legislation that

dictates when the tools are to be run. NHS Lothian has a well-established annual schedule of tool runs throughout the year, and so not all respondents will have had the opportunity to review their establishments following the common staffing method and this will be reflected in the overall assurance rating. In 2024/25 to-date, 52 tools have been run across NHS Lothian. In 2023/24, with training and support provided by 1WTE Health and Care Staffing Lead within Corporate Nursing, a total of 754 individual staffing level tools were run with good compliance across them all. It should also be noted that a revised Maternity Staffing Level Tool is under development by HIS and therefore all teams did not have the opportunity to run the maternity tool which is reflected in the answers.

4.87   On average, 53% of respondents on average answered "Yes" and 30% on average answered "Partially" when asked if they met obligations under the Duty to follow the Common Staffing Method inc. training and consultation of staff. This resulted in an RAYG Rating (Reasonable assurance) based on responses across all the applicable professions.

4.88   **Example Areas of Success**
Respondents noted positive engagement of staff across NHS Lothian with tool runs and the available training for staff and support from the NHS Lothian Health & Care Staffing Team as areas of success with complying with this duty. Positive work is ongoing across nursing to develop a template that pulls together the staffing level tools results and other metrics as required by the duty to follow the common staffing method, as part of a triangulated approach to decisions around staffing.

4.89   **Example Areas of Challenge**
Presently, some nursing and midwifery specialties do not have nationally validated staffing level tools. For example, Community Mental Health Nursing and Research Nursing. Although responses suggest an enthusiasm to utilise such tools if available. As such, some areas are running a Professional Judgment Tool only, that typically runs alongside the speciality specific staffing level tools. It was also raised in Audit responses that the tools can be challenging and time consuming to use on SSTS and involve manually typing lots of data. This frustration is confounded by what many have viewed as archaic staffing level tools and calculators that often do not capture the modern nursing role. There is a duty on Health Improvement Scotland to develop the Staffing Level tools.

4.90   **Overall Level of Assurance**

4.91   As mentioned previously, the 12IA Duty to ensure appropriate staffing is an overarching duty. To comply with this duty, all other Health duties within the legislation must be met at a minimum. A separate question was asked within the Audit on overall assurance level across all applicable Health duties within the legislation (including the Duty to ensure appropriate staffing). To assess this Overall Level of Assurance. The following question was asked at the end of the Compliance and Assurance Audit:

"How assured are you that the service/services in your area and for the professional group you are reporting on has clearly defined systems and processes aligned with the duties in the Act in place, that are used, to ensure appropriate staffing?"

4.92 **Table 12: Overall Level of Assurance, Compliance by Profession, June 2024**

Profession	Green substantial assurance	Yellow reasonable assurance	Amber limited assurance	Red No assurance
AHP	30%	**65%**	5%	0%
Dental	0%	**100%**	0%	0%
Healthcare Scientists	13%	**60%**	20%	7%
Medical	0%	100%	0%	0%
Midwifery	0%	**50%**	50%	0%
Nursing	30%	**59%**	11%	0%
Pharmacy	15%	**63%**	22%	0%
Physician Associate	**100%**	0%	0%	0%
Psychology	**100%**	0%	0%	0%
All Professions	**26%**	**60%**	**14%**	**1%**

4.93 86% of those staff that completed the Compliance and Assurance Audit gave "substantial" or "reasonable" assurance that the area/s and the professional group they are reporting on has clearly defined systems and processes aligned with the duties in the Act in place, that are used, to ensure appropriate staffing. Only 1% of respondents gave "No assurance". Health & Care Staffing Professional Leads will work to understand the assurance levels in the gap of non-responders for future reports.

4.94 **Example Areas of Success**
NHS Lothian has made investments in a number of systems to help managers make informed decisions about staffing levels at the local level. These include dashboards that display historical supply and demand data, HR and finance dashboards that help managers comprehend and plan for cyclical demand, the eRostering system, which offers metrics and intelligence for the best use of workforce utilisation, monthly KPIs for specific business units, real-time deployment data, absence and additional activity requirements, and the SafeCare system, which matches patient acuity with available staffing to provide a real-time assessment of risk at a local and system-wide level. All of these were given as examples shared by respondents as areas of success in carrying out the duty to ensure appropriate staffing.

4.95 Of particular note, the Psychology professional lead completing the audit for the Psychology service gave a substantial assurance level. Psychology has made some significant developments around the workforce, including obtaining support from IT and Finance within Lothian to improve current systems to allow for better recording of establishment and Psychologists on leave.

4.96 **Example Areas of Challenge**
In the Audit responses across all professions, the examples of the main barriers to meeting obligations within the legislation are financial and recruitment constraints. Psychology gave the example of how these barriers are acutely felt in small services,

of which there are many within Psychology. For example, financial and recruitment constraints increase the length of time to recruit, and small services are particularly affected by establishment gaps.

4.97 **Overall Level of Assurance, Compliance by Duty, June 2024:**

Duty	12IA Appropriate Staffing	12IC Real-time Staffing assessment	12ID Risk escalation process	12IE Address severe & recurrent risk	12IF Seek clinical advice on staffing	12IH Adequate time for clinical leaders	12II Training of staff	12J&L Follow the common staffing method
Overall Assurance Level	Limited	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable

4.98 **Overall Level of Assurance, of how the organisation has carried out its duties under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL, June 2024:**

Reasonably Assured

4.99 The positive assurance rating across professions and across NHS Lothian concurs with the narrative backed by the Scottish Government and Healthcare Improvement Scotland that complying with the legislation will involve identifying what is already going on within services and understanding if robust process, practices and procedures are in place that meet legislative requirements.

4.100 **Identified Gaps in Compliance**
The Compliance and Assurance Audit has identified where robust processes are not in place for all areas and professions across NHS Lothian, that meet legislative obligations within the Health & Care Staffing Scotland (Act) 2019. Duties identified that have relatively low compliance rates are:

- 12ID Duty to Have Risk Escalation Processes in Place.

- 12IE Duty to Have Arrangements to Address Severe and Recurrent Risks.

- 12IF Duty to Seek Clinical Advice on Staffing.

4.101 The Statutory Guidance states that NHS Boards should have a written procedure, set out and readily available to staff on:
- Agreed staffing assessment and risk escalation procedures.

- How information on risk escalated to a defined level (as agreed by the organisation's Board) will be collated, analysed, and recorded to highlight severe and/or recurrent risk(s).

- How it will seek and have regard to clinical advice on staffing.

- Arrangements for documenting decisions which conflict with clinical advice given.

- How it will deal with decisions which conflict with advice.

4.102 The Audit has identified that every professional group uses a different set of systems and processes to escalate staffing risks and that work is required to assess and thoroughly outline the current procedures for staffing escalation, as well as how these fit into the clinical governance and professional team structures that are in place.

4.103 The audit has also highlighted that improvements are required in the process of recording and explaining staffing decisions across all professional groups, including ensuring there is the ability to record the decision, provide feedback to the person providing clinical advice and a mechanism for that person to disagree (and request a review of the decision unless the decision was made at a Board level) with the decision made if it conflicts with their clinical advice.

5   Recommendations

5.1 **Action to Address Gaps**
The Health and Care Staffing Programme Board have commissioned:

- The Reporting Subgroup to take learning from this first quarter to further develop the Compliance and Assurance Audit to fully assess compliance with the duties within the Act and obtain even more accurate data to monitor compliance, whist also seeking to reduce the data burden for those charged with completing the Audit for their service/ profession. This will include a review of the distribution list and understanding gaps in responses.

- In addition to the extant training materials, communications and information about the Act a Board wide policy and guidance is to be produced, laying out definitions and requirements to comply with the Act which will ensure all staff understand their roles and responsibilities with regards to the Act. The Statutory Guidance will help inform this.

- The Board wide communication and education planning group is continuing to work to raise awareness among all levels of staff utilising national educational resources.

- The Health and Care Staffing Professional Leads to further analyse on the results per profession and per area and report locally through governance groups on key findings, identifying any profession specific gaps and actions required to mitigate.

- The Health and Care Staffing Professional Leads to continue to work together to share areas of success, good practice, and areas of challenge to work towards consistency across the Board and overall improved compliance including:
    - work to assure consistency and benchmarking within each duty e.g. variations in professional judgement
    - work to develop and onboard systems to support duties e.g. HealthRoster, SafeCare, eJobPlan
    - work to integrate the data into service planning, workforce planning and improvement cycles.

6 List of appendices

6.1   The following appendices are included with this report:

Appendix 1

Statutory Guidance Health and Care (Staffing) (Scotland) Act 2019

Statutory Guidance
Health and Care Sta

Appendix 2

June 2024 Compliance and Assurance Audit Questions

June 2024
Compliance and Ass

Appendix 3

Scottish Government Exemplar Annual Report Template

HCSA - Q2
Reporting Template

Appendix 4

Red, Amber, Yellow and Green (RAYG) Calculations

Red, Amber, Yellow
and Green (RAYG) Ca

Appendix 5

NHS Lothian High-Cost Agency Report for Quarter 1

NHS Lothian High
Cost Agency Report

NHS Lothian

4.11

Meeting:	**NHS Lothian Board**
Meeting date:	**14 August 2024**
Title	**Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report, Quarter 1, 01 April – 30 June 2024**
Responsible Executive:	**Alison MacDonald, Executive Nurse Director**
Report Author:	**Fiona Tynan, Associate Nurse Director, Corporate Nursing**

1   Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☐

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☒	Other	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	**Workforce (supply or wellbeing)**	☒
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☒	**Effective**	☒
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2   Report summary

2.1   Situation

2.1.1   The Health and Care (Staffing) (Scotland) Act 2019 (hereafter referred to as the "Act") stipulates that the Executive-level clinician on the Board responsible for the legislation, in this case the Executive Nurse Director, must submit quarterly reports to the Board, outlining compliance with the duties across all staff groups and settings covered by the Act. The views of staff on compliance must be included in these reports.

2.1.2   The Board are provided this report (appendix 1) as part of the legislative requirement under the Act and are recommended to accept this report as meeting that obligation under the Act.

2.1.3   The Board are asked to accept **Moderate Assurance** on how effectively NHS Lothian is meeting its legal duties in this area. This is based on an overall "Reasonable Assurance" rating generated by the Scottish Government's compliance scoring, regarding how NHS Lothian has carried out its duties under the 2019 Act.

2.2   Background

2.2.1   The Act aims to ensure appropriate staffing is in place, to enable high quality care and outcomes by setting out a number of duties around staffing. These apply to all clinical staff and leaders/managers of clinical teams and requires clearly defined systems and processes to be in place, and used, to enable transparent staffing decisions to be made and recorded.

2.3   Assessment

2.3.1   **Quality/ Patient Care**

The duties under the provisions of the Act set in statute the 12IA; Duty to ensure appropriate staffing; "that at all times suitably qualified and competent individuals from such a range of professional disciplines as necessary are working in such numbers as are appropriate for the health, wellbeing and safety of patients or service users and the provision of high-quality health care."

Detail of assessment of compliance with the duties to achieve this aim is within the Board Report (Appendix 1).

2.3.2   **Workforce**

The report includes assessment of compliance against the duties:

* 12IA Duty to ensure appropriate staffing (point 4.1)
* 12IH Duty to ensure adequate time given to clinical leaders (point 4.61)
* 12II Duty to ensure appropriate staffing: training of staff (point 4.71)
* 12IJ Duty to follow the Common Staffing Method (point 4.81)
* 12IL Training and consultation of staff (in relation to 12IJ) (point 4.81)
* And reference to steps taken to have regard of guiding principles when arranging appropriate staffing (point 4.1).

2.3.3 Financial

There are no specific financial implications associated with this paper, however, the paper reports on compliance with the duty:

* 12IB Duty to ensure appropriate staffing: agency worker (point 4.13)

2.3.4 Risk Assessment/Management

The report includes assessment of compliance against the duties:

* 12IC Duty to have real time staffing assessment in place (point 4.24)
* 12ID Duty to have a risk escalation processes in place (point 4.29)
* 12IE Duty to have arrangements to address severe and recurrent risks (point 4.38)
* 12IF Duty to seek clinical advice on staffing (point 4.49)

It is not anticipated that there needs to be an entry on a risk register relating to any aspect of this report.

2.3.5 Equality and Diversity, including health inequalities

The report and its recommendations will not have an impact on equality, socio-economic disadvantage or children's rights you therefore no impact assessment is required.

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to gather and consider the views of staff from across professions and settings on their views as to NHS Lothian's compliance with the duty to ensure appropriate staffing and on how clinical advice is sought and regarded to in decision making. Detail of how this was carried out can be seen in point 3.13 of the report.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Health and Care Staffing Programme Board, 15 July 2024
* Staff Governance Committee, 31 July 2024
* Please note, the agreed governance process for oversight of this report is at Staff Governance Committee and Lothian Partnership Forum. Due to being unable to align meeting dates before being presented to The Board, this paper will be unable to be shared at Lothian Partnership Forum, however, agreement has been made that it will be shared at a Joint Staff side meeting instead. All other quarters, the meeting dates have been aligned.

2.4   Recommendation

The Board are:

- provided with this quarterly report as part of the legislative requirement under the Act and are recommended to accept this report as meeting that obligation under the Act.

- Note that the report is constructed using the Scottish Government compliance rating criteria.

- Accept **Moderate Assurance** on how NHS Lothian is meeting its legal duties under the 2019 Act, based on the Scottish Government's compliance scoring and its rating of "Reasonable Assurance" for NHS Lothian.

3   List of appendices

The following appendices are included with this report:

- **Appendix 1:** Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 1, 01 April – 30 June 2024

NHS Lothian

4.12

Meeting:	**NHS Lothian Board**
Meeting date:	**14 August 2024**
Title:	**Appointment of Members to Committees & Integration Joint Boards**
Responsible Executive:	**Chair**
Report Author:	**Darren Thompson, Board Secretary**

1 Purpose

This report is presented for:

Assurance	☐	**Decision**	☒
Discussion	☐	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other – **Committees / IJB Membership**	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	**Effective**	☒
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

Lothian NHS Board's Standing Orders reserve certain matters to the Board, including decisions on the appointment of members to its committees.

This report has been prepared so that the Board may consider and approve the following appointments:

Dental Appeals Panel

- The appointment of **Dr Patricia Cantley,** as Chair of the Dental Appeals Panel with immediate effect.

Integration Joint Boards

(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]

- The re-appointment of **Jacqui Macrae, Registered Nurse**, Non-Voting Member of the Edinburgh Integration Joint Board, with effect from 12 August 2024.

- The re-appointment of **Fiona Stratton, Registered Nurse**, Non-Voting Member of the Midlothian Integration Joint Board, with effect from 23 June 2024.

- The re-appointment of **Linda Yule, Registered Nurse**, Non-Voting Member of the West Lothian Joint Board, with effect from 06 October 2024.

- The re-appointment of **Claire Mackintosh, Non-GP medical practitioner**, Non-Voting Member of the East Lothian Joint Board, with effect from 23 August 2024.

2.2 Background

The Board is required to have a Dental Appeals Panel due to the National Health Service Scotland (General Dental Services) Regulations 2010 (as amended). The Regulations require the chair to be someone who is not a dentist. The custom and practice is for a non-executive Board member to chair the panel. It is recommended that the Board appoint **Patricia Cantley** as the chair.

---

[1] *based on the advice of one of the Board's "Executive Clinical Directors". 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.*

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

- *"(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;*

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

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

The Order provides that the term of office for members of integration joint boards is not to exceed three years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

Edinburgh IJB

Ms Jacqui Macrae, Registered Nurse, previously held the position at (g) above on the Edinburgh IJB and has been nominated for reappointment to this position. On the advice of the NHS Lothian Nurse Director, it is therefore recommended that the Board approve Ms Macrae's reappointment as non-voting member of the IJB and specifically as the *"…registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract …,"* with effect from 12 August 2024 and until 11 August 2027.

Midlothian IJB

Ms Fiona Stratton, Registered Nurse, previously held the position at (g) above on the Midlothian IJB and has been nominated for reappointment to this position. On the advice of the NHS Lothian Nurse Director, it is therefore recommended that the Board approve Ms Stratton's reappointment as non-voting member of the IJB and specifically as the *"…registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract …"*, with effect from 23 June 2024 and until 22 June 2027.

West Lothian IJB

Ms Linda Yule, Registered Nurse, previously held the position at (g) above on the West Lothian IJB and has been nominated for reappointment to this position. On the advice of the NHS Lothian Nurse Director, it is therefore recommended that the Board approve Ms Yule's reappointment as non-voting member of the IJB and specifically as the *"…registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract …"*, with effect from 6 October 2024 and until 5 October 2027.

East Lothian IJB

Dr Claire Mackintosh, Non-GP Medical Practitioner, previously held the position at (h) above on the East Lothian IJB and has been nominated for reappointment to this position. On the advice of the NHS Lothian Medical Director, it is therefore recommended that the Board

approve Dr Mackintosh's reappointment as non-voting member of the IJB and specifically as the *"… registered medical practitioner employed by the Health Board and not providing primary medical services.,"* with effect from 23 August 2024 and until 22 August 2027.

2.3 Assessment

2.3.1 Quality/ Patient Care

- Not Applicable.

2.3.2 Workforce

- Not Applicable.

2.3.3 Financial

- Not Applicable.

2.3.4 Risk Assessment/Management

This report and its recommendations attend to actual or anticipated gaps in the membership of committees or IJBs, and it is not considered that there needs to be an entry on a risk register.

Key Risks
- A committee or IJB does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- 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.

2.3.5 Equality and Diversity, including health inequalities

- The statutory duties **do not apply** to the recommended decision, this report does not relate to a specific proposal which has an impact on an identifiable group of people.

2.3.6 Other impacts

- Resource Implications - This report contains proposals on the membership of committees. Where members are new to committees, it is probable that they may require further training and development to support them in their roles. This will be addressed as part of normal business within existing resources.

2.3.7 Communication, involvement, engagement and consultation

- 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.

2.3.8 Route to the Meeting

- There are no prior committee approvals required. However, in the case of appointing professional members to IJBs, the views of the Executive Medical Director and the Executive Nurse Director have been sought.

2.4   Recommendation

- The Board is asked to consider and approve the re-appointments of non-voting IJB members, as set out at the start of the paper.

3   List of appendices

- None.

NHS Lothian

6.

Meeting:	**NHS Lothian Board**
Meeting date:	**14 August 2024**
Title:	**Board Executive Team (BET) Report August 2024**
Responsible Executive:	**Jim Crombie, Interim Chief Executive**
Report Authors:	**Jim Crombie, Interim Chief Executive** **Colin Briggs, Director of Strategic Planning** **Michelle Carr, Chief Officer Acute Services** **Pat Togher, Director/Chief Officer, Edinburgh IJB/HSCP**

1   Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☒	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	**Other - Operational Priorities**	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	**Effective**	☒
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

The 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.

2.2 Background

The report considers operational priorities of NHS Lothian, not already addressed in NHS Lothian Board Meeting Agenda.

2.3 Assessment

Regional Infectious Diseases Unit Relocation

The Regional Infectious Diseases Unit (RIDU) is located in a 2 storey portacabin at the Western General Hospital (WGH) and provides specialist inpatients, out-patient, and community based care for patients with an infectious disease. The RIDU Building houses 31 inpatient rooms on the first floor and includes outpatient and staff working space on the ground level. Deteriorating facilities were the primary driver for a reprovision programme which was underway in Lothian, however, progression of this case paused following the Scottish Government instruction in December 2023 to pause all capital projects in development.

Following a series of surveys a RIDU Building Condition Report (Feb 2024) made clear that the service cannot wait for the delivery of a new RIDU facility and decant should occur imminently. Recognising that the age and condition of the existing building made repair uneconomic, Lothian Capital Investment Group (LCIG) approved the development of costed decant options, for escalation to Scottish Government. An options appraisal was undertaken identifying the preferred option to decant inpatient accommodation within RIDU into Ward 74 within the Royal Victoria Building, displacing a 26 bed Medicine of the Elderly (MOE) ward currently within Ward 74. In response to displacement of the MOE service the development of an alternative costed service model is progressing, in collaboration with colleagues across Acute and Health & Social Care Partnerships.

The current planned timeline for the closure of the existing MOE ward is at the end of October with a phased closure in the preceding weeks and the RIDU move thereafter. Scoping is also underway with Strategic & Capital Planning teams to identify opportunities to decant the ground floor of the RIDU building. This work will be incorporated into other site decant and masterplanning activities, which also include decant of D Block and the decommissioning of DCN.

EHSCP Operational Management Restructure Phase 1

The operational management restructure continues at pace with Heads of Service appointed for Home First, Community Rehabilitation and Reablement; Assessment and Care Management; Mental Health, Learning Disability and Substance Use; Community Hospitals, Care Homes and Technology. The restructure will align single strategic leadership across Edinburgh ensuring consistency on the delivery of delegated services. A vision of the restructure can be found here. Heads of Service for designated roles with Service Managers have also been appointed to each of the portfolios and along with Heads of Service, will provide stronger professional and operational leadership in the Partnership to deliver the EIJB's strategic ambitions. Transitional arrangements have begun with the new structure and leadership team coming into effect from 12th August 2024. EHSCP will shortly begin external recruitment for a Head of Service for Primary Care and Principal Social Work Officer.

EHSCP Strategic Plan

Edinburgh Integration Joint Board has released, for consultation, its draft strategic plan for 2024-27. As Board members know, this is a statutory requirement for all Integration Authorities, and needs to cover the services and resources planned and commissioned by each IJB. A draft response will come to the Strategy, Planning, and Performance Committee in September, ahead of a deadline of 30th September. Board members can see the draft strategic plan here, and are welcome to contact Colin Briggs to discuss or give input as they see fit.

Whole System Bed Model

The model has been successfully handed over, with minor fixes made following review by both NHS Lothian staff and the Healthcare Planners. The formal launch with Corporate Management Team is due to take place in mid-August, ahead of the outputs of the model being shared with SPPC in September 2024. In anticipation of the SPPC session and noting the level of positive interest in the project from many non-executives, the chairs of NHS Lothian Committees (and representatives from each of the IJBs), have been invited to join a short session the week before SPPC which will explore the development/operational aspects of the model. This will be much the same as the presentation shared at SPPC, therefore the aim of this session is only to provide more time to take questions and encourage discussion with a small group and if required, revise the SPPC content presented with this feedback in mind.

2.3.1 Quality/ Patient Care

The impacts are as outlined in section 2.3 above.

2.3.2 Workforce

Resource and staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

2.3.3 Financial

Not applicable for this awareness report on operational matters.

2.3.4 Risk Assessment/Management

Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.

2.3.5 Equality and Diversity, including health inequalities

- The statutory duties **do not apply** to this awareness report on operational matters.

2.3.6 Other impacts

- Not applicable.

2.3.7 Communication, involvement, engagement and consultation

- Consultation for this awareness report on operational matters, has been with the Board Executive Team.

2.3.8 Route to the Meeting

- Corporate Management Team, 30 July 2024.

2.4 Recommendation

- The Board is asked to **discuss** the report and receive it report for **awareness**.

3 List of appendices

- There are no appendices included with this report.

NHS Lothian

Meeting: NHS Lothian Board

Meeting date: 14th August

Title: Annual Delivery Plan

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: Colin Briggs, Director of Strategic Planning

1   Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

Annual Delivery Plan	☒	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☒	Effective	☒
Person-Centred	☒		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2   Report summary

2.1   Situation

NHSL submitted its Annual Delivery Plan for 2024-25 ("the ADP") on 22nd March 2024, and has received confirmation of suitability from the Scottish Government.

2.2   Background

All NHS Boards are required to submit an ADP to the Scottish Government each year. Guidance is circulated at the beginning of the calendar year with specific asks of each Board, covering both operational delivery and financial planning.

NHSL is in a strong position to do this as each ADP should be, in effect, an annual update to the Lothian Strategic Development Framework (LSDF), although there are some elements where there is not overlap.

NHS Boards are asked to seek agreement from the Scottish Government before ADPs are agreed at public Board meetings. The August Board meeting is the first opportunity to seek formal Board approval, although the submitted ADP was agreed by the March Strategy, Planning, and Performance, Committee (SPPC).

The submitted ADP is attached at Appendix 1. Correspondence from the Scottish Government agreeing the NHSL financial plan is at Appendix 2, and agreeing the content of the ADP is at Appendix 3.

Since the submission of the ADP, there have been multiple changes to the financial environment, in particular. While the position remains challenging, specific financial allocations have been made, for example;

- An NRAC share of £50m nationally for scheduled care performance, which NHSL has used to reinstate activity at the Golden Jubilee National Hospital;
- A share of £30m nationally to support diagnostic capacity;
- A share of £30m nationally to support specific clinical priorities, include CAR-T and technology to support people with type 1 diabetes mellitis, such as insulin pumps.

Similarly, financial processes in our Integration Joint Board (IJB) partners have progressed and there are, unsurprisingly, significant pressures on the local authority financial positions. This, in turn, has the potential to increase pressure on areas of NHSL operations, such as Unscheduled Care, Children's Services, and Mental Health, Illness, and Wellbeing. IJB Chief Officers have briefed CMT on these issues, and we anticipate taking an update on this to SPPC in September.

Board members will wish to know how well the organisation is tracking against the plans and trajectories outlined in the ADP, and this is accomplished in two ways.

Firstly, the performance report which comes to the Board and SPPC shows month-by-month updates. Secondly, the Corporate Objectives reporting cycle will provide quarter-by-quarter updates against each of the LSDF pillars.

For context, the position as at end June is shown in Appendix 3. Board members should note that this is management information only.

2.3 Assessment

It is encouraging to note that the Scottish Government has not required any changes to the original ADP. This is perhaps unsurprising given the state of flux in the financial circumstances of the public sector in Scotland.

2.3.1 Quality/ Patient Care

The ADP itself has no impact on quality of care, but summarises plans to improve the quality of care. As this is a subset of the LSDF, the improvement planning is included in LSDF Implementation Books.

2.3.2 Workforce

The ADP itself has no impact on workforce.

2.3.3 Financial

Board members are keenly aware of the financial position of the organisation and the system it operates within. The ADP lays out the impacts of this position in performance terms.

2.3.4 Risk Assessment/Management

There are no risk implications from the ADP.

2.3.5 Equality and Diversity, including health inequalities

Equality and impact assessments are carried out routinely as part of the ongoing work of the LSDF and of proposals around financial change and service change. This is not directly related to the ADP.

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

The Board's approach to the LSDF and commitment to the ECRIA process is throughout the plans outlined in the LSDF and therefore in the ADP.

2.3.8 Route to the Meeting

The draft ADP was agreed by the Strategy, Planning, and Performance Committee on 20th March 2024.

2.4 Recommendation

The Board is asked to **approve** the ADP.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – ADP final draft for Board
Appendix 2 – Approval of financial plan
Appendix 3 – Approval of ADP
Appendix 4 – Summary of Performance to end June

NHS Lothian Annual Delivery Plan 2024-25

This document is NHS Lothian's Annual Delivery Plan for the 2024-25 financial year.

This is the final draft version for presentation to NHS Lothian's Strategy, Planning, and Performance Committee on 20th March.

If approved there, this will then be submitted to the Scottish Government Health and Social Care Directorates (SGHSCD).

A final draft incorporating SGHSCD feedback will be presented to an NHS Lothian Public Board meeting for final approval. At the time of writing it is hoped that this can be the April 2024 Board meeting.

There is one formal appendix reflecting the planned care trajectories.

1

About NHS Lothian

According to the National Health Service (Scotland) Act 1978, as amended, the purpose of NHS Lothian is to plan, commission and deliver healthcare services for the people of Lothian in order to:

- promote the improvement of physical and mental health;

- prevent, diagnose and treat illness

Under the 1978 Act, NHS Lothian is required to deliver its statutory responsibilities within the limits of annual revenue and capital resources allocated to it by Scottish Ministers.

NHS Lothian works closely with the public, its statutory partners, and non-governmental organisations to commission, plan, and deliver services to meet the needs of the population it serves. In particular, the organisation works with four Integration Authorities, known commonly as Integration Joint Boards (IJBs), and collectively these five organisations – East Lothian IJB, Edinburgh IJB, Midlothian IJB, NHS Lothian, and West Lothian IJB – are known as the Lothian Health and Care System (LHCS).

Figure 1, below, shows how NHSL interacts with other bodies for the key elements of its work.
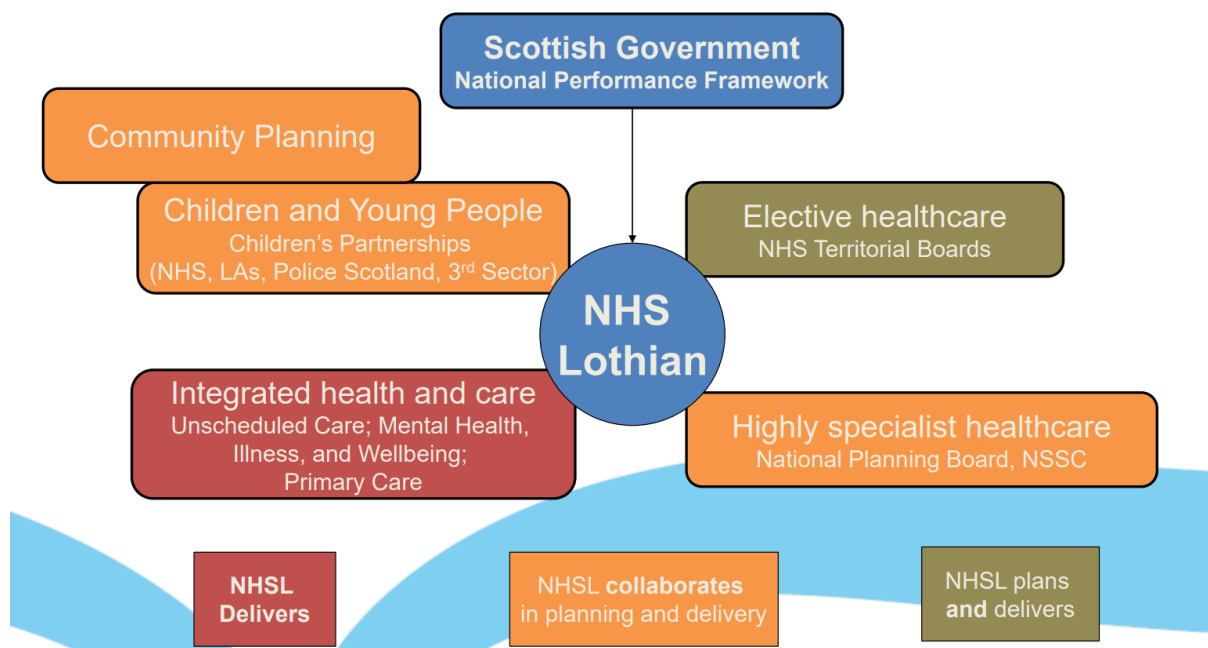
The Lothians have had a rapidly growing population over the last 15 years, with the expectation that this growth will continue over the next ten. During this twenty-five year period, the population of the Lothians will have grown by 23%. It is projected that over the period to 2033 further growth represents 84% of Scotland's expected population growth during this latter period.

During that time, the organisation has expressed its concern that its funding from the Scottish Government has not kept pace with the growth in population. By NHSL's calculations, the gap between money received and money which should have been provided, according to the government's agreed formula, is in the region of £150m over 2012-2022. NHSL understands the

difficulties in shifting resources across as diverse a country as Scotland -that increasing resources for growing areas can only happen by taking from those which are not.

NHS Lothian has approximately 27,000 staff and serves the Lothian population of c. 916,000 people across a diverse geographic area. We also provide specialist services for regional partners, such as specialist cancer treatment, cardiac interventions, or major trauma, for other NHS Boards such as NHS Fife, NHS Borders, NHS Dumfries and Galloway, and NHS Forth Valley. In some cases we also provide specialist services for the whole of Scotland, for example renal transplantation, paediatric epilepsy surgery, or spinal deformity surgery.

NHS Lothian is therefore a complex organisation working within a complex system to deliver on its purpose and the outcomes the Scottish Government wishes to commission.

3

Strategic context

The LHCS adopted the Lothian Stategic Development Framework in June 2022 to guide its activities over the period to 2027-28. The LSDF is built around a vision, a series of principles and assumptions, and six pillars and can be found at [Strategic Development Framework – Strategies (nhslothian.scot)](#).

The LSDF Vision

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us

Our principles and assumptions

Assumptions	Principles
We will honour legally committed investment to date. We will test fully approved investment (not yet legally committed) against the principles to the right before legally committing. We accept that there will be significant financial constraints We will start with large waiting lists and work through these according to clinical prioritisation Workforce availability will be a key consideration, and all models will need to reflect this. The pandemic has and will continue to change our models of care (how significantly is uncertain) There will be a requirement for redesign capacity to support change There will be an evolving context and narrative.	All cases and actions need to be clear on the question they seek to answer All cases and actions need to be able to demonstrate that they advance the organisational strategy All facilities will be flexible and multi-use We will work to reduce "on-site" attendances wherever we can We will separate emergency and elective activity where possible and maximise the use of "single-day" pathways We will align actions and facilities with our public and third-sector partners Non-clinical space will be minimised Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest.

NB – in 2024 we have augmented these principles and removed the reference to the COVID-19 pandemic.

4

- **Working to become an Anchor Institution** – *Being a good employer, a good neighbour, and a good consumer*
- **Children and Young People's Services -** *We see the provision of appropriate support, care, and treatment when required for children as the major investment we can make in the health of the Lothians.*
- **Mental Health, Illness, and Wellbeing** – *working to improve access to outpatient care, and changing our model of residential care so more people can live in their own homes*
- **Primary care services** – *being valued appropriately as one of the key elements in any community*
- **Unscheduled Care** – *working towards delivering the 4-hour Emergency Access Standard and an inpatient bed occupancy of 85%*
- **Scheduled Care** – *meeting prevailing national standards with a particular focus on care for those with cancer, or suspected cancer*

Across these six pillars we have five parameters which are both enablers and constraints for us, allowing us to maximise our resources and ensure that we have robust and reliable plans. These are

- **Revenue**
- **Workforce**
- **Capital**
- **Digital**
- **Environmental sustainability**

In keeping with our statutory requirements – and basic good practice – we place a high premium on our responsibilities in promoting equality and as an anti-racist organisation. We therefore run proposals through our standardised equality impact assessment process, and ensure that we publish an annual report on the LSDF and our progress against it.

Our arrangements for delivering the LSDF

We recognise that we work in a complex system with 5 key stakeholders. As noted in figure 1, above, we have a clear delineation of responsibilities for the key pillars of the LSDF. We therefore have a series of Programme Boards which govern each of our pillars and parameters, and which report into the NHSL Board through the Corporate Management Team and Strategy, Planning, and Performance Committee.

The Programme Boards for Unscheduled Care, Primary Care, and Mental Health, Illness, and Wellbeing (MHIWB) are collaborations between our four IJBs and NHSL, and are charged with planning and delivering the five-year plans for each parameter. The Unscheduled Care and MHIWB Programme Boards are chaired by IJB Chief Officers and have all four IJB Chief Officers as members.

The Programme Boards for Children and Young People, for Scheduled Care, and for Anchor Institutions, all sit within the boundaries of NHSL and are chaired by senior NHSL executives.

It is important, therefore, to remember that the actions and plans described in this document are collaborations in all senses with our partners. NHSL's Corporate Objectives flow from these pillars and parameters. The *LSDF Annual Report* for the 2022-2023 cycle is available at 9.-LSDF-Annual-Report-2022-23-FINAL-DRAFT.pdf (nhslothian.scot)

5

Financial context

NHS Lothian has a proud history of delivering financial balance in every year of its history.

This is ever more challenging year-on-year, especially given the context of demographic pressure and the 2024-25 financial settlement.

NHS Lothian is again expecting to deliver a balanced outturn in financial year 23/24, delivered without the requirement for additional financial support in the form of Brokerage from the Scottish Government (SG).

The table below sets out the prevailing position for this financial year and shows:-

- The underlying position in relation to NRAC parity across all fourteen territorial boards in 2023/24;
- The requirement for additional brokerage for some boards to achieve a balanced outturn by year end;
- The list of boards that expect to achieve financial balance in 23/24 without requiring additional borrowing in the form of brokerage, whilst also remaining behind NRAC parity:-

NHS Board	2024/25 Total Allocation £m	Distance from NRAC parity %	£m	Brokerage Likely Required to deliver breakeven 23/24	Achieved Balance 23/24 without Brokerage while 0.6% away from NRAC Parity	Achieved Balance 23/24 without Brokerage but better than 0.6% away from NRAC Parity (or above)
NHS Ayrshire & Arran	883.5	-0.6%	(5.30)	Yes		
NHS Borders	260.4	-0.6%	(1.56)	Yes		
NHS Dumfries & Galloway	364.7	1.1%	4.01	Yes		
NHS Fife	829.2	-0.6%	(4.98)	Yes		
NHS Forth Valley	658.9	-0.6%	(3.95)		Yes	
NHS Grampian	1176.4	-0.6%	(7.06)	Yes		
NHS Greater Glasgow & Clyde	2733.1	1.3%	35.53			Yes
NHS Highland	807.1	-0.6%	(4.84)	Yes		
NHS Lanarkshire	1489	-0.6%	(8.93)		Yes	
NHS Lothian	1825.5	-0.6%	(10.95)		Yes	
NHS Orkney	63.6	-0.6%	(0.38)	Yes		
NHS Shetland	62.4	1.9%	1.19			Yes
NHS Tayside	951.2	-0.3%	(2.85)	Yes		
NHS Western Isles	92.9	12.6%	11.71			Yes
Total	12197.9					

The table shows that Lothian is one of three territorial boards within Scotland that will achieve targets without brokerage, whilst remaining 0.6% behind NRAC parity.

In the latest budget communication on 19th December 2023 from the SG Director of Finance, boards received confirmation of key pieces of information incl. that there would be no further move towards NRAC parity funding, at this time, to reduce the 0.6% gap. NHS Lothian is continuing the dialogue with SG colleagues to review this at the earliest available opportunity. The ongoing impact of this shortfall for NHS Lothian is c£11m for 24/25, and cumulatively c£160m over the last decade.

As a result of the December budget announcement (where boards also received confirmation of a 0% budget uplift on revenue resources subject to final agreement of pay awards), NHS Lothian faces an unprecedented challenge moving into the new financial year to deliver a breakeven outturn for

6

2024/25. We have reported a gap in the financial plan for the new year of c£140m currently, before efficiency savings have been identified, contrasting with a starting plan financial gap of £52m in 23/24.

The overall gap that needs to be managed for 24/25 equates to approximately 7% of baseline budget. To address this we have split the challenge into two components:

1. Efficiency savings – an expectation remains that health boards will deliver 3% efficiency in 24/25. Delivering these reflects the maintenance of service delivery, but with reduced costs. With extant infrastructure to support, we will continue to work towards full delivery of this 3% target;

2. Cost Reduction – to close the remaining gap, a further 4% of cost reduction opportunities will be sought across a range of areas for 24/25. This will result in the delivery of lower costs but with the potential impact of **reduced service delivery** in order to reduce spend. Areas of focus include:-

    i. Corporate Controls – including review of new allocations received;
    ii. Pause and Assess – to review current activity, capacity and options for cost reduction;
    iii. Non-pay – including further grip and control initiatives;
    iv. Other bridging actions – to introduce measures in the short term to slow and stop expenditure, or to realise additional income e.g. Asset sales.

We explicitly assume that given NHSL's relatively strong financial baseline, the actions we will have to take will be replicated in all other Boards, and indeed be taken further.

Future Demographic Growth Projections
Whilst 2024/25 presents significant challenge around the delivery of financial balance, we also recognise that demographic change will compound our challenge further.

The chart below highlights the relative growth in population within Lothian compared to growth across Scotland. It highlights that relative to the whole of Scotland, by 2028 Lothian will experience c73% of Scotland's total population growth, and by 2033 this will increase to c84%:

7

Lothian share of national population growth
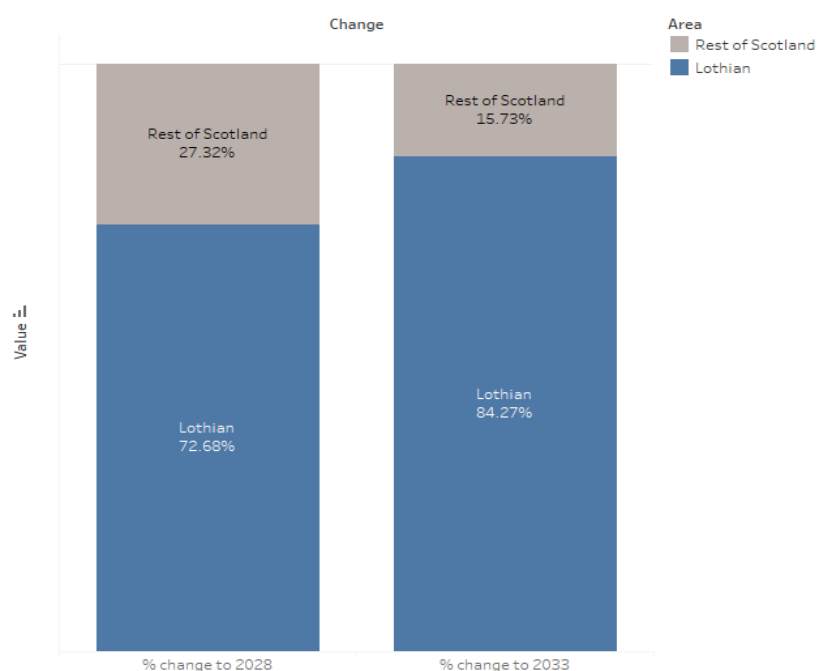
Sum of Value for each Change. Colour shows details about Area. The marks are labelled by Areaandsum of Value.

NHS Lothian has already seen a rapidly growing population over the last 15 years, with the additional growth over the next ten years likely to be as above – during this twenty-five year period, the population of the Lothians will have grown by **23%, while its NRAC share remains at 0.6% below NRAC parity.**

As well as contending with the NRAC parity shortfall over the past decade, this largest proportion of population growth will give rise to a disproportionate financial challenge.

This change needs to be considered in the context of ongoing NRAC parity discussions. At present, only two mainland territorial boards are ahead of NRAC parity. Over the next decade, this number will furthermore likely increase, as a result or by-product of relative population decline, leaving those boards remaining behind parity, resulting in NHS Lothian being **further disadvantaged.**

NHS Lothian has expressed its concern that its funding from the SG has not kept pace with the growth in population. By NHS Lothian's calculations, the gap between money received and money which should have been received, according to the government's agreed formula, is in the region of £160m over the last decade (as noted above). NHS Lothian understands the difficulties in shifting resources across Scotland – and that increasing resources for growing areas can only happen by taking from those which are not.

However, population growth in the Lothians has now reached a point where the board believes it is unable to fully carry one of its key statutory purposes, specifically regarding the diagnosis and treatment of illness - the organisation simply does not have enough physical capacity – space – to carry out all of the patient care it needs to deliver its **statutory responsibilities.**

This pressure will be worsened by the number of additional citizens requiring care, and the fact that the Lothians have, by Scottish standards, a relatively young population. As this population ages, the proportionate demand for care will increase.

8

Capital Investment in NHS Lothian

In addition to constraints applied to Revenue funding, the December letter also stated that capital funding beyond the formula allocation would not be available for a minimum of 2 years. A number of significant projects required to maintain and enhance capacity for NHS Lothian's future (REH, Primary Care schemes, PAEP, Lothian NTC, The Cancer Centre) will now be placed in abeyance **with immediate effect**. This also places a further strain on the formula funding available to support the existing estate, which will now need to be operable for a period longer than previously planned. Further detail on capital investment is provided later in this paper.

The SG funds capital projects over the value of £10m through direct allocations to boards, based on the case presented by each board. During the previous ten-year period NHS Lothian has received the following specific investment;

- £258m for the Royal Hospital for Children and Young People (a regional and national facility)
- £49m for phase 1 of the redeveloped Royal Edinburgh Hospital
- £70m for the redeveloped East Lothian Community Hospital
- £28m for new primary care facilities including the Wester Hailes Healthy Living Centre, Pennywell All Care Centre and Allermuir Health Centre
- £10m for Infrastructure work at the Western General Hospital
- £25m committed investment for the ongoing Oncology Enabling Project at the Western General Hospital
- **Totalling £440m, an average of £44m per year.**

While these are significant and very welcome investments, they are not on the same scale as investments seen by cities like Aberdeen and Glasgow, or boards like Shetland, Dumfries & Galloway, or Fife. And it is worth noting again that outwith the Lothians, and Fife, the population of Scotland is expected to shrink over the next ten years.

NHSL has undertaken intensive, system-wide planning, paying close and careful attention to the needs of its growing and aging population and to the condition of its infrastructure. The LSDF was supported by a clear capital plan for the next fifteen years, which mapped out the physical resources required, including;

- 33 new or replacement general practices
- A new, expanded, Edinburgh Cancer Centre to support the populations of the Borders, Dumfries and Galloway, Fife *and* the Lothians
- A National Treatment Centre at St John's Hospital, Livingston, to meet the First Minister's 2015 pledge to provide additional facilities to focus on scheduled diagnostics and treatment[1]
- Replacement facilities for people with learning disabilities, and mental illness, at the Royal Edinburgh Hospital, to replace the no-longer-suitable buildings there
- A replacement facility for the Princess Alexandra Eye Pavilion.

These investments combine *additional capacity* to treat patients, with *replacement* of old, outdated facilities where backlog maintenance, and fire safety works costs, are prohibitive.

---

[1] The First Minister's 2015 pledge was originally for a total of 6 facilities across the country, including one at St John's Hospital and one at the Royal Infirmary of Edinburgh.

9

These investments also support not just in the 'diagnose and treat' part of NHSL's purpose, but the 'prevent' element by:

- Putting nearly £3bn into the economy of the Lothians over a 5-10 year period, creating potentially thousands of new, skilled jobs;

- And supporting research and development industries working in partnership with higher education institutions to develop new treatments.

In a Scottish context, the Lothians, containing the capital city, are the **major growth area** for Scotland's economy. The economic health of the region therefore *drives* Scotland's wealth and tax base. There is a risk that the Lothians will *not* grow at the projected rate as people are put off moving to, or staying in the area due to a lack of access to healthcare. This will particularly impact on families.

It should be noted that the increase in the Lothians population over the last 15 years is the equivalent of 21 new general practices. The lack of capital availability means that the actual number opened is zero.

For clarity, our assumption is that, per previous correspondence and discussion with the Scottish Government, we will receive full funding for any and all RAAC issues which require amelioration. We have identified a significant requirement for this funding to support works in Ward 1 of the Western General Hospital, which provides the South-East of Scotland's Chemotherapy centre.

We will also have to progress our work with the PFI contract related to the Royal Infirmary of Edinburgh. Our work to date shows that we will have to choose a "least worst" option for this, and we will seek to engage fully with the Scottish Government and seek their support to resolve.

Decision-making for 2024-25

As noted above, the Board and the system remain committed to the LSDF as our collective direction of travel. However, it is important to recognise that the journey will take longer than originally anticipated.

It is also important to recognise that during the 2024-25 year our performance will deteriorate in a range of services. We have constructed a governance structure with direct and transparent linkages to our Board – and Boards – which allows us to be clear with the public and stakeholders what the financial challenge means for us.

We have augmented our general principles described above with some specific principles for financial decision-making.

- All business units will need to focus on delivering a recurring 3% efficiency in cash terms
- The Corporate Management Team will be responsible for this process, and will present recommendations to the Board of NHS Lothian
- Wherever possible, we'll start with proposals that allow us to take forward a plan
- We will pull together a single financial plan for the whole of the organisation
- We will not start or develop services to meet national policy aims unless funding is clearly and transparently allocated from the Scottish Government, and implementation plans agreed by CMT
- We will make decisions as early as we possibly can in the process, so services have time to implement these
- We will use a standard risk management methodology to assess proposals for resource allocation
- We will continue to focus on the delivery of the LSDF, but accept that where we originally aimed to deliver within five years, this may now be ten years or longer
- CMT will maintain a register of services and service developments that it agrees will improve the quality of care NHSL provides, in line with the LSDF, but that it cannot as yet allocate resources to support implementation of as yet.
- We will work with other health boards to ensure cost reduction programmes minimise differential services across regions (ie post code lottery)
- We have statutory responsibilities around impact assessment and reducing inequalities and these must be part of decision-making.

We are also acutely conscious of our moral, ethical, and legal responsibilities with any and all proposals that we assess, and that these need to be assessed with due regard to principles of equality and equity. The following exhibits demonstrate our approach to this.

11

Financial improvement will require NHS Lothian to consider unpalatable options and proposals. The full impact of and risks associated with these proposals need to be understood.

Cost	Environmental Sustainability	Equality	Patient Experience	Population Health Outcomes	Performance	Quality	Staff Experience	Unintended Consequences
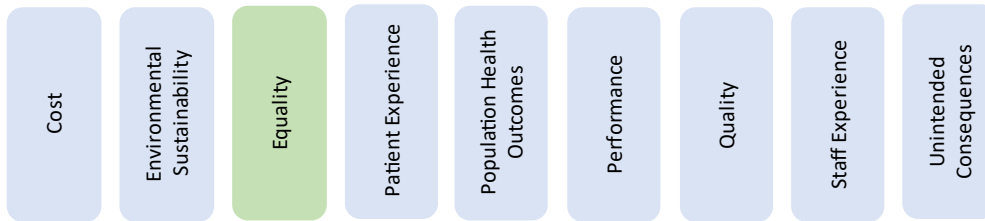
The public sector equality duty does not prevent you from making difficult decisions ….nor does it stop you from making decisions which may affect one group more than another. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community.

Making fair financial decisions. A guide for decision-makers in Scottish Public Authorities
Equality and Human Rights Commission
January 2015

Principles

Equality, Fairer Scotland and Children's Rights Impact Assessments help us make good decisions, by making sure we check and develop our proposals so they:
• Do not result in unlawful discrimination
• Help to tackle inequalities and achieve greater equality for people experiencing disadvantage or with different needs
• Uphold and progress children and young people's rights

With regard to financial recovery, there is likely to be increased scrutiny of our decisions.
All decisions will be difficult and are likely to have consequences.
We need to monitor the actual impact of financial sustainability.

The role of Equality and Children's Rights Impact Assessment is to ensure that NHS Lothian does not unlawfully discriminate do not result in any unlawful discrimination and to allow us to consider how any individual and cumulative potential disproportionate negative impacts can be mitigated.

We will monitor Impact Assessments to identify and act on cumulative disproportionate negative impacts.

The lawfulness of decisions can be challenged by individuals or external organisations including regulators. If we have not undertaken an impact assessment, we may be asked to review our decision and carry out an Impact Assessment.

Existing NHSL Impact Assessment guidance continues to apply to financial decisions

The Process

Process steps

| Within financial recovery workstreams services/stakeholders identify potential opportunities to support financial recovery | For each opportunity, the service/relevant team will determine through small-group discussion whether an impact assessment is required. | If an impact assessment is **not** required, this should be recorded, using the decision template, and submitted to: impactassessments_@ nhslothian.scot.nhs.uk | If an impact assessment is required, the service/group should plan for the impact assessment, collect evidence and assess the impact of the proposal in terms of Equality, Fairer Scotland and Children's Rights. | Decision-makers should consider the output of the Impact Assessment alongside other information when making a final recommendation or decision. The results of the Impact Assessment should be published |

Resources

| | Impact assessment guidance | Decision template | Impact assessment guidance. Report template for an impact assessment | |

TBC

| | Potential to provide examples of instances where an impact assessment may be/may not be required. Potential to provide awareness raising sessions | Confirmation of the audit process to spot-check decisions. E.g. review on a quarterly basis by a panel. Panel may return proposals if they believe an impact assessment is required | Potential to develop a high-level evidence pack to support impact assessments around financial decisions. Additional evidence, specific to the proposal, will also likely be required. | Confirmation of the process to monitor cumulative, disproportionate negative impact on specific groups. |

The NHS Board is very clear on its responsibilities and each proposal will work to follow this process. We have already piloted this approach with regard to the distribution of technology to support people with type 1 diabetes mellitus.

NHS Lothian is a good performer in this area, with the second-highest rate of distribution of technology by population for adults and the third-highest for children. A working group has reviewed the evidence on the benefits of this technology, noting that 99% of the lifetime cost of this technology is over and above the purchase of the initial pump. Given severe financial constraints, LHCS reluctantly agreed that it would need to reduce the funding made available, and recognised that the evidence for providing technology to children and young people, and pregnant women, was of greater benefit than providing to older adults. A full equality impact assessment confirmed this outcome.

13

<u>Other work to deliver financial sustainability</u>

It is important to be transparent that meeting the financial challenge will also involve significant other changes to service provision.

In terms of sustainability of services we are aware that infrastructure failure at the Western General Hospital means that we will need to relocate the regional infectious diseases unit to elsewhere in the estate. This means, in turn, that we will lose up to 31 acute beds from the system.

We are also aware that the human and financial resource pressures on IJBs mean that they may have to carefully consider the configuration of services, and that we expect to see decisions made by IJBs to reconfigure.

We fully expect to dispose of some properties, to place caps on activity, and to carefully review service duplication. We will particularly examine where we are out of kilter with other health board areas, in having two inpatient units where others have only one.

14

How this Annual Delivery Plan is constructed

This ADP is a response to a commission from SGHSCD to lay out in detail our plans for the 2024-25 financial year and to lay out in headline our plans for thereafter.

The financial – both revenue and capital – is such that NHSL cannot be as clear as it would wish on the levels of activity and performance it will be able to deliver. It remains committed to the approach laid out in the LSDF, but increasingly sees this as a ten-year process, rather than a five-year one. It is therefore crucial to recognise these points.

The guidance provided by SGHSCD to Health Boards presents a strategic context and suite of priority areas underpinning recovery plans across NHS Scotland. These are;

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities and improved population health
7	Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
10	Climate Emergency and Environment

This ADP presents the actions we are undertaking across LHCS for 2024-25 in detail within this document against these ten recovery drivers. As we are unchanged in our approach for the medium term, we have placed our high-level plans in our Implementation Books, which are provided as appendices.

The significant caveat to this approach is that our plans for Scheduled Care (including Cancer), Unscheduled Care, MHIWB, and Primary Care, are all subject to a detailed process reviewing the affordability of the activity we expect to undertake. We intend this work to be completed and more detail available for the final version of this ADP, to be presented to NHS Lothian's Board in April. There are therefore some elements that are not finalised in this current version of the document.

Primary and Community Care

The planning and commissioning of Primary and Community Care services sits, by statute, with Integration Authorities. Delivery sits with NHS Boards, and in Lothian, we have expressed this through our Implementation Book for Primary Care

Our priorities in Primary and Community Care are;

     a.   Accessible primary medical services, both in and out of hours
     b.   Further development of local community pharmacy services in line with the Pharmaceutical Care Services Plan
     c.   Accessible primary dental services, both in and out of hours
     d.   Increased provision of community ophthalmic services
     e.   HSCP/board-wide infrastructure to deliver managed primary care services (note this priority supports delivery of above priorities and so some overlap)

ADP Priority Areas as per SG guidance:

Delivery of core primary care services

This will continue into 24/25 as per our strategic priority areas above. There are a number of key risks for NHS Lothian going into 24/25:

· Continued challenges with sustained closed GP practice lists, particularly in South-East Edinburgh. These challenges are largely due to increases in population. While patients are assigned to a practice this may be further from home than we would like, which potentially impacts patient access to the practice, increases the time required of the GP in case of a home visit causing wider practice capacity issues, and could cause challenges with the integration with other health and social care services which are locality based.

· Scale of population growth – current total Lothian patient list size is 1,020,000. This has risen from 864,000 in the last 15 years, an increase of 156,000 or 18%. That equates to approximately 21 additional practices (based on the Scottish 2023 average list size of 7,200). However there have been no new additional practices in Lothian and existing practices have grown their lists to accommodate population increases.

· There is now very limited flex to accommodate new population growth and with NRS projecting that 84% of Scotland's population growth will be in the Lothians in the next 10 years, additional general practice capacity – both infrastructure (premises) and workforce is essential.

· We have developed a Strategic Programme Initial Agreement for general practice infrastructure which sets out our prioritised list for capital investment. Seven of these priority areas have been assessed as 'Essential – Needed Now'. While we recognise the limited capital funding available, we are very constrained in options to manage the significant population growth without further investment. Work is being developed to seek to mitigate this risk in terms of exhausting all options with existing estate, exploring alternative delivery models and other potential opportunities and collaborations with other partners. We are excited by the potential for collaboration on primary care and community care that exists in a potential strategic partnership with Queen Margaret University. However, all of these 'plan B' options will require some form of investment to try to mitigate the risk this poses to short-medium term delivery of GMS.

16

· Of the top seven priority areas, five will be completely new practices. There is no national guidance or funding available to support the establishment of a new practice. Additionally, there is no additionality to the PCIP funding provided to allocate to these new practices. One of the priority areas, Maybury, is nearing completion through a CEC development, however we currently have no mechanism to allocate the fair PCIP share without an uplift on the PCIP allocation for new practices or removing funding from other practices.

· Additionally, there is insufficient funding provided to the board under PMS allocations to deliver GP entitlements set out in the SFE e.g. superannuation, locum cover for maternity and sickness etc which is causing a growing cost pressure. The Enhanced Services allocation continues to not be uplifted, and this annual, real terms, reduction in relative funding of remuneration for Enhanced Services threatens the future uptake of these services, for example delivery of Long-Acting Reversible Contraception (LARC) to deliver on the aims of the Women's Health Plan.

Ongoing delivery of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services

Our four HSCPs will continue to deliver CTAC services. However, they are unlikely to be able to support more local access to a wider range of services over 24/25. The direction from the GMS 2018 contract resulted in some areas like CTAC services, as well as vaccination and pharmacotherapy services, being removed from the GP contract and given to NHS boards, or their local delivery arms, HSCPs, to deliver. Therefore, as each individual practice is no longer responsible for community treatment and care services, and staff employed by the health board now undertake these services, local hubs have been created to provide the services. Unfortunately, this does mean that patients who used to receive these services at their local GP practice may now need to travel further to access the services.

There continue to be challenges with the 2018 GMS contract implementation. The lack of specification and detailed directions relating to CTAC and Pharmacotherapy services, and absence of updated premises directions including lack of progress with a national sub-lease template, is causing confusion of practice responsibilities, inequity across practices and cost pressures on boards. We believe to fully realise the aims of the 2018 GMS contract, including supporting more local access to a wider range of services via CTACs, we would need a significant increase in the current allocated level of funding.

Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams

Our GP Out-of-Hours service is currently delivering a good quality service and we expect this to continue into 24/25 as we have strengthened our demand and capacity service planning, and the management of patient flow across the service including additional co-ordination arrangements over our busiest public holiday periods. Our service is delivered by multi-disciplinary teams, however is predominantly delivered by GPs and Nurses. We have strengthened our nursing workforce plan, and we continue to explore opportunities for other professions to join our service where their skillsets add value to urgent primary medical care.

Our GP Out-of-Hours service will only remain sustainable if the Transforming Urgent Care / Ritchie funding continues on a recurrent basis.

Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol

17

This is part of core GMS delivery. We will over 24/25 further review the opportunities to develop further 'care bundles' implemented through improvement activities for the highest risk groups.

- Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.

The first stage of the dental contract reforms with the implementation of the revised Determination 1 in November 2023 are welcomed and have slowed the deregistration of NHS patients. We welcome continued focus on the next stage of the reforms to support our access to NHS dentistry challenges.

We have a local action plan that will continue into 24/25 that covers support for contractors in establishing new practices, development of a general dental services plan working across primary care contracts, public health and Public Dental Service (PDS) teams to set out the areas of need across Lothian so we can better target our interventions across the GDS and PDS, and sets out our collaborative approach across GDS, PDS and Hospital Dental Service (HDS). This includes reviewing and refining referral criteria for both the PDS and HDS, and ensuring all GDPs are aware of any changes. With the financial challenges we will be ensuring that only core NHS care is provided by the PDS and HDS, and this may result in some changes to referral pathways, for example acceptance onto the orthognathic pathway which involves extended orthodontic treatment and jaw surgery. Referrals to this pathway have been paused since July 2022 due to the backlog of patients in treatment and the risks of iatrogenic disease with prolonged wearing of orthodontic appliances, as the covid pandemic significantly affected surgical capacity for these procedures.

- Increasing delivery of hospital-based eyecare into a primary care setting where appropriate.

The Community Glaucoma Service is welcomed and is a priority within the primary care pillar of our Lothian Strategic Development Framework. However without funding to support the infrastructure required for an Electronic Patient Record that can be viewed across primary and secondary care, or concession on this point, this service is unlikely to be delivered in the near future.

The expansion of flow centre work is covered in our Unscheduled Care section.

See also – Primary Care Implementation Book

18

Unscheduled and urgent care

Our urgent and unscheduled care programme is owned by the Unscheduled Care Programme Board. Of all our programmes, it is probably the most complex and most complicated, and is a key focus for the entire LHCS.

There is considerable risk to the planning process due to both the constraints on funding within the NHS and also the constrained position for local authorities. This means that we cannot be sure that the same level of social care support, both preventative and rehabilitative, will be provided going forward. This is a headline statement which we will work through during the course of the 24-25 year, but it does compound the system risk.

A full review of our actions in 23-24 and an outline of all of our plans for USC are in the attached Implementation Book – Unscheduled Care.

The Unscheduled Care Programme

Unscheduled Care is one of our six key pillars of the LSDF. Planning and commissioning of these services sits, by statute, with Integration Authorities. In order to ensure that LHCS has a coherent approach to the challenges, our Unscheduled Care Programme Board brings together the Chief Officers of our four IJB partners, the Chief Officer of Acute Services, representatives of the medical and nursing directors, the Director of Strategic Planning, and the Chief Executive of NHSL. It is supported by an operational group.

The priorities for the Unscheduled Care Programme are;

- Meeting prevailing standards of emergency access
- Working towards an 85% bed occupancy across the system

To facilitate this, the Programme is broken down into three key priorities;

- Reducing attendances
- Reducing length of stay
- Reducing admissions

In addition, a dedicated programme of work supporting flow through the Royal Infirmary of Edinburgh Emergency Department is also in place and reflected in the Implementation Book.

Specific asks of Lothian in the Annual Delivery Plan guidance

Improve urgent care pathways in the community and links across primary and secondary care

AND

Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support

These cut across both the "attendances" and "admissions" priorities.

Lothian has been successful in reducing the number of ED attendances from 288,440 in 2019 to 265,732 in 2023 a reduction of 7%. In addition, since the implementation of the signposting policy, we have succeeded in increasing the proportion of attendances redirected to 4% of the total.

19

We have been successful in our work with our Flow Centre, with just under 18% of primary care and Ambulance Service referrals redirected to an alternative to hospital. Over 30% of referrals from NHS24 and our minor injury units have been redirected to alternatives, too. We will continue to develop our work in this area during 2024/25 by transitioning from a Flow Centre to a Flow Navigation Centre, by;

- Developing and implementing the workforce model required to support transition
- Continuing to review urgent care clinical pathways to optimise flow and maximise alternatives to ED attendance
- To scope opportunities through use of virtual consultation, algorithms, technology to optimise referral flow and support triage / prof to prof advice.

All of these actions will clearly include specific focuses on the elderly and frail and on support for other vulnerable groups, such as those with chronic respiratory diseases.

In addition, we will implement the outcomes from our minor injury appraisal.

We will also take forward work between the flow navigation centre and the single points of contact in each health and social care partnership to map out how best these can complement each other going forward, providing easier access to the entire suite of services.

Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure

LHCS has had a significant increase in the provision of Hospital at Home (H@H) services over the last three years. A key part of this has been aligning core models across the four IJB areas, but there has also been an increase in the number of patients managed per month from 271 in September 2021 to 479 in January 2024. On average 130-140 patients are managed per day, with an average length of stay of 5.73. 30% of referrals to services are from Emergency Departments and acute wards.

The financial constraints facing the system mean that our Hospital at Home services will need to retract to a core service, and not provide additional services that have been develop on non-recurring monies in the last 12-18 months. This means that we will have to retract from 479 referrals per month to closer to 271 per month over the next 12 months.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.

The LHCS approach to what was previously known as Same-Day Emergency Care (SDEC) is now known as RACU. This has been a success in building relationships between primary and secondary care and in avoiding attendance at EDs. Over a 6-month period a total of 359 patients were diverted from the ED of the RIE, and seen at WGH on a planned basis instead.

We have developed a business case to further expand the WGH service and establish a sister unit at St John's Hospital, and our intention would be to take this forward. However, the financial position means that we are unable to guarantee that this will be taken forward.

Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management

20

Progress here for 2024-25 will be built on the same approach as outlined above, with a mix of discharging from EDs and medical units into H@H, where possible. However, we will also continue to accelerate on the Discharge without Delay (DwD) pilots undertaken across West Lothian and the Western General. The key impacts and actions in 23-24 were;

- In WLHSCP there has been a 30% reduction in ALOS on integrated discharge hub tracker comparing Dec 22 and Dec 23
- Across SJH there has been better coordinated discharges with an increase s in the number of discharges which has helped coordinate flow
- Within the WGH there has been a 50% reduction in bed occupancy by patients in delay from the first quarters of 2022 to 2023. Average LOS shortened by approximately 9 days (when comparing data from the end of Phase one with the previous year) and an increase discharge rate of 35%
- Local request for service (RFS) data at the WGH has shown a reduction in the 48-hour validation rule being applied
- The implementation of weekly, multi-disciplinary Long Length of Stay meetings across the 3 Acute Hospitals has shown a notable reduction in LoS
- There has strengthened collaborative working relationships between Health and Social Care teams across the system
- Detailed Phase 1 evaluation which has been widely shared at a local and national level

During 2024-25 we intend to;

Implement Phase 3 - Planned Date of Discharge – across identified wards within Acute and Community Hospitals:

Planned Date of Discharge – identify wards within Acute and Community Hospitals, develop improvement aim for high impact areas identified, align to ought to be LoS and utilising tools and resources developed in Phase 1:

- Develop spread plans to support implementation of Planned Date of Discharge – across Acute and Community Hospitals taking a QI approach with iterative implementation over 5 Phases.
- Support transition on Trak from Estimated Date of Discharge to Planned Date of Discharge
- Identify priority area/speciality for implementation PDD
- Identify improvement aim for Phase 3 using data to identify high impact areas
- Ensure PDD is aligned to ought to be LoS to support optimal flow
- Utilise tools developed through Phase 1 and 2 work
- Support the implementation of Criteria Lead Discharge
- Support implementation through ongoing ToC and PDSA cycles

In addition, we will continue to progress work on criteria-led discharge and recording of planned date of discharge on TRAK.

Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units

See above.

21

Royal Infirmary of Edinburgh Emergency Department challenges

In response to concerns regarding performance and quality in the ED of the RIE, as raised by HIS inspections and others, the organisation undertook an external review of the ED during 2023-24. This led to an intensive action plan and this continues with Executive Leadership Team and Board scrutiny of progress and performance. Example actions for the RIE include;

- **Continued implementation of the external review recommendations**
    - The RIE EAS board will continue to implement the external recommendations which focus upon enhancing and strengthening the form and function of ED and AMU at the RIE.
- **Specialty by Specialty Length of Stay Programme**
    - Target completion of first cycles of improvement : **June 24**
    - Each specialty will be tasked with reducing their length of stay to bring the RIE down to initially 90% occupancy.
    - PDD implementation will form the backbone of this workstream, although challenges to current practice, ensuring standardised practice to eliminate variation will also be required.
    - Teams will be supported through existing site leadership structure and QI support along with data analysis demonstrating where biggest gains can be made in high volume pathways, as well as specialty specific targets to bring in line with a) best national practice and b) site requirements
    -
- **Bed Reprofiling**
    - Target Completion: **July 24**
    - The site will seek to eradicate boarding by undertaking a bed reprofiling exercise to match demand with specialty capacity
    -
- **Continuous Flow // Flowthian 2.0 & Discharge Framework**
    - Target go live date: **Immediate post bed reprofiling**
    - Flowthian refined to ensure patients are moved from ED into AMU/ from AMU into downstream beds / (from ward arc into community-based settings utilising discharge framework) within set time markers

This will remain a key focus of our programme during 2024-25.

22

Mental Health, Illness, and Wellbeing

Governance and approach

The planning and commissioning of Mental Health, Illness, and Wellbeing (MHIWB) services is, in the main, delegated to Integration Authorities. The exceptions to this are medium-secure forensic services and services for children and young people.

Services for adults and older people, therefore, follow the same governance pattern as for unscheduled care and primary care, with LHCS having established a MHIWB Programme Board. This is chaired by an IJB Chief Officer, with the other three IJB Chief Officers, the Director of the Royal Edinburgh Hospital, the NHSL Director of Strategic Planning, and representatives of the Medical Director and Nurse Director all members. This group pushes forward the implementation of the MHIWB pillar of the LSDF.

For medium-secure forensic services and services for children and young people NHSL undertakes the planning and commissioning.

Actions

The MHIWB programme is focussed on;

- Delivering an agreed vision where people are only cared for in institutions where there is no alternative, with everyone entitled to a safe and homely environment
- Improving access to outpatient services in psychology
- Strengthening community services by shifting resources to follow patient flow
- Improving the mental health built environment

At the heart of this approach is a belief that people should only be institutions when they absolutely need to, combined with workforce planning data and intelligence which shows that we will not be able to continue with the model of care we currently have.

Clearly, the urgency to make this shift is even more crucial when our financial resources are so badly stretched, and when the resources available to IJBs are equally so.

Our main acute inpatient mental health and intellectual disabilities centre is the Royal Edinburgh Hospital. We are extremely disappointed to be told to stand down efforts to progress phases 2 and 3 of the project, which would have allowed us to move from outdated facilities into 21st-century units far better suited to modern care standards and expectations. We remain concerned about the safety of current facilities, and during 2023-24 needed to temporarily close part of our facilities at St John's Hospital to undertake urgent safety works. The constraints on funding for backlog maintenance and equipment have consequences for our programme of upkeep in older wards.

The major challenge for us on a day-to-day basis is ensuring appropriate flow through inpatient psychiatry units. We currently have additional beds open within the Royal Edinburgh Hospital which appear to be broadly the correct number in total, but these are under extreme pressure due to the demographic changes in the Lothians over the last 15 years. We see particular challenges with the number of code 100 delayed discharges and the number of delays in the Older People's Mental Health area.

We have established an intensive programme of works within the city of Edinburgh to push improvements in flow. This includes;

- Implementation of Discharge without Delay and PDD methodologies within the Royal Edinburgh Hospital
- Working through the implementation of Edinburgh IJB's Bed-Base Review. This requires clear bed capacity commissioning in Psychiatry of Old Age community beds and of specialist intensive care home capacity for dementia. This work is advancing but is at risk due to funding constraints in Edinburgh IJB
- Focusing in on code 100 delays and delays in rehabilitation, in order to anticipate difficulties and utilise dedicated social worker capacity

We anticipate a Direction from West Lothian IJB instructing NHSL to close beds in St John's Hospital which are no longer needed for West Lothian patients due to extensive redesign of that capacity.

In terms of outpatient services, we anticipate a significant slowdown in the rate of improvement in psychological therapies performance, due to reductions in non-recurring funding from SGHSCD. We will continue to apply rigorous focus on throughput and return ratios in particular, and will submit trajectories for performance improvement in the final version of this ADP, following the undertaking of a similar process to that in scheduled/planned care.

With regard to Forensic Mental Health services, we continue to participate positively in the work associated with the Barron Review, although we would wish greater clarity from SGHSCD on the specific next steps they would expect us to undertake. We have been clear that we cannot provide female high-secure capacity. We continue to be the lead health board for the development of the PREVENT and SOLS responses across the country. On SOLS, we remain of the opinion that there are excellent services in parts of the country, and will look to help build a supportive network in partnership with other Boards and stakeholders such as Police Scotland. On PREVENT, we have made recommendations to the Scottish Government on next steps and look forward to developing this work further in the coming year. We would also note that the lack of capital means we have very little capacity available for low-secure accommodation and that this raises a financial risk that NHSL – and all territorial Boards - will be fined.

Children's Services

Children's Services are commissioned and planned by NHS Lothian.

As with psychological therapies, we anticipate a slowing in the rate of performance improvement due to the reduction in non-recurring funding from the Scottish Government. We continue to utilise basic improvement methodologies as described for psychological therapies, and will submit a trajectory following the undertaken of a similar process to that as for scheduled/planned care.

We will continue to participate in the national commission for regional delivery of CAMHS unscheduled care services, noting that the commission for this could perhaps be clearer. We work closely with NHS Borders and NHS Fife in re specialist inpatient CAMHS services and so this is a natural set of developments for us.

We continue to work to develop a national service for children with both intellectual disabilities and mental health difficulties. Our original plan for a physical unit was included in our case for redevelopment of the Royal Edinburgh Hospital, and given the lack of capital available, we will be unable to progress a temporary inpatient unit. We remain enthusiastic to continue with the national consultation service for patients with these difficulties, a valuable resource for teams across the country, but need confirmation from SGHSCD that this will be funded from 1st July onwards.

24

Planned Care and Cancer

This section should be read in conjunction with our Planned Care Submission, appended

Scheduled (or planned) care is the area of healthcare which planning and commissioning has the greatest level of control over. It also tends to be the most expensive, given the level of equipment and staffing that is required to ensure that procedures can be undertaken.

In NHS Lothian, all planning and commissioning for planned care and cancer is undertaken by NHS Lothian through the Scheduled Care Recovery Board, chaired by the Chief Officer for Acute Services.

Our overall position for the 2024-25 financial year is that we will see a reduction in activity and a deterioration in an already challenged performance position. NHS Lothian will not fund flexible capacity through approaches such as waiting list initiatives or other non-core methods. NHS Lothian will also reduce its use of outside providers for procedures. This will include the Golden Jubilee National Hospital for orthopaedic procedures, due to costs. We will continue to use capacity in NHS Fife, the funding for which is already top-sliced from our financial allocation.

Our process for reaching this decision has been to firstly develop a set of guiding principles, including clinical prioritisation of available capacity, through 'Pause & Assess' capacity workstream and are included in figure 1. These were tested and supported by the Finance Improvement Group (FIG) 26 February 2024 and the CMT on 12 March 2024.

NHS Lothian is unable to commit additional investment until The Board forecasts a breakeven position at the end of March 2025. In recognition of the scale of the financial challenge, the pace required to support delivery of a balanced position for 24/25, and the known limitations to reduce expenditure and release funding, it was apparent previous investment plans for 24/25 were unaffordable and all uncommitted funding would need to pause in Q1 & 2 at least.

Uncommitted money in scheduled care equates to £8.6m. Whilst uncommitted, this is budget set aside for previously approved proposals, such as internal investments to improve service sustainability (where employment offers have not yet been made), Waiting List Initiatives (WLIs) and external capacity including Golden Jubilee University National Hospital (GJUNH). Table 1 below sets out the budget release available in scheduled care by pausing uncommitted investment for the full year.

Table 1: Proposed cash release in Scheduled Care

	£k 24/25 Expenditure Funding
Planned Care baseline allocation	10,500
Recurring GJUNH Core Budget	3,605
Budget sub total	14,105
Committed Funding from budget	5,504

Uncommitted funding released to NHSL financial Plan	8,601

There is full recognition pausing discretionary spend will result in pausing activity that The Board would otherwise prioritise, were there alternative levers to release cash & reduce costs.

Pausing previously supported proposals in Q1&2 is viewed as a necessary action to bridge the financial gap. The impact will be assessed and delivery against activity trajectories will be monitored with early escalation of non-compliance. In parallel, alternative options and opportunities to take forward previously approved proposals will be fully investigated e.g. improving productivity within current resources, realignment of current resources, eliminating waste, or delivery of cash release from other 4% workstreams, such as 'Stop & Assess' Treatment, Choices etc.

Over the last 5 weeks there has been rapid development of a robust tool which models trajectories for various investment scenarios. Support has been required from Lothian Analytical Services using Alteryx and Tableau software to deliver an ability to visualise impacts of changes in demand and capacity in response to any changes in investment.

As per previous years specialties submitted capacity plans for 24/25. Component parts of capacity were clearly identified allowing various investment scenarios to be modelled. On testing core capacity (assuming pausing of the uncommitted investment proposed above), the model forecasts the impact on performance.

This impact equates to a 59.4% increase in the size of the outpatient waiting list and a 13.4% increase in the size of the IPDC waiting list. It does, however, suggest a continued improvement in our Cancer Waiting Times performance.

Further interrogation of the nuances between waiting lists, particularly in complex specialities and sub-specialties, will be required. Development of the model will continue so it can be used as a tool to monitor delivery against agreed trajectories within NHS Lothian's ADP submission.

Phase 2

Phase 2 will include:

- Wider communication to acute teams – acute roadshows.

- Monitoring, through the Scheduled Care Delivery Board and Access Delivery Group, delivery of agreed trajectories within NHS Lothian ADP 24/25, in line with financial plan.

- Expanding service health checks and oversight of KPI/ CfSD delivery across scheduled care – maximising the use of our current resources / doing more with less.

- Assessing the impact of pausing investment on patient experience, outcomes, and equality with a focus on reducing inequalities.

- Ensuring mechanism for early escalation of noncompliance with agreed trajectories, KPIs, clinical prioritisation, or impact on equality.

- Realigning resources - if financial balance is to be achieved before NHS Lothian will commit additional investment, how we realign current resource to meet our clinical priorities or address

26

early escalation of the above will be critical. However, the effectiveness of this may be limited due to known constraints to moving resource between specialties and sub-specialties.

Risk mitigation

There is a risk more patients will come to harm due to a reduction in capacity leading to poorer clinical outcomes. To mitigate we will continue clinical review of waiting lists and referrals and prioritisation of USOC, urgent and clinically urgent returns.

As experienced during Covid there is a risk the proportion of urgent referrals or additions to waiting lists increase and this exceeds available capacity leading to increased risk of patient harm through delayed diagnosis & treatment. Clear message to clinical colleagues across the system regarding clinical prioritisation and referral / acceptance thresholds. Work with Stop & Assess Treatment.

There is a risk that core funded capacity will not deliver against agreed trajectories, because we are no longer able to backfill unavoidable workforce gaps, leading to pathway inefficiencies, a reduction in activity & productivity and worsening of performance.

There is a risk that core capacity is insufficient to meet demands for USOC, urgent and clinically urgent returns in some specialties/ subspecialties (including diagnostics) because of increased demand or reduced capacity, leading to delays in cancer diagnosis and/or cancer pathways. Close monitoring of urgent and USOC performance and early escalation to CMT where urgent realignment of resource is required recognising that due to insufficient funds it will be increasingly challenging to address deteriorating performance.

There is a risk that patients not referred to USOC or Urgent pathways but have cancer or require urgent care will wait even longer to be seen because there is less capacity for routine activity, leading to increased risk of patient harm through delayed diagnosis & treatment. Clear message to clinical colleagues across the system regarding clinical prioritisation and referral / acceptance thresholds. Clinical review of waiting lists and keeping in touch where deliverable and review of ACRT practice.

There is a risk patient complexity and the number of people with co-morbidities increases as more people in Lothian wait longer for the care they need, leading to additional pressure on our constrained resources, and poorer clinical outcomes and quality of life for individuals in Lothian. 5 Monitor and realign resources where possible however no additional funding available and restrictions in ability to reassign work and reduce workforce presents challenge.

There is a risk of increased demand for non-surgical pathways due to longer waits, leading to pressures elsewhere in scheduled care.

There is a risk of increased patient complaints and risk to staff safety and wellbeing relaying these communications to patients directly.

There is a risk other boards do not follow a similar financial approach (Reputational risk and access for patients in Lothian disadvantaged as capacity allocated to other Health Boards.)

There is a risk pausing investment, for an unconfirmed duration, will lead to less availability / more competition, leading to increased costs or no availability if the Board decides to reinvest later. (workforce & external capacity)

27

There is a risk that patients with protected characteristics will be disproportionately impacted by growing waiting lists and longer waiting times leading to a less equitable health system and increased detriment to the most vulnerable groups of the population.

Other actions

We will continue to work to isolate rehabilitation capacity and protect, in particular, access to elective orthopaedic inpatient capacity at the Royal Infirmary of Edinburgh, as part of a "hospital within a hospital" approach.

We are fully engaged with the Centre for Sustainable Delivery and will continue to utilise recommendations on reducing variation and heatmaps from CfSD to support maximising utilisation.

Cancer Care

All activity on the delivery of cancer care is through the Scheduled Care Recovery Board, and NHS Lothian is proud that it is both a tertiary treatment centre and has delivered good performance against the 31 and 62-day targets. We acknowledge that performance in colorectal and urology remains problematic, as is the case across Scotland.

We will continue to prioritise our work on cancer assessment, diagnosis, and treatment, and align capacity accordingly, and this applies to imaging and endoscopy in particular.

We have fully embraced the national framework for effective cancer management, with intensive work with national colleagues to deliver on this, and we will continue to do so.

We remain proud of our partnership with Maggie's Centres and continue to work to provide streamlined access to support and help for patients and families with cancer.

Clearly, our strategic intent with cancer services was to redesign services will delivering increased capacity over the next ten years through the development and delivery of the South-East Cancer Centre. Scottish Government funding decisions on capital mean that we will rethink this approach, while remaining absolutely committed to advancing the case for capital investment. The precarious position of our current buildings at the Western General has been highlighted by the discovery of RAAC in Ward 1, our chemotherapy outpatients suite.

We continue to provide support to other cancer centres in dealing with sustainability challenges and look forward to the progression of the national Oncology Transformation work.

28

Health Inequalities and Population Health

Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

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**.[i] 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.

We have a strong commitment in our Equality and Human Rights Plan for 2023-2028 on addressing racism which will have an impact on racialised inequalities. Patients and staff will benefit from an approach that tackles barriers within our system that may contribute to disadvantage. So Lothian will structure its work across the following six priorities to advance equality and promote human rights throughout the organisation.

  i.   Equality and human rights are a central part of our planning, decision-making, delivery, and reporting.
  ii. We are an anti-racist organisation, and our work helps to eliminate racism, remove racialised inequalities and reduce racial prejudice.
  iii. We anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes.
  iv. We are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.
  v.   We support people who use our mental health services and people with dementia to know about and claim their rights, and to make decisions about their care and treatment.
  vi. We reap the benefits of equality and human rights education and training.

29

Supporting improved population health, with particular reference to smoking cessation and weight management

It is important to strike the right balance between individual and population approaches when planning actions to address healthy weight, in particular 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 such as the content of or marketing of mass produced food. 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. We have created a programme of work which takes a whole system approach to addressing these wider issues and in addition we will review our adult weight management services in order to increase capacity and effectiveness in this area.

The harms caused by smoking remain one of the largest preventable causes of ill-health and early death. As tobacco use remains heavily socially patterned, during 2024-25 we will continue to focus our Quit Your Way effort on achieving our target of 1,181 quits from the most deprived communities in Lothian. This Quit Your Way activity will include enhanced support for our community pharmacy cessation work. We also aim to implement our refreshed nicotine dependency pathway in hospitals and roll out a revised approach to smoking cessation support for pregnant women and their families.

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.

A range of public health programme 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 population groups who may be more likely to present in an unscheduled way, as well as those who are supported by specialist services. We know that adjusting service provision proportionately for populations such as 'inclusion health groups'[2], is an evidence-based way to improve outcomes. This could involve improving the way that we assess, support and treat the holistic health and wellbeing needs of these individuals, including supporting access to income maximisation, immunisation, screening and other disease detection such as BBV testing, as well as emphasising the benefits of smoking cessation and other harm reduction activities, even if these are not directly linked to a person's presenting complaint.

---

[2]Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately. (Inclusion Health: applying All Our Health - GOV.UK (www.gov.uk))

- Public Health will 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.
- 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 across the community planning partnership, to help to tackle the root causes of overweight and obesity[ii].
- The Maternal and Infant Nutrition service should continue to support breastfeeding initiation and continuation, and 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.
- 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.
- 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.

How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan"

Our Anchors Strategic Plan is focused on three themes: workforce, spending and land and assets. Financial challenges mean that opportunities need to be scoped carefully but the importance of our commitment to being a good neighbour, good consumer and good employer remains central to the Board's ambitions. The Anchor Institution reporting metrics provide helpful baselines especially for our work around recruitment and local expenditure.

Workforce

- We are building on NHS Lothian's existing commitment to innovative and supported employment opportunities such as Modern Apprenticeships and supported placements. Our new Employability Strategy provides the platform for investigating new approaches to recruitment. We are developing a pilot programme looking at opportunities for how NHS work experience can be provided in conjunction with Local Employability Partnerships. We are keen to ensure that opportunities are targeted at population groups identified through child poverty work and other anti-poverty activity that our Partnership and Place teams engage with in CPP settings.

Spending

- We retain a commitment to developing our local supplier chain and looking at opportunities to increase opportunities for local companies to bid for contracts. We will continue to support (and expand if the opportunity is right) our hospital income maximisation service provided in conjunction with the NHS Lothian Charity.

31

<u>Land and Assets</u>

- We are working with other public sector partners to investigate whether there are partnership opportunities linked to an anchors approach to disposal of land and assets and longer-term development plans. We also hope to develop clear guidance for how our sites and facilities can be used for community use or benefit.

Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans.

NHS Lothian has public health (Partnership and Place) teams dedicated to each of the local authority areas in Lothian. These teams are each led by a Public Health Consultant. They have a remit to engage with partners to improve population health with a place-based approach. The priorities for the teams are

- Addressing inequalities by reducing poverty, including through community wealth building actions to mitigate the impacts of poverty
- Develop and strengthen place-based work supporting the development of healthy and safe communities
- Lead public health strategic input around place-based work to improve the health of children

The teams lead NHS Lothian's local work on child poverty action plans and contribute to a range of community planning activity. Each CPP Board is attended by either the Director of Public Health or the Deputy Director of Public Health. And senior public health staff are involved in CPP delivery and co-ordination groups and also lead work streams for LOIP priorities.

Women and children's health

Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

In implementing the Anchor Institution approach particular focus is 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 working with our local authority and community and voluntary sector partners. This is part of an ongoing commitment to support Local Child Poverty Action Reports and includes measures to:

- 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.

32

- Continuing to influence in the partnership space to ensure prevention of poverty is a priority across community planning activity.

Women's health and children and young people

Women's Health

Our approach to Women's Health recognises that our Primary Care, MHIWB, Scheduled Care, and Unscheduled Care all pertain equally to Women. Our executive lead for the Women's Health Plan is Dona Milne, our Director of Public Health, with the strategic lead Rebecca Miller, Head of Strategy Development.

Our aim through our Women's Health Plan is to;

Ensure that women and girls in Lothian enjoy the best possible health throughout their lives, and that health outcomes are equitable across the population

An initial assessment of our position against the priorities, aims and actions of the SG Women's Health Plan highlighted many examples of excellent work across the Lothian Health & Care system to support women and girls to live well. We have sought to acknowledge these achievements in this plan. We have also identified areas for future focus, including some actions that reach beyond the first iteration of the SG Women's Health Plan and reflect the ideas and ambitions of our staff, partners and other stakeholders.

Priority 1: Ensuring access to healthcare for all women and girls

Alternatives to face-to-face appointments

A key area of focus within the SG Women's Health Plan is the provision of alternatives to face to face appointments, with a view to providing flexibility around work commitments and caring responsibilities. This theme was echoed by some respondents to the draft Lothian Strategic Development Framework and a wide range of engagement activity carried out by others, although the risks of "digital exclusion" have also been noted, and the need to offer a choice of access mechanisms when required.

We also know that many people, including young women, value alternative ways to make appointments or access healthcare. Online appointment booking is available for Sexual Health services in Lothian, for example, and asynchronous appointments are currently being piloted within some acute services.

Abortion Care

Demand for abortion services in Scotland rose by almost 19% between 2021 and 2022, with termination rates for those living in the most deprived areas now more than double those living in the least deprived areas. In Lothian, the abortion rate per 1,000 women aged 15-44, based on 2021 mid-year population estimates, varied by SIMD quintile as follows:

Quintile	SIMD 1 (Most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least deprived)
Rate per 1,000 women	23.3	18.5	14.8	14.2	11.0

*Source: PHS Termination of Pregnancy Statistics, Year ending December 2022

34

In Lothian, for gestations less than twelve weeks, women are offered early medical abortion at home (EMAH) and can choose where and when to take abortion medications with remote nursing support, although women may have to travel significant distances to collect abortion medications. For gestations at 12-20 weeks, abortion is performed in secondary care hospitals. For gestations beyond 20 weeks, abortion care is currently provided in England.

We will continue to seek to ensure that women can access safe and timely abortion care in Lothian by monitoring demand and capacity, and continuing to review models of care. This will include consideration of alternative venues for collection of abortion medications, and ensuring consistent access to abortion care in terms of waiting times across Lothian.

Contraception Services

Long-Acting Reversible Contraception (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. Increasing capacity to provide LARC could impact other services or reduce capacity to provide training to other practitioners. 70% of appointments are available to be booked online. Appointments are often booked quickly on release and there is some evidence that women are finding it difficult to make an appointment, although it is difficult to measure unmet demand. Waiting times for complex LARC can be 3-4 months.

We will review provision and our service delivery model for provision of Long Acting Reversible Contraception, which a view to improving access.

Sexual Health Services

In Lothian, sexual health services are provided both centrally at the Chalmers Centre and in eight locality clinics across Lothian, in an effort to increase accessibility. There is some evidence that people in Lothian travel to clinics in different localities, to access appointments.

Outreach services are provided to saunas, substance misuse services and hostels via WISHES (Woman Inclusive Sexual Health Extended Service), to support vulnerable women to access sexual healthcare. Other outreach models have been piloted, including an "outreach bus" to provide services in areas of deprivation in Lothian (although this is not currently operating due to lack of funding), and provision of sexual health care within the Royal Edinburgh Hospital. Community midwifery services have started to provide contraception to women in the community, with a focus on vulnerable women including those with multiple complex needs including substance use.

Community Pharmacy

The Scottish Government Women's Health Plan includes an action to: "Provide and promote a 'Women's Health' Community Pharmacy service". While it is anticipated that this action will be delivered at a national level, we have considered how this might be supported within Lothian.

There are 183 community pharmacies in Lothian, providing services within the local community without the need for an appointment. Community pharmacies work to a national service contract, which includes provision of sexual health services including emergency and bridging contraception, with some pharmacies providing additional services including a c-card condom service, where young

people can present the card at a pharmacy and receive free condoms. Several pharmacies also offer a service to supply treatment or patients who have tested positive for chlamydia, and one pharmacy in Lothian provides a designated safe space for women experiencing domestic violence.

Menopause Services

The Women's Health Plan is clear that those who need it should have access to specialist menopause services for advice and support. Across the UK, awareness of the impact of the menopause has increased, alongside increasing expectations of menopause care, including around the safety and efficacy of Hormone Replacement Therapy (HRT). We have seen increasing demand to both primary care and specialist menopause services in Lothian, challenging available capacity.

We will seek to review NHS Lothian's current offer for women who are experiencing menopause, including those experiencing POI, building upon positive work to date including the provision of information and advice for primary care colleagues and the development of nurse or AHP-led primary care menopause clinics. We will determine a future model of care that ensures women are effectively signposted to accessible and reliable patient information, and is cognisant of increasing demand and capacity challenges across the system.

Acute Gynaecology Services, including Endometriosis

Acute women's health services, including maternity, neonatology, fertility and gynaecology services, are provided from all of our main adult acute sites as well as in community settings with key bases at the Royal Infirmary of Edinburgh and St John's Hospital at Howden. Acute women's health services manage almost 237,000 patient contacts per year.

The Covid-19 pandemic exacerbated existing capacity and workforce challenges within acute gynaecology services, echoing the situation across the NHS. Many women experience long waits when seeking support for chronic gynaecological conditions. For example, the waiting time for surgical diagnosis of endometriosis via diagnostic laparoscopy is currently two years, and long waits for diagnosis can also affect treatment waiting times. Reducing waiting times would require additional capacity, including both staff and infrastructure, and waiting times across all acute services need to be considered as a whole. Waiting times recovery in Lothian is governed by the Scheduled Care Programme Board. As part of the annual review of the Scheduled Care Programme in 2023/24, we will review the status of waits for acute gynaecology services.

Women's Health Physiotherapy

Physiotherapists work to improve pelvic health of women focusing on how to help them achieve optimal relaxation, function and strength of pelvic floor muscles. Physiotherapists also have a preventive as well as treatment role during pregnancy.

The Royal College of Midwives and the Chartered Society of Physiotherapy released a joint statement on Pelvic Floor Muscle Exercises in 2020, with a view to improving health outcomes for women following pregnancy and birth[3]. We will consider whether and how these recommendations could be adopted within Lothian.

Access to community women's health physiotherapy can be inconsistent across Lothian and work is ongoing to review capacity and demand and redesign outpatient services across East Lothian, Edinburgh, Midlothian and West Lothian with a view to improving access.

---

[3] RCM/CSP Position Statement

Priority 2: Promote good women's health and prevent ill health for women and girls

Women and Girls are able to easily access good quality health information.

Women and girls need to be able to access high quality healthcare information. We recognise that lots of excellent information is already available across the health and care system and from our partners in the third sector. The Women's Health platform on NHS Inform provides a central platform for information on women's health and gives us the opportunity to work with others to provide information on a Once for Scotland basis. Other helpful sources of information in Lothian include:

- Lothian Sexual Health website, which maintains comprehensive information about sexual health, available services and invites online appointment booking: https://www.lothiansexualhealth.scot/
- the Diabetes Managed Clinical Network, which maintains a webpage with information for patients and carers including signposting to other resources from Diabetes UK and Edinburgh Diabetes: https://services.nhslothian.scot/diabetesservice/information-for-patients-and-carers/
- Exppect Edinburgh, which provides information for patients on endometriosis and pelvic pain, treatments, support groups and pain management: https://www.ed.ac.uk/centre-reproductive-health/exppect-endometriosis/information-for-patients
- The Adult Weight Management & Type 2 Diabetes Prevention Service provides information on a range of programmes to support weight management: https://services.nhslothian.scot/awmt2d/
- Healthy Respect provides information on sexual health and wellbeing for young people and the workforce who support them, including information on accessing sexual health services: https://www.healthyrespect.co.uk/

For people who use our services, the challenge may be in navigating to information from trusted sources, including information about how to access local healthcare services:

'Young women often felt frustrated that there was a lack of information upfront about how to access their local healthcare services. They talked about how different services have their own websites which can often be inaccessible and difficult to navigate' [4]

Reviewing how we provide and signpost to accessible information is likely to be a complex task involving multiple stakeholders but would also be of significant value to everyone living in Lothian.

---

[4] SYWS

<u>Services are welcoming and women and girls feel safe when accessing health services.</u>

Promoting good health and preventing ill health requires women and girls to feel safe when accessing healthcare information and advice, and welcome within all our services. The *Status of Young Women in Scotland* report found that ''young women and people of marginalised genders need to feel safe to access timely care. Especially in relation to abortion and reproductive services and gender-affirming healthcare' [5] There is also evidence that women and girls who have experienced gender-based violence may avoid some services.

It is anticipated that this work will learn from and build upon approaches that are already in place across the system, such as Spring in Midlothian.

> Spring is a service for women in Midlothian who are involved with the Justice system or *at risk* of coming into contact with the Justice system. Spring welcomes women aged 18 years and over, with or without disability, of different ethnicity, religions and faiths, as well as women who identify as LGBTQIA. Often women Spring supports have experienced trauma, may be struggling with their mental health and/or substance use and may be in, or have been in, relationships where they are not safe.
> The Spring service offers a twelve-week group work programme aimed at supporting women to better understand their life experiences, how these may have impacted upon them, and to support them to develop effective coping skills and strategies. The group also supports women to build confidence and self-esteem; to manage difficult emotions and stressful situations; and to improve their overall health and wellbeing. Women attending are supported by and have access to a range of different professionals including Social Workers, a registered Nurse and Occupational Therapist, alongside workers with backgrounds in mental health and gender-based violence.
> The Spring service operates weekly in a central location, with support and refreshments provided in a women-only space.

<u>Pre-pregnancy care</u>

The Women's Health Plan seeks for all women to have easy access to info and advice they need to best prepare themselves for pregnancy, as 'planning for pregnancy and optimisation of health and lifestyle before pregnancy improves outcomes for both mother and baby' [6]. It is understood that a once-for-Scotland approach to pre-pregnancy care is intended, and that initial scoping work has identified priority areas for provision of information on NHS Inform.

Determining our approach to pre-pregnancy care is a key action within the Maternity, Children and Young People pillar of the LSDF. A pre-pregnancy care evaluation framework has been developed, and a gap analysis is underway to identify areas for action. We anticipate that our plans in this area will develop over the coming months.

<u>Heart Health</u>

'Heart disease remains the leading cause of death for women is Scotland, and is responsible for significant morbidity and reduced quality of life'.[7]

The challenges women face in maintaining heart health are made clear in the Women's Health Plan, with women presenting differently, symptoms under-investigated, less likely to access treatments

---

[5] SYWS

[6] WHP

[7] WHP

and likely to experience poorer outcomes. We will seek to ensure that referral guidance for primary care clinicians reflect sex-related differences in diagnosis, investigation or treatment.

There are also specific acute cardiac conditions that affect women more than men, including spontaneous cardiac artery dissection (SCAD) or angina without artery narrowing or stress cardiomyopathy. We welcome the recent establishment of a pilot national clinical service for patients with SCAD, based in Forth Valley.

Prior to the pandemic, very few women from black and ethnic minority groups would attend cardiac rehabilitation sessions in Lothian. The service has found that providing flexible options including NearMe and telephone consultations has supported increased attendance from these groups, as well as amongst women who have a caring role and are less willing to put their health needs first. We will continue to monitor the profile of those who attend cardiac rehabilitation sessions, to ensure that the service is appropriately reaching all women in Lothian.

<u>Adopting a Life Course Approach</u>

The women's health plan emphasises the importance of identifying opportunities to prevent disease and promote health at key life stages. The Royal College of Gynaecologists recognises in their report "Better for Women" that women have predictable long-term reproductive healthcare needs and more frequent interactions with health services than men. We will seek to identify opportunities to promote and protect health and wellbeing within different services and consider how best to adopt this life course approach, building on examples of practice such as routine enquiry or brief intervention.

Priority 3: Provide workforce support and information to promote positive patient experiences, staff equity and staff wellbeing

<u>Staff feel confident and competent to use positive and appropriate language</u>

One of the ways in which we can help people to feel safe and supported when they access our services is to ensure that our staff feel confident and competent to use positive and inclusive language. Our initial scoping work around the Women's Health Plan suggested that some staff feel they would benefit from education, information or resources to use appropriate language. This action links well with our Equality and Human Rights priorities, as set out in our Equalities and Human Rights Strategic Plan, and the work we intend to do to deliver our Equality Outcomes for 2023-25. We will seek to provide our staff with the information and resources they need.

<u>Provide information on the Women's Health Plan, and opportunities for stakeholders to connect</u>

Our work to date around the Women's Health Plan has highlighted the volume of interest there is in contributing to women's health across the health and care system. It is recognised that reducing avoidable health inequalities for women and girls and ensuring that women and girls enjoy good health with positive outcomes requires connection across the health and care system and beyond. We are keen to ensure that those working within Lothian who have an interest in women's health and the women's health plan are connected to ongoing work both locally and across Scotland. We will seek to maintain a network of local stakeholders and ensure that relevant information is shared with them. We will also support staff to link to national networks including the network of Menopause Specialists and the NHS Knowledge Network Women's Health Plan forum, to promote sharing of good practice.

<u>Support Women who work for and with us to Work Well</u>

NHS Lothian has established a number of staff networks with the aim of providing peer support, social events, networking and a point of contact on equality and diversity issues. The Women's Network supports and encourages members to come together to discuss experiences and is a safe place for women to talk about issues that are important to them. We will continue to support the NHSL Women's Network to continue to provide a safe place for women who work for and with us to talk about issues that are important to them.

Prior to 2023, a number of staff working across our sites and services were undertaking activities to support women who work for and with us to work well. This year, a Women's Health Group for staff has been established, to provide a strategic focus on supporting staff wellbeing issues, concerns and practical activities aligned with menopause, menstruation, breastfeeding and other women's health issues in the workplace. The group is chaired by our Work Well Specialist Lead, includes representatives from across the organisation and has developed a programme of short, medium and longer-term actions aimed at improving our support for staff. We will continue to take forward staff wellbeing issues and practical activities through this group.

Representation of women in the workforce

Ensuring adequate representation of women in the workforce is essential for promoting women's health and advancing gender equality. A diverse and inclusive workforce not only reflects a fair and just society but also contributes to improved decision-making, creativity and innovation.

NHS Lothian's *Gender Pay Gap Report*, published in April 2023, demonstrates an overall mean gender pay gap of 12.6% in favour of male staff, although this position has shortened from 15.99% in 2019 to 12.61% in 2023. The report notes that women are the dominant sex in all Agenda for Change pay bands, particularly at Bands 3-8a and also that:

- At Executive and Senior level, there is a mean gender pay gap of 6.9% in favour of men
- There is a mean gender pay gap of 9.8% in favour of men in Medical and Dental pay grades

The NHSL Advancing Equalities Action Plan for 2023 included an action to review the gender pay gap report, and develop an action plan to address any gaps identified.

The SG Women's Health Plan seeks to encourage increased representation of women clinicians by promoting diverse role models and encourage mentoring for trainees. In Lothian, we will seek to understand where women clinicians are under-represented, and work to understand why this is the case.

40

Maternity services

We have piloted continuity of care elements of the "Best Start" policy, and while there have been considerable successes, we do not have the workforce to be able to provide universal continuity of care in a safe and sustainable way until 2027 at the earliest. We have therefore pivoted our focus to be on the provision of continuity of care to the most disadvantaged communities, and we will continue to do this through the coming year. Where opportunities to spread this approach present themselves, we will pick these up if we can be assured they will be safe and sustainable. We believe this to be in the spirit of the "Best Start" recommendations and congruent with Safe Staffing legislation.

Neonatal service provision

NHS Lothian works closely with its regional partners (most pertinently Fife and Borders) to ensure that we already have a strong and robust model of neonatal care. As it stands, we are already closely aligned within this tripartite structure to the recommendations of the Best Start neonatology work. We continue to fine-tune this work regionally, with the regional working group chaired by the NHSL Chief Executive.

As part of this work it has become apparent that final implementation will depend on the agreements made in the North and West about patient flows. There is considerable flow from these areas into the Lothian neonatology service, and while we are happy to continue with this, clarity on particular commissioning requirements will be welcome.

Children's Services

We have continued to follow the Children and Young People's Implementation Book, which lays out the next four years of actions. This illustrates our commitment to four key priorities;

1. Improving maternal health and tackling poverty
2. Infant and Child health and wellbeing
3. Adolescent health and wellbeing
4. The Promise

These four priorities are shared with our statutory partners in the four Children's Partnership Plans we are signatories to.

We can confirm that we have plans in place to deliver child health reviews as required.

For actions on delivering on Local Child Poverty Action Report, please see pp32-33.

Paediatric Audiology

NHS Lothian was obviously at the heart of the Independent Review of Audiology, and has worked closely with SGHSCD throughout its programme of improvements arising from investigations. Our paediatric audiology action plan has already been shared with SGHSCD and progressed effectively, but more detailed discussions with SGHSCD would of course be welcome.

Implementation of Workforce Strategy

Governance and approach

Workforce is one of the five parameters for the LSDF. Our Workforce Development Board is chaired by the Director of Human Resources and Organisational Development and has senior leadership involvement across the gamut of NHS Lothian organisational units and staff groups.

Key priorities

Although it is not requested in the ADP guidance, it is pertinent to confirm that NHSL has arrangements in place to take forward the Cabinet Secretary mandate on the non-pay elements of the latest Agenda for Change pay agreement between the Scottish Government and staff representative unions. Per communications of 7th March, we will seek to implement further guidance from SGHSCD with all deliberate speed. For clarity, our assumption is that the implications of non-pay improvements will be fully-funded by the Scottish Government, in line with previous correspondence and public announcements. Phase 1 of this work will see staff in Finance, HR, and Strategic Planning move to 37-hour weeks from 1st April.

Since 2019, the Workforce in NHS Lothian has increased by 13%. Considering the current financial context, such workforce growth is financially unviable and therefore the extant 3-year Workforce Strategy will need to be altered in some areas. In essence, we will be required to reduce workforce costs and ensure optimisation of current workforce to ensure best value is achieved and patient and staff safety is maintained.

In terms of agency staffing use and the optimisation of staff bank arrangements, NHSL is proud of its current staff bank infrastructure, and we will continue to see these arrangements as core to our financial sustainability and the provision of safe care. The staff bank now covers the vast majority of all types of staff.

This robust staff bank infrastructures means that we are able to securely progress towards removing agency staffing. We have implemented additional senior checks on the use of agency staffing with all requests now vetted by one of our Nurse Director team – Director of Primary and Community Care Nursing, Director of Acute Services Nursing, Director of Mental Health Nursing, and Deputy Executive Nurse Director. This team also provides an out-of-hours on-call rota for urgent requests to be considered and appropriately overseen, with a "break glass" methodology in place to facilitate objective decision-making. The Executive Nurse Director presents a monthly report on progress to the Corporate Management Team and we have evidenced significant reductions at all sites. We will continue with this work.

Medical locums are not yet at this level of sophistication, but it is clear that the plans we have outlined for financial sustainability will reduce medical locum and non-core staffing spend as we go through the 24-25 financial year.

We continue to perform relatively well in a Scottish context for sickness absence with a well-described series of resources for staff and excellent staff-side engagement and support, and will continue with this. Clearly, however, much of our work will reach a natural limit of unavoidable illness absence, especially as the workforce ages.

Digital and innovation

Governance and approach

Our digital delivery board is the key vehicle for taking forward our digital agenda. This board is chaired by the Chief Executive and most members of our executive leadership team are also members of the delivery board. Digital remains a key part of our LSDF and as such the key document for reviewing plans remains the LSDF Implementation Book, which is appended. This shows how we intend to implement the national digital programmes and we will remain active in this area.

Our Board remains particularly interested in the digital and innovation agenda and we intend to run a development session for our Board in May on this very topic. Board members are also undertaking work with NES on their development in this area.

Concerns and risks

The most significant challenge to effective implementation of the digital agenda remains resource constraints. This is a twofold challenge across both revenue and capital funding.

Our revenue position is, as described in detail elsewhere, severely constrained. In the digital sphere, the switch to subscription rather than purchase models for software has increased pressure in those areas, with vendors increasing fees in very large increments.

Our capital position is also, as described above, severely constrained. The limiting of formula capital to £25m in turn limits our digital purchase budget, and in this year we anticipate a limit of £5m-£7m. This may seem to be a large figure, but for an organisation the size of NHSL this equates to somewhere in the region of 0.2% to 0.3% of our total budget. There is therefore an increased list of negative impacts on all aspects of our digital work, and in the last week we have seen a further reminder in Dumfries and Galloway of the risks that encapsulates.

Climate emergency

TO FOLLOW

---

[i] Evidence hub: What drives health inequalities? - The Health Foundation
[ii] Whole systems approaches to obesity and other complex public health challenges: a systematic review | BMC Public Health | Full Text (biomedcentral.com)

44

Health and Social Care Finance, Digital and Governance
Richard McCallum, Director

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 3475
E: richard.mccallum@gov.scot

Calum Campbell, Chief Executive, NHS Lothian

cc:
Craig Marriot, Director of Finance, NHS Lothian
Chair, NHS Lothian

By email only

04 April, 2024

Dear Calum

NHS Lothian - 2024-27 Financial Plan

Thank you for the submission of NHS Lothian 2024-27 financial plan. I note NHS Lothian is projecting a financial challenge of £100.414 million before savings in 2024-25.

It is recognised this financial pressure is driven by: increased activity levels, prescribing costs and significant brought forward pressures from 2023-24. We recognise many of these issues impact service delivery and we will work with you and our colleagues in the Directorate of the Chief Operating Officer to understand any impact of your developing 2024-27 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review further with you.

The Board has set a savings target of £61.517 million and other cost reduction measures to improve the financial position. This results in a net deficit of £38.896 million in 2024-25. This is an improvement on the draft financial plan by £70.776 million.

I can confirm approval of the financial plan, based on further work being needed throughout the year to identify options to reduce this deficit and to meet the Board's statutory responsibility to breakeven. I appreciate the ongoing work across the organisation as well as wider support across NHS Scotland that the finance team provides.

cont'd

Financial Plan – Next Steps

We acknowledge the position outlined in the financial plan for 2024-25 and expect the Board to undertake the following actions ahead of Quarter One in year reporting:

1. Progress delivery of a minimum 3% recurring savings in 2024-25 and develop options to meet any unidentified or high risk savings balances.
2. Continue to progress with the areas of focus set out in the 15 box grid.
3. Engage and take proactive involvement in supporting national programmes as they develop in 2024-25.
4. Develop further measures to reduce the Board's residual financial gap.
5. Provide an update at quarter one on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

We will continue to engage and perform regular monitoring of the Board's financial position via the Financial Performance Return process, beginning with the 2024-25 Quarter 1 review.

We note the uncertainty in future years' financial outlook and the Board will be required to carry out further work to address the financial challenges presented in the latter years of the 2024-27 financial plan.

Engagement expectations

We continue to expect NHS Boards to work locally and collaboratively to support the monitoring of in-year and future year financial performance and to seek efficiencies and cost reductions to drive financial balance. I therefore expect continued engagement, with appropriate representation of your Board, at each of the key forums: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This will ensure the appropriate level of understanding of pressures, assumptions to be applied within financial reports, funding announcements, policy changes and approval and scrutiny of business cases across NHS Scotland. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and national improvements.

Financial Allocations

We recognise the importance of certainty and flexibility of funding to support you in managing your Board's financial position. The Scottish Government's Health and Social Care Directorates are reviewing all allocations to assess those which are appropriate for either baselining or bundling into a bigger allocation. We remain committed to putting out 80% of allocations in the first quarter - where necessary these may be a percentage of the full allocation value.

I appreciate that there is a significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system.

I thank you again for your support to date and your continued engagement moving into the new financial year.

Yours sincerely

Richard McCallum
Director of Health and Social Care Finance, Digital and Governance

Scottish Government
Riaghaltas na h-Alba
gov.scot

NHSScotland Deputy Chief Operating Officer

Paula Speirs

T: 0131-244 2480

E: dcoohealthplanning@gov.scot

19 June 2024

Dear Jim

NHS LOTHIAN DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant challenge of preparing a plan within a landscape of uncertainty and risk as well as the requirement to deliver savings as set out in your Financial Plan. Delivery Plans have therefore been reviewed to take these factors into account and ensure sufficient assurance is provided in alignment with NHS Scotland and the Scottish Government priorities.

In that context, we are satisfied that your Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.

Given this, our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, we appreciate that as a result of the financial challenges which your Board continues to work with the Scottish Government to address, many elements of of your Delivery Plan are based on provisional assumptions around what can be delivered and potential impacts on performance. As part of the review process at the end of the first quarter of the financial year, we will wish to discuss how progress has been made clarifying the underlying assumptions as to how financial situation impacts on planned delivery and performance.

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

INVESTORS IN PEOPLE | Accredited Until 2020

POSITIVE ABOUT DISABLED PEOPLE

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely

PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

Appendix 4

Trajectories – ADP (March 2024 Submission) *Management information only*		
New Outpatients (NOP)	**End June -24 (actual)**	**30-Jun-24 ADP Trajectory**
Over 104 Weeks	120	283
Over 78 Weeks	2,449	4072
Over 52 Weeks	10,853	12550
Total List Size	90,309	106129
Inpatient / Day Cases (TTG)	**End June -24 (actual)**	**30-Jun-24**
Over 104 Weeks	463	631
Over 78 Weeks	2,331	3240
Over 52 Weeks	6,702	7901
Total List Size	24,738	29787
Cancer Waiting Times	**End June -24 (actual)**	**30-Jun-24**
62-day Standard	76.7%	80.8%
31-Day Standard	97.2%	93.9%
Endoscopy 4 key diagnostic tests	**End June -24 (actual)**	**30-Jun-24**
Over 52 Weeks	239	341
Over 26 Weeks	1129	1239
Over 6 Weeks	3359	3212
Total List Size	4998	5029
Radiology 4 key diagnostic tests	**End June -24 (actual)**	**30-Jun-24**
Over 52 Weeks	0	0
Over 26 Weeks	48	100
Over 6 Weeks	8801	5325
Total List Size	17604	12740

NHS Lothian

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**14 August 2024**
Title:	**NHS Lothian Financial Position - June 2024**
Responsible Executive:	**Craig Marriott, Director of Finance**
Report Author:	**Andrew McCreadie, Deputy Director of Finance**

1   Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	**Other - Financial Reporting**	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	**Finance (revenue or capital)**	☒
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHS Scotland quality ambition(s):

Safe	☐	Effective	☐
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2   Report summary

2.1   Situation

The purpose of this report is to provide the Board with an update on the NHS Lothian financial position as at June 2024.

2.2   Background

This report forms part of the reporting cycle to the Board on the financial performance of NHS Lothian, in support of delivering year end financial targets. This paper updates on the year to date position for the first three months, in advance of the Quarter 1 Review which will then assess the year end forecast position based on available information at this time.

2.3   Assessment

As at Month 3, the reported financial position for NHS Lothian is a year to date overspend of £12.7m. This position is currently based on the level of resources and uplift assumed within the 2024/25 Financial Plan. The first Scottish Government allocation letter has now been received and will be reviewed prior to the release of financial allocations.

The financial position is comprised of an operational overspend of £15.4m, offset by the release of corporate reserves flexibility identified in the Financial Plan but not yet assigned to specific areas of financial pressure of £2.7m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 3 Summary Financial Performance

	Month 3 Variance from Budget £'000
Pay	(867)
Non Pays	(18,880)
Income	4,353
Operational Position	**(15,394)**
Corporate Reserves Flexibility	2,704
Total Variance	**(12,690)**

2.3.1 Quality/ Patient Care
There are no new quality or patient care implications from this report.

2.3.2 Workforce

There are no new workforce implications from this report.

2.3.3 Financial

Financial Position as at 30th June 2024

The key areas of pressure continue the trend from the previous financial year with Medical and Dental pay budgets reporting a £4.7m overspend for the first 3 month of the year. Medical pay remains an area of concern moving into 2024/25 with a continuation of rotas requiring locum cover and the increased costs of non-compliant rotas with their subsequent pay protection. Non-pay budgets (including Prescribing) report an £18.9m overspend with Drug costs being £5.9m overspent and Medical Supplies £5.3m overspent. There is a partial offset to these areas of pressure in the over recovery of income of £4.4m including SLA income. Table 2 shows this breakdown across the main expenditure headings with further detail on Appendix 1 and 2.

Table 2 – Breakdown of Variance

Description	Month 3 Variance from Budget £000's
Medical & Dental	(4,717)
Nursing	3,173
Administrative Services	159
Support Services	(520)
Other Therapeutic	871
Other Pay	168
Total Pay	**(867)**
Drugs	(5,896)
Medical Supplies	(5,332)
Property Costs	(2,548)
Administration Costs	(2,619)
Other Non-Pay	(282)
Pharmaceuticals	(2,597)
Other FHS	(196)
Total Non-Pay	**(19,470)**
Income	4,353
Other	(521)
Profit/Loss On Disposal	1,111
Operational Position	**(15,394)**
Corporate Reserves Flexibility	2,704
Total Variance	**(12,690)**

June 2024 was the second month that transitional allowance overtime (or excess hours) payments have been paid as part of the Agenda for Change (AfC) non pay reform for the reduced working week (RWW). June payments relate to May transitional allowances, totalling £1.3m in month and £2.4m year to date and is included within the position. Work continues through the AfC Reform Programme Board to support the process of managing the RWW. Funding of £30.2m has been received from the Scottish Government in total for the year to meet additional costs across AfC Reform this year, and from this allocation £2.4m has been included in the position to match the costs to date.

Financial Recovery Plans

For May, at a summary level and against £7.4m of planned savings, £5.8m has been recorded as delivered (Table 3). That is a shortfall of £1.6m, of which half is within Acute services. A full review of FRPs will be undertaken at the Quarter 1 review and any gaps in delivery within Acute services will be shared with Acute FIG.

Table 3 – Financial Recovery Plans

	Financial Recovery Plans £'000	Planned April - May £'000	Achieved April - May £'000	Shortfall April - May £'000
Acute Services Division	22,216	2,898	2,054	(844)
Corporate Services	6,108	1,914	2,013	99
East Lothian Partnership	4,294	536	273	(263)
Edinburgh Partnership	4,854	220	263	43
Midlothian Partnership	3,453	413	198	(215)
West Lothian Partnership	4,141	423	319	(104)
Facilities	3,630	325	126	(199)
REAS	3,235	539	411	(128)
Directorate Of Primary Care	953	159	159	0
Income/Healthcare Purchases	388	0	0	0
Strategic Services	0	0	0	0
Grand Total	**53,272**	**7,428**	**5,816**	**(1,612)**

The detailed breakdown of FRP savings or workstreams' cost reduction will be reported routinely to the various workstreams and to Financial Oversight Board (FOB) for governance and support in relation to schemes not delivering as planned.

Given the expenditure position at month 3, it is clear that there continues to be a requirement for Business Units not yet with 3% FRPs identified to focus on achieving this performance measure as well as ensuring actual delivery on the plans identified impacting on the expenditure position.

Quarter 1 Review

The Quarter 1 review is a critical component of the financial performance calendar and will provide the organisation with an update on the estimated year end forecast, the first since the Financial Plan at the beginning of the year. This will use the financial information for the first three months of the year as a basis to project forward, with the programme already underway and due to be reported to the Finance & Resources Committee in August for their scrutiny.

2.3.4 Risk Assessment/Management

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)

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

2.3.5 Equality and Diversity, including health inequalities

The Public Sector Equality Duty and / or Fairer Scotland Duty does not apply to this report. The report shares the financial position for awareness and does not relate to the planning and development of specific health services. Any future service changes or decisions that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty.

2.3.6 Other impacts

There are no other impacts from this report.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, including patients and members of the public, where appropriate. The implementation of the Financial Plan and the delivery of a breakeven outturn may require service changes. Any future service changes that are made as a result of the issues raised in this report will be required to adhere to the Board's legal duty to encourage public involvement.

2.3.8 Route to the Meeting

Monthly reporting is provided routinely to the Corporate Management Team. The month 3 financial position was reported in July 2024.

- Corporate Management Team, 16 July 2024

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the financial position to the end of June 2024 reporting a £12.7m overspend.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 30th June 2024
- Appendix 2, NHS Lothian Summary by Operational Unit to 30th June 2024

Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2024

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	359,251	90,711	95,428	(4,717)
Nursing	625,964	158,322	155,149	3,173
Administrative Services	185,197	43,471	43,312	159
Allied Health Professionals	114,135	28,871	28,516	355
Health Science Services	51,889	13,300	13,650	(351)
Management	7,637	1,888	1,757	131
Support Services	96,159	23,465	23,985	(520)
Medical & Dental Support	18,012	4,569	4,405	165
Other Therapeutic	66,451	16,918	16,047	871
Personal & Social Care	3,435	790	634	156
Other Pay	(2,561)	(3,300)	(3,666)	365
Emergency Services	0	0	8	(8)
Vacancy Factor	(2,616)	(647)	0	(647)
Pay	**1,522,954**	**378,357**	**379,225**	**(867)**
Drugs	136,988	36,936	42,832	(5,896)
Medical Supplies	94,519	26,852	32,184	(5,332)
Maintenance Costs	8,030	2,051	2,703	(652)
Property Costs	57,659	14,258	16,806	(2,548)
Equipment Costs	34,556	7,198	8,705	(1,507)
Transport Costs	8,086	2,244	2,762	(518)
Administration Costs	495,851	22,271	24,890	(2,619)
Ancillary Costs	11,785	2,836	4,101	(1,265)
Other	(2,219)	(8,529)	(10,096)	1,567
Service Agreement Patient Services	32,099	8,311	7,683	628
Savings Target Non-pay	8,167	2,685	0	2,685
Resource Transfer/LA Payments	120,289	29,025	30,245	(1,220)
Non-pay	**1,005,810**	**146,137**	**162,814**	**(16,677)**
Premises	0	0	1	(1)
Gms2 Expenditure	123,998	39,352	39,750	(398)
NCL Expenditure	813	203	1	202
Other Primary Care Expenditure	87	22	21	1
Pharmaceuticals	166,030	41,216	43,813	(2,597)
Primary Care	**290,927**	**80,793**	**83,586**	**(2,793)**
Other	(19)	(5)	516	(521)
Income	(343,242)	(95,176)	(99,530)	4,353
Extraordinary Items	0	0	(1,111)	1,111
Operational Position	**2,476,430**	**510,106**	**525,501**	**(15,394)**
Corporate Reserves Flexibility	2,704	2,704	0	2,704
Total Variance	**2,479,134**	**512,810**	**525,501**	**(12,690)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2024

Month 3 Variance from Budget	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Partnership	Directorate Primary Care	REAS	Corporate Services	Facilities	Strategic Services	Research & Teaching	Income & Healthcare Purchases	Operational Variance	Corporate Reserves Flexibility	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(4,260)	24	45	18	(6)	191	(361)	116	(23)	0	(460)	0	(4,717)	0	**(4,717)**
Nursing	(92)	787	1,458	131	814	114	102	(151)	10	(1)	2	0	3,173	0	**3,173**
Administrative Services	299	131	175	(110)	116	(172)	(46)	80	(144)	0	(170)	0	159	0	**159**
Allied Health Professionals	(448)	162	286	29	83	204	34	(0)	16	(0)	(11)	0	355	0	**355**
Health Science Services	(347)	0	98	0	2	13	(7)	(62)	(3)	(0)	(44)	0	(351)	0	**(351)**
Management	(68)	3	13	(1)	0	28	3	109	45	0	(1)	0	131	0	**131**
Support Services	46	0	48	44	1	(40)	36	112	(766)	0	0	0	(520)	0	**(520)**
Medical & Dental Support	(62)	5	7	0	0	155	7	52	0	0	0	0	165	0	**165**
Other Therapeutic	37	94	215	(44)	134	(33)	116	360	(5)	0	(3)	0	871	0	**871**
Personal & Social Care	10	24	20	0	0	9	(13)	106	0	(0)	0	0	156	0	**156**
Other Pay	(2)	0	7	0	0	12	2	49	52	0	246	0	365	0	**365**
Emergency Services	0	0	0	0	0	0	0	0	(8)	0	0	0	(8)	0	**(8)**
Vacancy Factor	(0)	0	(666)	0	0	19	0	0	0	0	0	0	(647)	0	**(647)**
Pay	**(4,888)**	**1,230**	**1,705**	**67**	**1,146**	**499**	**(127)**	**769**	**(826)**	**(1)**	**(440)**	**0**	**(867)**	**0**	**(867)**
Drugs	(4,627)	(120)	(206)	(56)	(52)	(290)	(226)	(83)	(3)	(235)	0	0	(5,896)	0	**(5,896)**
Medical Supplies	(4,325)	(178)	(410)	(163)	(120)	69	(29)	(65)	(111)	(0)	(1)	0	(5,332)	0	**(5,332)**
Maintenance Costs	(147)	(14)	(6)	13	(39)	10	(19)	(112)	(337)	0	0	0	(652)	0	**(652)**
Property Costs	(35)	(1)	16	67	(42)	(2)	(9)	(27)	(2,515)	0	0	0	(2,548)	0	**(2,548)**
Equipment Costs	893	(220)	(161)	1	(106)	47	36	(168)	36	(3)	(2)	0	(1,507)	0	**(1,507)**
Transport Costs	(169)	(107)	(90)	(36)	(17)	11	(41)	27	(79)	4	1	(23)	(518)	0	**(518)**
Administration Costs	(1,239)	1,182	(32)	194	74	40	(16)	(551)	(311)	(2,497)	529	7	(2,619)	0	**(2,619)**
Ancillary Costs	(159)	(12)	6	4	9	(5)	(33)	(270)	(805)	0	(0)	0	(1,265)	0	**(1,265)**
Other	1,538	(0)	(1)	(0)	(1)	(1)	(0)	(39)	71	0	0	0	1,567	0	**1,567**
Service Agreement Patient Ser	680	(14)	(10)	(3)	(79)	2	370	5	(3)	0	(214)	(105)	628	0	**628**
Savings Target Non-pay	59	0	0	0	0	0	0	923	0	1,703	0	0	2,685	0	**2,685**
Resource Transfer/LA Paymen	(26)	(1,134)	(9)	(20)	2	0	3	(1)	(35)	0	0	0	(1,220)	0	**(1,220)**
Non-pay	**(9,343)**	**(617)**	**(905)**	**(2)**	**(369)**	**(119)**	**(35)**	**(361)**	**(4,092)**	**(1,027)**	**313**	**(121)**	**(16,677)**	**0**	**(16,677)**
Premises	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)	0	**(1)**
Gms2 Expenditure	0	(60)	(265)	(74)	22	15	(7)	(1)	(28)	0	0	0	(398)	0	**(398)**
NCL Expenditure	0	0	0	0	0	202	0	0	0	0	0	0	202	0	**202**
Other Primary Care Expenditur	1	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Pharmaceuticals	0	(327)	(866)	(267)	(603)	(524)	0	0	(9)	0	0	0	(2,597)	0	**(2,597)**
Primary Care	**(0)**	**(388)**	**(1,131)**	**(342)**	**(581)**	**(307)**	**(7)**	**(1)**	**(37)**	**0**	**0**	**0**	**(2,793)**	**0**	**(2,793)**
Other	0	0	(5)	0	0	0	0	0	(210)	0	0	(306)	(521)	0	**(521)**
Income	1,139	11	(70)	7	12	24	4	202	202	1,088	140	1,593	4,353	0	**4,353**
Extraordinary Items	0	0	0	0	0	0	0	0	0	1,111	0	0	1,111	0	**1,111**
Operational Position	**(13,091)**	**237**	**(405)**	**(270)**	**208**	**97**	**(165)**	**609**	**(4,963)**	**1,170**	**13**	**1,166**	**(15,394)**	**0**	**(15,394)**
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	2,704	**2,704**
Total Variance	**(13,091)**	**237**	**(405)**	**(270)**	**208**	**97**	**(165)**	**609**	**(4,963)**	**1,170**	**13**	**1,166**	**(15,394)**	**2,704**	**(12,690)**

NHS Lothian

10.

Meeting:		NHS Lothian Board	
Meeting date:		14 August 2024	
Title:		Performance Report	
Responsible Executive:		Jim Crombie Interim CEO/ Deputy Chief Executive	
Report Author:		Wendy Reid Head of Performance & Business Unit	

1   Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☒	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	**Performance / service delivery**	☒
Legal requirement	☐	Other	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☒	**Scheduled Care**	☒
Children & Young People	☒	**Finance (revenue or capital)**	☒
Mental Health, Illness & Wellbeing	☒	**Workforce (supply or wellbeing)**	☒
Primary Care	☒	**Digital**	☒
Unscheduled Care	☒	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	**Effective**	☒
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2　Report summary

2.1　Situation

This report is being provided for information to facilitate Board Member oversight across agreed metrics. Please note;

Performance Area	National Standard Compliance	ADP / Trajectory Compliance
Scheduled Care Outpatients	Not Met – June - 2024	Met – June - 2024
Scheduled Care Inpatients/Day cases	Not Met – June - 2024	Met – June - 2024
8 Key Diagnostic Tests - Endoscopy	Not Met – June - 2024	Not Met – June - 2024
8 Key Diagnostic Tests - Radiology	Not Met – June - 2024	Not Met – June - 2024
31-Day Cancer Performance	Not Met – May - 2024	Not Met – May - 2024
62-Day Cancer Performance	Not Met – May - 2024	Not Met – May - 2024
Accident and Emergency 4 Hour Performance	Not Met – June - 2024	N/A
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – May - 2024	N/A
Early Access to Antenatal Services	Met – May - 2024	N/A
Primary Care *General Practice Activity Measures*	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – June - 2024	Met – June - 2024
CAMHS Waiting Times Performance	Not Met – June - 2024	Not Met – June - 2024
Smoking Cessation Performance	Not Met – Q3 – 2023/24	N/A

Annual Delivery Plan 2024/25 (ADP)

The agreed Scheduled Care clinical priorities for 2024/25 are patients who are urgent, have a suspicion of cancer or are a clinically urgent return. Any surplus capacity will then be directed to reducing the longest waiting routine patients. With these in mind, activity plans and quarterly long wait trajectories were developed by services and submitted to Scottish Government on 20th March 2024 and this plan was approved in June 2024.

The Scottish Government has since identified additional funding to support Planned Care. In NHS Lothian, this is being used to ensure that the full capacity allocation offered Golden Jubilee is being used. This amounts to 2,589 Ophthalmology See & treat patients and 1,832 Treat only patients across Orthopaedics, Plastic Surgery, General Surgery and Colorectal Surgery. Bids were also successful to deliver short term additional capacity in a number of specialties including Gynaecology, Urology, Orthopaedics, General Surgery and Paediatric Audiology. The capacity plans and long wait trajectories are currently being updated to reflect this additional activity and once finalised, will be updated in future Board reports.

It should be noted that the previous draft ADP trajectories shared in the June 2024 Board paper illustrated basic specialty level trajectories, which did not include a risk tolerance level, as this had not yet been agreed with Scottish Government. The trajectories included in this paper reflect the Scottish Government agreed trajectories which NHS Lothian will formally report against, noting these do now include an agreed risk tolerance.

2.2 Background

The national **NHS Board Delivery Framework**[1] sets out the indicators for 2024/25 that NHS Boards should monitor when assessing impacts of their Delivery Plans to improve services for patients. The Scottish Government Planning and Delivery Cycle within this document sets out the expectation for monitoring NHS Lothians performance on a quarterly basis. These indicators have been included in the **NHS Lothian Annual Delivery Plan 2024/25** (ADP) and the quantitative indicators from this plan will be reported against at each Board meeting until June 2025. Additional local and national standards (LDP) have been included in the standard report. This will support Board level discussions on performance on a bi-monthly basis, with further performance reporting provided via the Boards Strategic Planning & Performance Committee.

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, directorates and Health & Social Care Partnerships. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff.

The **NHS Scotland Support and Intervention Framework**[2] is one of the key elements of the Scottish Government's approach to monitoring performance across NHS Scotland. The framework provides five stages of a 'ladder of escalation' that provides a model for support and intervention by the Scottish Government. NHS Lothian is not currently escalated for any factors at Stage 3 or above; which is the stage at which boards are considered to require a higher level of support and oversight from Scottish Government and other senior external support.

2.3 Assessment

We, where possible and appropriate, use the identification of Special Cause Variation in our data to understand our performance. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included in Appendix 1. Also included, where benchmarking data is available (for instance through nationally published datasets), an indication of compliance with those standards against NHS Scotland position.

2.3.1 Quality/ Patient Care

Healthcare Governance Committee (HCG) receive ongoing updates regarding quality and safety. In addition, it was agreed by HCG in March 2024 that the Patient Experience Team would provide an annual report in September each year detailing patient/service-user feedback and NHS Lothian's response and learning to this.

The most common themes of complaints in Quarter 1 2024/25 included; poor communication, inadequate/inappropriate treatment and delays in treatment. As part of the complaints process it is important that as services we are learning and improving where appropriate and there are many practical examples of this. For example, a patient highlighted that our text appointment notification did not include department details and/or a way of contacting the service and action was taken to ensure text message appointment systems to now include name of specialty and contact telephone numbers. From January-June 2024, there have been no strongly critical stories received via Care Opinion and an

---

[1] https://www.wihb.scot.nhs.uk/wp-content/uploads/2023/12/Item-8.1.1-23-172-Appendix-1-ADP-NHS-Scotland-Delivery-Planning-Guidance-2024-25-BM-13.12.23.pdf
[2] https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/

increase in the positivity rates as shown in the graphic below. Staff continue to take the time to post responses to those who share their experience via Care Opinion, acknowledging the feedback and demonstrating that every story is an opportunity to learn and improve.

How moderators have rated the criticality of these stories

Rating	Percentage
not critical	72% (123)
minimally critical	5% (9)
mildly critical	13% (23)
moderately critical	9% (16)
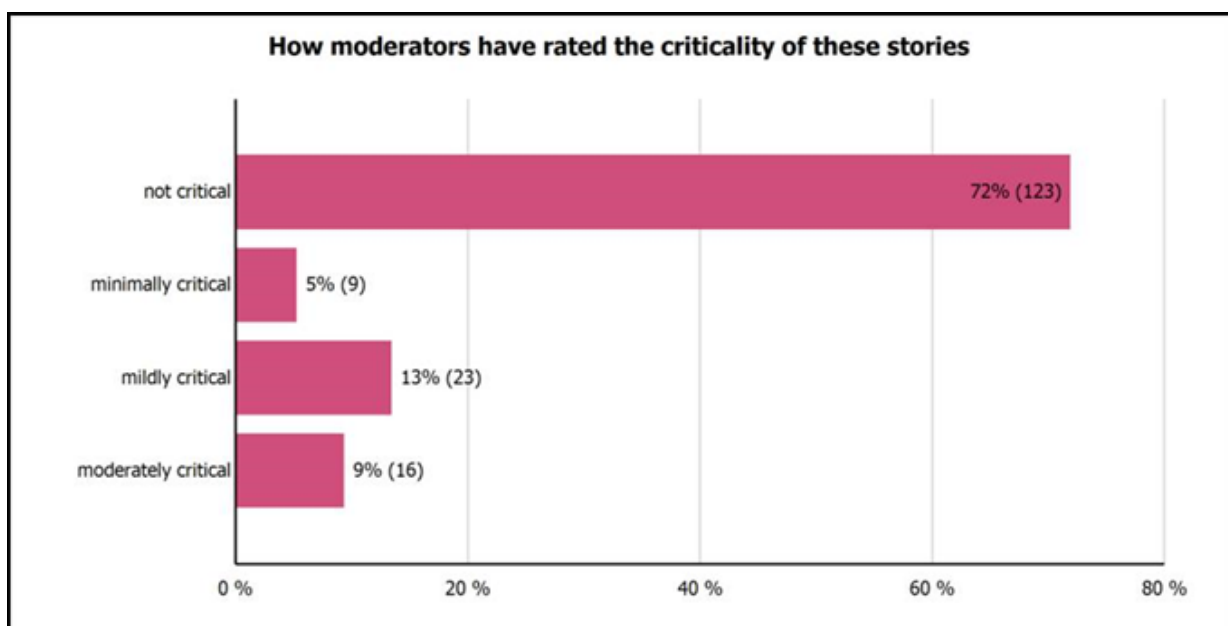
Source: Care Opinion – feedback classification by Care Opinion Moderators Q1 2024/25

2.3.2 Workforce

The most recent workforce report is available from Staff Governance Committee in July 2024.

2.3.3 Financial

As described under 2.1, additional funding for Planned Care is expected from Scottish Government for specific specialties as detailed in this report. This resource is being used to deliver additional capacity in Outpatients, Diagnostics, and Inpatients/Day cases.

In CAMHs and Psychological Therapies, it has been forecast that due to the reduced financial envelope we will continue to see gradual improvement in meeting the national 18-week standard, but it will now take longer to fully meet the standard(s).

NHS Lothian continues to wait for clarity over the future of nationally funded Capital Projects, which we would expect to provide resilient capacity for services in future years.

2.3.4 Risk Assessment/Management

Relevant Board Corporate Risks have been referenced in *Appendix 1*, with risk assessments and mitigation plans detailed at the appropriate Board Subcommittees at the required frequency. There are no additional factors included in this report which have not been recognised by these risks and therefore impact the previously reported risk grading and assurance level provided.

2.3.5 Equality and Diversity, including health inequalities

No specific decision(s) are being sought from this paper.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

With regards to the drafting of this summary of information for the Board, there has been no requirement to involve and engage external stakeholders, including patients and members of the public.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Contributing Directors/Chiefs (CMT members), including Chief Executive Office the week of 29 July 2024.

2.4 Recommendation

- **Discussion** – Examine and consider the implications of the performance matters described in this paper.

- **Awareness** – For Members' information on compliance against performance standards and KPI's.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Board Performance Summary 2024/25

NHS LOTHIAN BOARD PERFORMANCE SUMMARY

2024/25

Overview 2024-25 NHS Lothian Board Indicators

Indicator	Linked to Corporate Risk	Performance vs ADP/Local Trajectory			Performance vs National		
		Latest Actual	ADP/Local Trajectory	Assurance for Delivery Against Standard/Trajectory by end of 2024/25	NHS Lothian Latest Published Performance	NHS Scotland Latest Published Performance	National Target/ Standard
12 Weeks 1st Outpatient Appointment (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	40.9% (June24)	N/A	Limited – national standard	44.7% (Mar-24)	42.8% (Mar-24)	95%
Treatment Time Guarantee (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	61.1% (June24)	N/A	Limited – national standard	56.6% (Mar-24)	57% (Mar-24)	100%
8 Key Diagnostic Tests - Endoscopy (ADP measure)	5185 – Access to Treatment	*Please see individual slide for breakdown.*					
8 Key Diagnostic Tests - Radiology (ADP measure)	5185 – Access to Treatment	*Please see individual slide for breakdown.*					
31 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	92.5% (May 24)	93.9% (May 24)	Limited – national standard	92.5% (May 24)	95.4% (May 24)	95%
62 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	76.0% (May 24)	80.8% (May 24)	Limited – national standard	76.0% (May 24)	71.4% (May 24)	95%
Accident and Emergency 4 Hour (Local Delivery Plan (LDP) Standard)	5186 – 4 Hours Emergency Access	67%	N/A	Limited – national standard	68.2% (May 24)	70.8% (May 24)	95%
Delayed Discharges	3726 – Hospital Bed Occupancy	307 (average)	N/A	Limited	281 of 1,955 delays in Scotland (14.4%)		N/A
IVF Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	100%	N/A	Significant – national standard	100%	100%	90%
Early Access to Antenatal Services *(Local Delivery Plan (LDP) Standard)*	-	90%	N/A	Significant – national standard	90%		80%
Primary Care *General Practice Activity Measures*	3829 - Sustainability of Model of General Practice	*Please see individual slide for breakdown.*					
Psychological Therapies Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	83.7% (June24)	80.3% (end June24)	Moderate assurance – trajectory by end 2024/25	82.8% (March24)	79.3% (March24)	90%
CAMHS Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	64.4% (June24)	77.5% (end June24)	Limited assurance - trajectory by end 2024/25	72.3% (March24)	86% (March24)	90%
Smoking Cessation Performance (Local Delivery Plan (LDP) Standard)	-	38.6% (Oct-Dec23)	114 / 295	Moderate assurance - against delivery by end March 2025	38.6% (Oct-Dec23)	29% to 83% (Oct-Dec23)	295/295

Scheduled Care – New Outpatients

Responsible Director(s):	Chief of Acute Services	Reporting Period:	June 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment- Extreme;

12 Weeks 1st Outpatient Appointment - *(Local Delivery Plan (LDP) Standard)*

KPI	Latest Performance (Jun-24)	ADP Trajectory (Jun-24)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Mar-24)
Total List Size	90,309	106,129	132,940	NHSL accounted for 16.1% of Scotland
Waits > 52 weeks	10,853	12,550	39,534	NHSL accounted for 16.9% of Scotland
Waits > 78 weeks	2,449	4,072	16,273	NHSL accounted for 14.9% of Scotland
Waits > 104 weeks	120	283	7,152	NHSL accounted for 1.8% of Scotland
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). *(Waits <12 weeks at month end)*	40.9%	N/A	N/A	42.8% (Scotland average)

Summary	Actions	Assurance
Activity: OP activity delivered in June was below plan but currently is 1.8% above plan for year to date. **Additions:** Additions to the waiting list are slightly lower than expected (4.9% year to end June) but there has been an increase in urgent and suspicion of cancer referrals in areas such as Dermatology, Colorectal Surgery, GI, Gynaecology & Plastic Surgery. **Long waits:** All long wait areas (over 52, 78 & 104 weeks) are currently delivering better than ADP trajectory.	• Additional funding received from Scottish Government is being used to deliver mainly additional urgent activity. • Capacity plans and long wait trajectories have been updated following receipt of this additional funding. • The Outpatient Redesign Programme is nearing completion with 12 specialties currently 'in flight'. There is a focus now on increasing the use of functionality such as patient focussed booking. • Delivering efficiencies through OP Delivery Group KPIs such as DNAs, virtual appointments and triaging performance.	Limited assurance. Monitoring processes are in place through local Delivery Groups and a series of internal reports.

Scheduled Care - Treatment Time Guarantee

NHS Lothian

Responsible Director(s):	Chief of Acute Services	Reporting Period:	**June 2024**
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment- Extreme;

Treatment Time Guarantee- *(Local Delivery Plan (LDP) Standard)*

Signals
- In Range (grey)
- Outlier (orange)
- Shift (dark blue)
- Trend (light blue)

Inpatient - Treatment Time Guarantee

KPI	Latest Performance (Jun-24)	ADP Trajectory (Jun-24)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Mar-24)
Total List Size	24,738	29,787	30,096	NHSL accounted for 16.7% of Scotland
Waits > 52 weeks	6,702	7,901	8,234	NHSL accounted for 17.8% of Scotland
Waits > 78 weeks	2,331	3,240	3,426	NHSL accounted for 14.9% of Scotland
Waits > 104 weeks	463	631	680	NHSL accounted for 7.0% of Scotland
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. *(Waits <12 weeks at month end)*	61.1%	N/A	N/A	57% Scotland average

Summary	Actions	Assurance
Activity: Inpatient activity delivered in June was 6.7% lower than plan but is 2.9% above plan for year to date. **Additions:** The additions to the list are also lower than expected, likely related to decreased outpatient activity. **Long waits:** The WL size has reduced by a further 610 patients since end May. The number of patients waiting over 52, 78 and 104 weeks are currently better than planned.	• Additional funding received from Scottish Government being used to deliver additional procedures in General Surgery, Orthopaedics and Urology. • Capacity plans and long wait trajectories have been updated following receipt of this funding. • Theatre utilisation is key focus for Inpatient Daycase Delivery Group. • Discussions ongoing to maximise utilisation of available capacity at Fife NTC and Golden Jubilee Hospital for both Orthopaedics and Ophthalmology.	Limited assurance. Monitoring processes are in place through local Delivery Groups and a series of internal reports.

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	Q1 – April to June 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment- Extreme;

Endoscopy – 4 Key Diagnostic Tests

KPI	Latest Performance (June 2024)	ADP Trajectory (Q1 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q4 2023/24)
Total List Size	4998	5029	8808	NHSL accounted for 12% of Scotland
Waits > 6 weeks	3359	3212	8374	NHSL accounted for 11.5% of Scotland
Waits > 26 weeks	1129	1239	5435	NHSL accounted for 7% of Scotland
Waits > 52 weeks	239	341	2178	NHSL accounted for 6.5% of Scotland
% waits within 6 weeks	33%	N/A	N/A	41.6% (Scotland average)

Summary	Actions	Assurance
• The Appointment slot prioritisation remains in place for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients and therapeutic procedures irrespective of diagnostic test. • The referrals for USOC endoscopy procedures remain significantly high over all post triage (circa 60% of all new referrals). • Continuous on-going clinical validation remains in place for IBD (inflammatory Bowel disease) diagnosis patients. • Q1 has shown an increase in the waiting times over 6 weeks for endoscopy following the cessation of all WLI , insourcing and external insourcing to the endoscopy service.	• The endoscopy service work to prioritise new and surveillance high risk patients to ensure they are scoped in as timely a manner as possible. Slots are ringfenced on a weekly basis to allow this. • Consultant weekly review of additions to waiting list and further application of ACRT. • Continuous clinical review of waiting lists and prioritisation of patients on clinical need.	• Bowel screening colonoscopy is currently meeting the 31-day HIS target. • USOC is monitored daily, as it currently does not meet the 14-day set target for diagnostic test for all modalities. Monitoring mechanism in place to proactively review/support. • Limited assurance against delivery, as demand is outstripping available capacity for both new and surveillance waiting lists.

5

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	June 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 - Access to Treatment- Extreme;

Radiology – 4 Key Diagnostic Tests

KPI	Latest Performance (June-2024)	ADP Trajectory (Q1 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q4 2023/24)
Total List Size	17604	12740	19490	NHSL accounted for 13.7% of Scotland
Waits > 6 weeks	8801	5325	11075	NHSL accounted for 9.8% of Scotland
Waits > 26 weeks	48	100	5350	NHSL accounted for 4% of Scotland
Waits > 52 weeks	0	0	0	NHSL accounted for 20.7% of Scotland (75 of 362)
% waits within 6 weeks	50.9	N/A	N/A	56.1% Scotland average

Summary	Actions	Assurance
Areas of note • CT – 0 cases over 26 weeks (maintained position) • MRI – 42 cases over 26 weeks • General US – 10 cases over 26 weeks Significant WL growth is caused by US demand. Financial decisions caused end of locum sonography support. View was that existing locums may have transferred to bank or employment with NHSL, but they accepted locum posts at neighboring boards instead.	• CT position maintained with access to GJNH used for general CT and to maintain specialist CT such as CT cardiograms at sub 26 weeks. • MRI position supported by continued use of NHS FV National Treatment Centre (MRI) 24/25 and Mobile MRI 15 days per month. • Following successful allocation of funding from Scottish Government two locum staff will be providing input from w/c 8th July (two full days p/w each). • Recruitment to vacant sonography posts has been successful and return to trajectories is expected by Q3.	• Level of assurance against delivery - limited • Noted service on track to meet CT/MR target, however not Ultrasound. • Monitoring/mechanism in place to proactively review on a weekly basis.

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 – Access to Treatment; Extreme

31-Day Cancer Performance - *(Local Delivery Plan (LDP) Standard)*

Signals 31 In Range

Cancer 31 Day
Target: 95% - Aim: Increase
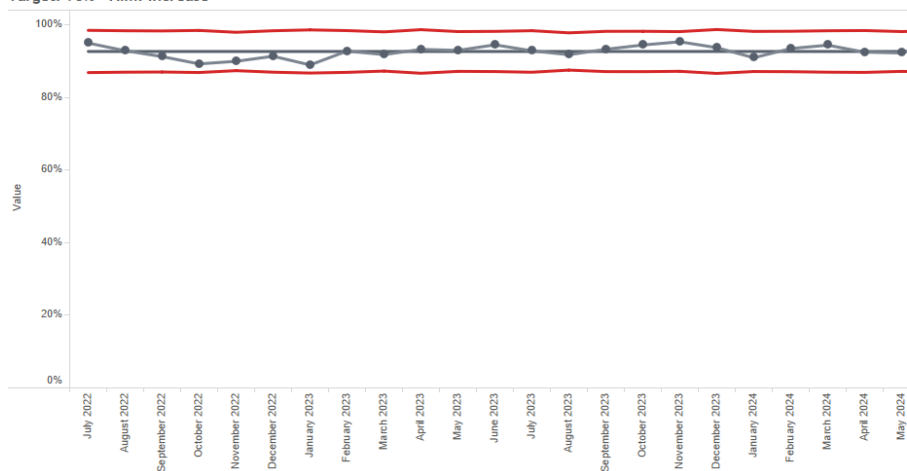
KPI	Latest Performance (May 2024)	ADP Trajectory (Q1 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q4 2023/24)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	92.5%	93.9%	93.4%	94.1% Scotland average
Median 31-Day Wait	3 days	N/A	N/A	4 days
95th Percentile 31-Day Wait	36 days	N/A	N/A	34 days

Summary	Actions	Assurance
In May 2024 NHS Lothian treated 402 patients on 31-day pathways, of which 372 made their treatment target date. Of the 30 breaches there were: - 22 Urology - 4 Breast - 3 Colorectal - 1 Head and Neck **Areas of note and drivers for this:** - Robotic Assisted Radical Prostatectomy (RARP) procedures have a substantial wait of around 6-8 months, meaning any patients for this procedure will breach at present.	• NHSL Urology service is assessing viability of sending RARP patients for treatment at other Health Boards or having Surgeons from these Boards come to Lothian to treat patients here. • Optimisation workstreams in place for Breast and Colorectal to reduce waits to surgery	• **Level of assurance against delivery by end March 2025:** Limited • Target met 3 times in last 12 months. Current backlog of 130 patients awaiting RARP, 81 of which are tracked cancer patients. Will require minimal breaches in other tumour sites to make target. • **Monitoring/mechanism in place to proactively review/support:** Weekly Patient Tracker List (PTL) meetings, weekly cancer performance huddle, quarterly performance reviews, oversight through Access & Delivery Group and Cancer & Diagnostics Delivery Group

Scheduled Care – 62-Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	ID 5185 – Access to Treatment; Extreme

62-Day Cancer Performance - *(Local Delivery Plan (LDP) Standard)*

Signals 62 ■ In Range ■ Shift
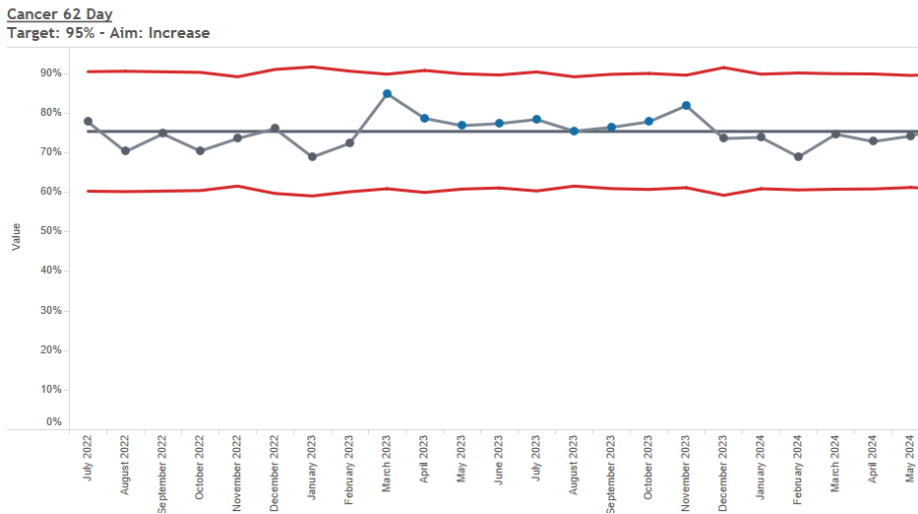
Cancer 62 Day
Target: 95% - Aim: Increase

KPI	Latest Performance (May 2024)	ADP Trajectory (Q1 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q4 2023/24)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	76.0%	80.8%	79.3%	70.4% Scotland average
Median 62-Day Wait	45 days	N/A	N/A	50 days
95th Percentile 62-Day Wait	177 days	N/A	N/A	140 days

Summary	Actions	Assurance
In May 2024 NHS Lothian treated 242 patients on 62-day pathways, of which 184 made their treatment target date. Of the 58 breaches there were 37 Urology, 9 Colorectal, 5 Breast, 4 Cervical and 3 Lung. **Areas of note and drivers for this:** • Urology Prostate diagnostic pathway currently has long waits at most pathway stages (Biopsy, OPD clinics, MRI, Oncology clinic). • Endoscopy backlogs impacting Colorectal diagnostic pathway.	• Increased internal training within Urology to improve resilience/capacity across pathway steps. • Additional Endoscopy lists being run to reduce backlogs. Endoscopy are only seeing clinically urgent and USoC patients.	• **Level of assurance against delivery by end March 2025:** Limited • Consistently failing the target. Would require significant resource investment in Urology service clinical staff and maintaining/improving in all other pathways to deliver 95%. • **Monitoring/mechanism in place to proactively review/support:** Weekly Patient Tracker List (PTL) meetings, weekly cancer performance huddle, quarterly performance reviews, oversight through Access & Delivery Group and Cancer & Diagnostics Delivery Group.

Unscheduled Care – 4-hour A&E Performance

Responsible Director(s):	Chief of Acute Services, Unscheduled Care Programme Director, HSCP Chiefs	Reporting Period:	May-June 2024
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Extreme; Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Extreme.

Accident and Emergency 4 Hour Performance - *(Local Delivery Plan (LDP) Standard)*

A&E Performance
Target: 95% - Aim: Increase
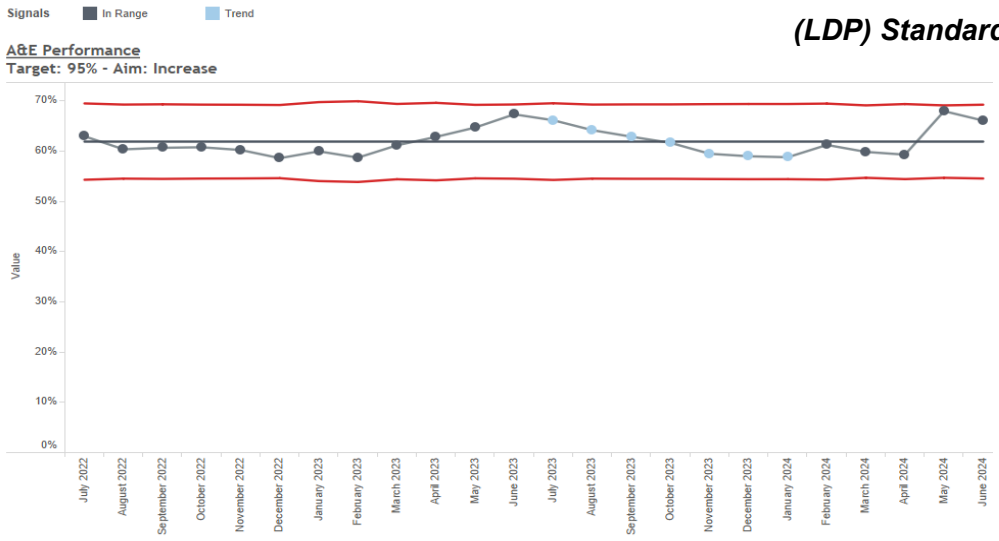
KPI	Latest Performance (June-2024)	Trajectory (Q1 24/25)	Trajectory Forecast (end March 2025)	National Benchmarking (May-2024)
95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%. (all sites)	67%	*N.B. Internal trajectories are currently being reviewed via the appropriate governance channels and will be included in the next Board update.*		70.8% Scotland Average
RHCYP	92%			-
RIE	58%	70%	70%	
SJH	64%			
WGH	64%			

Summary	Actions	Assurance

Performance
• The average 4-h4 EAS performance for the period is 70%.
• The Admitted performance is at 42% and non-admitted is at 79%.
• 8 hr and 12 hr breaches average at 63 and 23.
Areas of note and drivers for performance
• Noted drivers for improved performance during this period has been a test of change implemented at the RIE focusing on the non-admitted pathway and increasing use of the obs-ED ward. This test has been complemented by improved flow on the site due to a slight reduction in bed occupancy.
	• At the RIE, 25 of the 29 external recommendations identified across 6 themes have been implemented. Work is progressing on relocating interface services, ED operating model, escalation model and revised surgical pathways.
	• A recent Minor Injury Pan-Lothian referral criteria review underpinned by a DCAQ has been undertaken with the WGH MI team to flatten the demand curve. An options appraisal to determine how to manage the self-presenter flow was delayed however has been completed and the favoured option will be implemented collaboratively with the WGH team.
	• A test of change in collaboration with SAS and Hospital @ Home teams is scheduled for July with the aim of reducing the number of Care Home residents being conveyed to the Emergency Departments.
	• Work scheduled for 24/25 includes analysing the current RACU pathways, and ensuring we are maximising the use of the existing unit.
	• The three adult sites are commencing Length of Stay Improvement programmes with the aim of reducing downstream bed occupancy levels to improve flow.
	• To aid specialties in improving length of stay, a programme plan has been developed to roll out PDD across all relevant wards.
		CfSD has fedback that in their view it is credible that successful implementation of the USC plan can increase board performance against EAS.
		The corporate objective for 24/25 is to achieve 85% non-admitted EAS performance and the current work underway highlights improving trend towards reliably achieving this.
		• Non and Admitted flow performance improvement has been evidenced in national ranking.
		• Risk mitigation plans are integral to the LSDF and undergo periodic review to ensure it is aligned with the Annual Delivery Plan.
		• **Limited assurance** can be given however in relation to;
		  • The ability to deliver the mitigation plan to the full extent required to effect the necessary change.
		  • Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard.

9

Unscheduled Care – Delayed Discharges

Responsible Director(s):	Unscheduled Care Programme Director, HSCP Chiefs, Chief of Acute Service	Reporting Period:	May-June 2024
Data Source:	PHS and Internal Management Information	Linked Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Extreme; Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Extreme.

Delayed Discharges at Census Day (all sites):

Signals ▮ In Range

Delayed Discharges at Census Day - Patients at 12 Noon
Target: N/A - Aim: Reduce
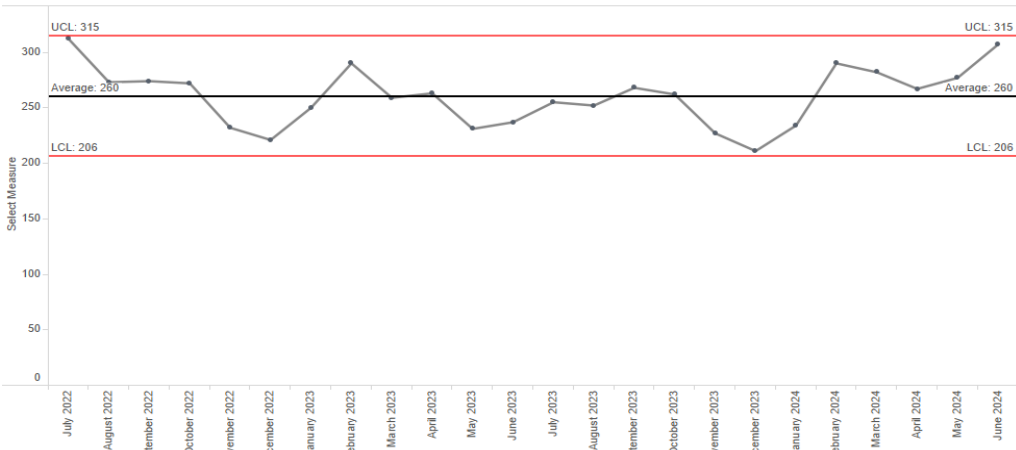
KPI	Latest Performance (May/June-2024)	Trajectory (2024/25)	National Benchmarking (May-2024)
Total Delayed Discharge (Lothian)	307 – June 2024	N/A	281 of 1,955 delays in Scotland (14.4%)
Delays at monthly census point per 100,000 18+ East Lothian HSCP	20.1 – May 2024		-
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	42.7 – May 2024	34.6 total delays per 100,000 adults	-
Delays at monthly census point per 100,000 18+ Midlothian HSCP	45.6 – May 2024		-
Delays at monthly census point per 100,000 18+ West Lothian HSCP	34.8 – May 2024		-

Summary	Actions	Assurance
Edinburgh Health and Social Care Partnership (EHSCP): **Key Challenges**: Late referrals, care home placement shortages, home care market instability, staffing issues, financial constraints, socio-economic factors. **West Lothian**: **Key Challenges**: Increase in delayed discharges due to lack of care home places, especially for dementia care. **East Lothian**: **Key Challenges**: Deteriorated discharge position, local care home restrictions, closure of inpatient beds and care homes. **Midlothian HSCP**: **Key Challenges**: Delays due to lack of care home beds, increasing population.	**Edinburgh Health and Social Care Partnership (EHSCP):** **Mitigating Actions**: Early Supported Discharge services, recruitment drives, care package reviews, 'Discharge without Delay' program expansion, new cleaning contracts, hospital collaboration, Home First program. **West Lothian**: **Mitigating Actions**: New care home construction, tightened assessment processes, short-term improvement plan, enhancements at St John's front door, Single Point of Contact development, timely discharge practices from the discharge hub. **East Lothian**: **Mitigating Actions**: Continuous monitoring of bed occupancy and discharge figures, expanded In-Reach team at Royal Infirmary of Edinburgh, establishment of East Lothian Care at Home Huddle, increase in Care at Home staffing. **Midlothian HSCP**: **Mitigating Actions**: Delays Improvement Plan, opening beds in one care home, review of Home First service, focus on Discharge without Delay (DWD), review of PDD (Presumed Discharge Date) within Midlothian Community Hospital (MCH).	The HSCPs and Acute sites continue efforts to improve discharge processes in alignment with the Discharge without Delay (DwD) Programme. Using the Scottish Government Self-Assessment Tool, targeted areas for improvement have been identified, including the implementation of Planned Date of Discharge. Collaborative work in the Acute Medical Unit at the Royal Infirmary of Edinburgh (RIE) focuses on early supported discharge and expediting the discharge of medically fit patients within the first 72 hours of attendance as of June 2024. **Limited assurance** can be given however in relation to; • The ability to deliver the mitigation plan to the full extent required to effect the necessary change. • Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard and consistent bed occupancy levels.

Fertility & Pregnancy– IVF Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

IVF Waiting Times Performance *(Local Delivery Plan (LDP) Standard)*:
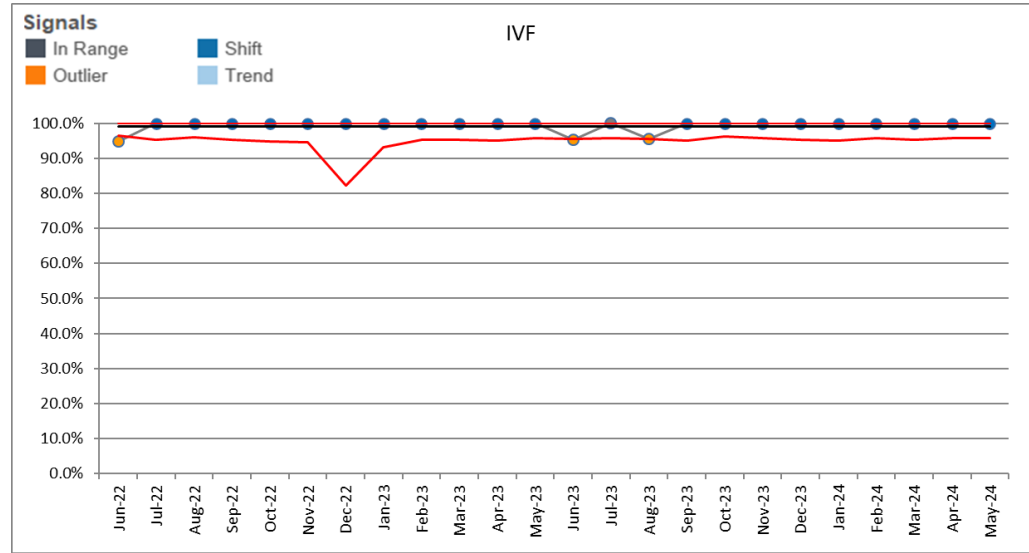
KPI	Latest Performance (May – 2024)	National Standard/ Target	National Benchmarking (Q4 2023/24)
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	90%	100% Scotland average

Summary	Actions	Assurance
Summary: 100% vs national average of 100% and target of 90%. Compliance with the target has been consistent over the past 24 months, with only single figure breaches noted which did not result in a failure to comply with the performance standard.	Monitoring is ongoing via monthly reporting; however, no current actions are in place or outstanding.	Significant As noted, compliance with the standard has been consistent over the past 24 months. Monthly reporting maintains appropriate level of monitoring and individual breaches of the standard are investigated.

Fertility & Pregnancy– Antenatal Access

Responsible Director(s):	Chief of Acute Services	Reporting Period:	May 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

Early Access to Antenatal Services *(Local Delivery Plan (LDP) Standard)*:
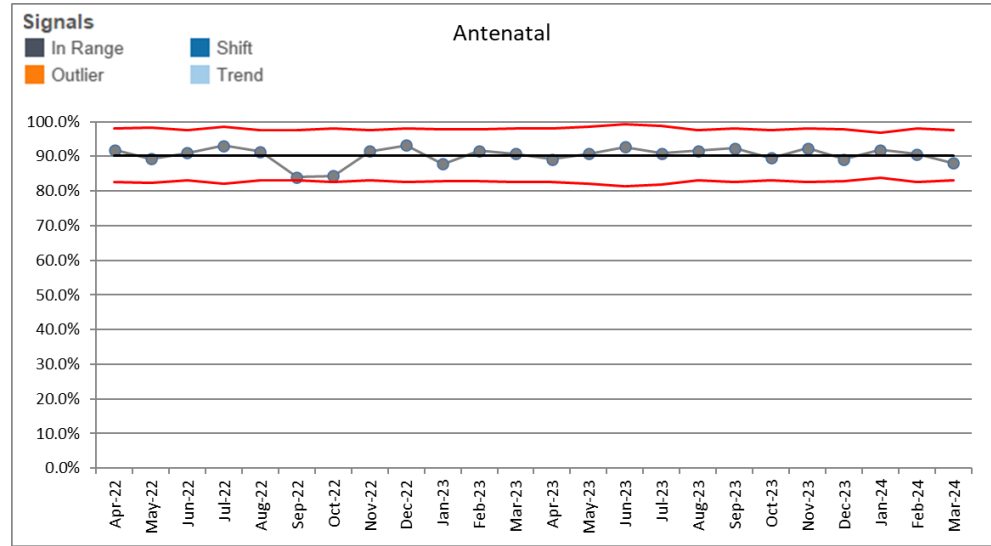
KPI		Latest Performance May 2024	National Benchmarking 2023
At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.		SIMD 1: 88.33% SIMD 2: 88.82% SIMD 3: 93.46% SIMD 4: 95.57% SIMD 5: 89.33%	SIMD 1: 86.5% SIMD 5: 94.9%

Summary	Actions	Assurance
Summary: 90% vs target of ≥ 80%. Antenatal access for all SIMD categories remains above the target and broadly in line with national averages. At no point over the last 24 months has booking dropped below standard.	Ongoing monitoring of booking is in place and any unexpected changes are discussed by the Service Management team. No current actions are outstanding.	Significant As noted, no breaches in the standard have been recorded over the past 24 months. Monitoring is ongoing via a monthly report with any unexpected changes being escalated to the Service Management team for review and action.

Primary Care

Responsible Director(s):	Director Primary Care	Reporting Period:	July 2024
Data Source:	DataLoch & Adastra	Linked Corporate Risk(s):	Risk 3829 - Sustainability of the model of general practice

Measure	Latest position
Estimated General Practice (in hours) activity	For w/c 8 July 2024, there were an estimated 96,664 patient consultations across the 116 General Practices in Lothian. This is below the mean but within normal variation.
General Practice Out-of-Hours (LUCS) activity	For w/c 15 July 2024 LUCS managed 2,218 patient consultations. This is below the weekly mean of 2,433, although within normal variation, and is in line with seasonal fluctuations in demand.
Closed practice lists	3 practices (out of 116) have closed lists to new patients. The maximum number of closed lists has been 8 within the last 12 months.
Health and Care Experience (HACE)	NHS Lothian had 72% positive response to the question 'how would you rate the care provided by your General Practice?' which was statistically higher than the rest of Scotland (69%), and an improvement on the 2022 report.

Summary	Notes
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. Chart B provides the Lothian GP Out-of-Hours (LUCS) activity. The charts clearly show the seasonal fluctuations and the impact of public holidays – the spikes in LUCS activity represent public holidays and show the inverse of in-hours General Practice activity. Activity levels are largely stable and within normal variation. The HACE survey results are published every two years, with the most recent report available in May 2024. This shows a more positive picture for Lothian than the 2022 findings, and Lothian is performing slightly better than the Scottish average.	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 66 GP practices. Please note this sample represents approx. 56% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level of activity. Full report available here Health and Care Experience Survey - gov.scot (www.gov.scot)

Primary Care (2)

Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) weeklu direct patient activity across Lothian
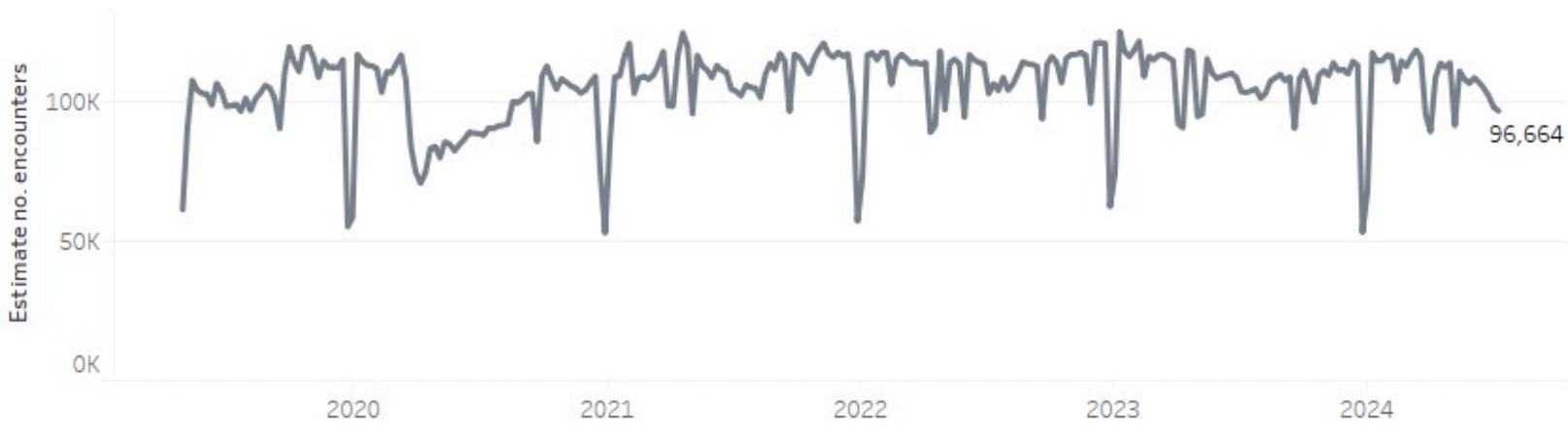
Chart B provides the Lothian GP Out-of-Hours (LUCS) weekly service activity
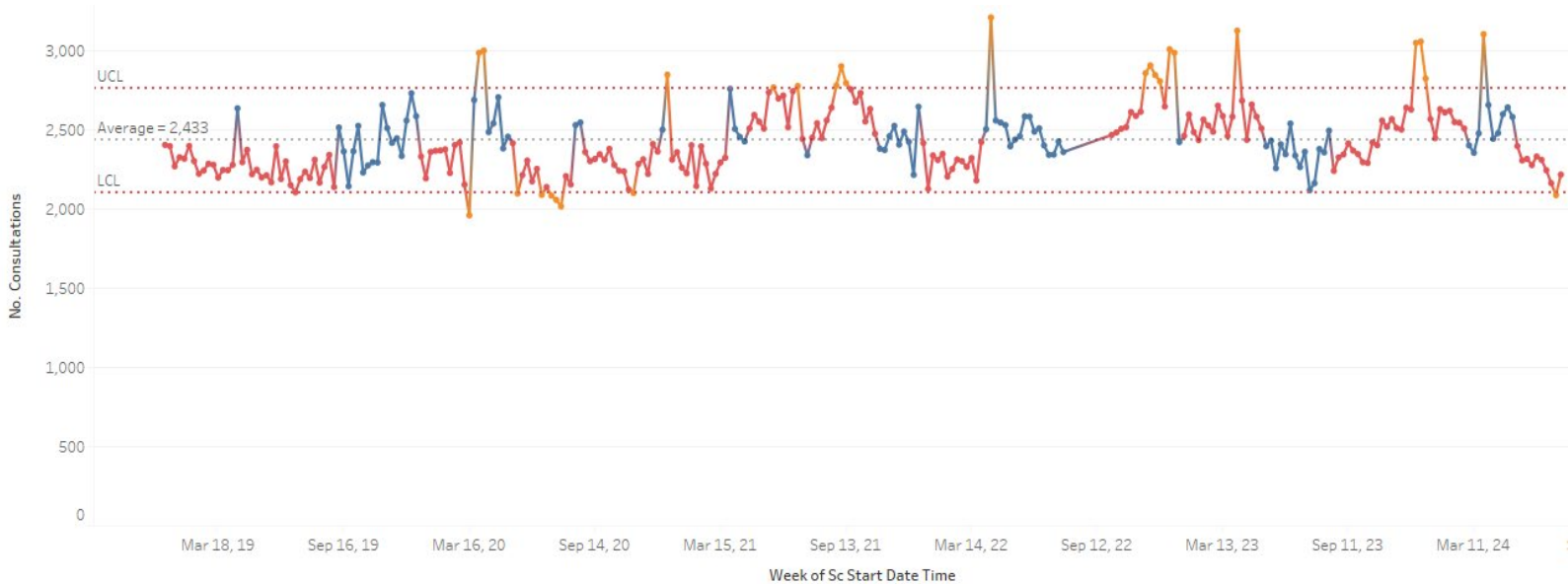
NOTES:
There was an outage of the clinical management system (Adastra) over August to September 2022. Data for that period is not available in this format.

Mental Health– Psychological Therapies

NHS Lothian

Responsible Director(s):	REAS Services Director	Reporting Period:	Apr-June 2024
Data Source:	PHS and internal management	Linked Corporate Risk(s):	N/A – removed from CRR in August 2023

Psychological Therapies Waiting Times Performance - *(Local Delivery Plan (LDP) Standard)*
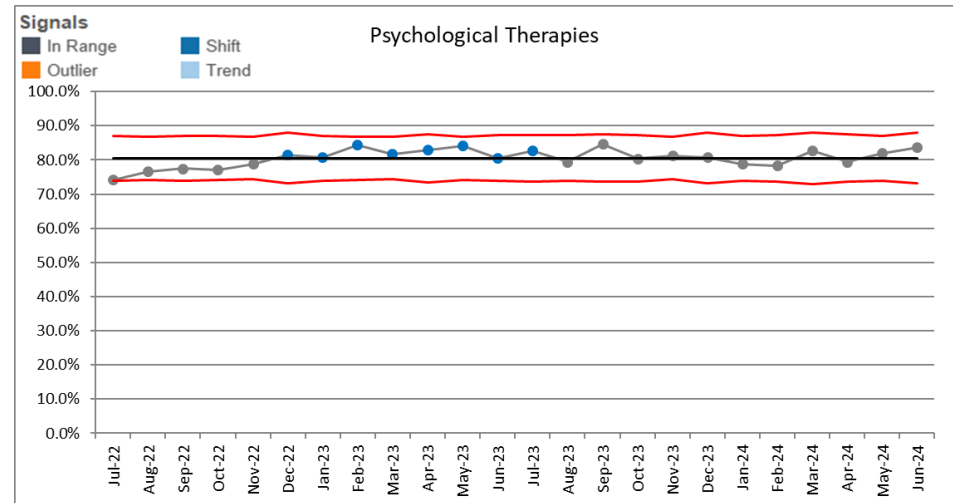
KPI	Latest Performance (June 2024)	Trajectory (June 2024)	Trajectory Forecast (end March 2025)	National Benchmarking (Jan-March 2024)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	83.7%	80.3%	82%	79.3% Scotland average
Total Waits	3701	2433	2364	NHSL accounted for 12.8% of Scotland
Waits > 52 weeks	74	71	32	Lothian accounted for 2.4% of Scotland

Summary	Actions	Assurance
Across Lothian, the assessment and treatment waiting lists for all psychology services have continued to reduce at a slightly slower rate. The overall performance for the LDP standard has improved in the last quarter from 79.4% (April 24) to 83.7%. This remains above the national average of 79.3%. It has been forecast that due to the reduced financial envelope we will continue to see gradual improvement, but it will take longer to fully meet the standard. The treatment waiting list has reduced since the last quarter from 3,759 (April 24) to 3,701. Despite ongoing efforts to reduce the longest waits, this has remained relatively static in the last quarter with 74 currently waiting >52 weeks. This does remain lower than the national average (6.2% of waits are >52 weeks nationally, 2.2% of waits in NHS Lothian exceed 52 weeks).

Overall increase in the LDP standard but a static picture of the longest waits is reflective of the current work force configuration. Currently within the largest AMH teams individuals requiring a less complex intervention are being seen close to 18 weeks, whilst those requiring a clinician with higher expertise are having to wait much longer. Staffing levels have remained relatively stable over the last quarter. | There is a requirement to reorganise staffing to fit within the current financial envelope.

Ongoing individual job planning and case management will provide assurance around the use of capacity available. | We anticipate that we will not meet with LDP standard within the next 5 years based on current capacity and likely financial impact.

The national target is 90% of patients starting treatment within 18 weeks and we remain on average around 80%.

There is ongoing monthly review within Psychology SMT of performance across all services to identify where additional support or challenges are arising and to understand the impact these have on the Lothian-wider picture. |

Mental Health– CAMHS

Responsible Director(s):	REAS Services Director	Reporting Period:	Apr-Jun 2024
Data Source:	PHS and internal management	Linked Corporate Risk(s):	N/A – removed from CRR in August 2023

CAMHS Waiting Times Performance - *(Local Delivery Plan (LDP) Standard)*
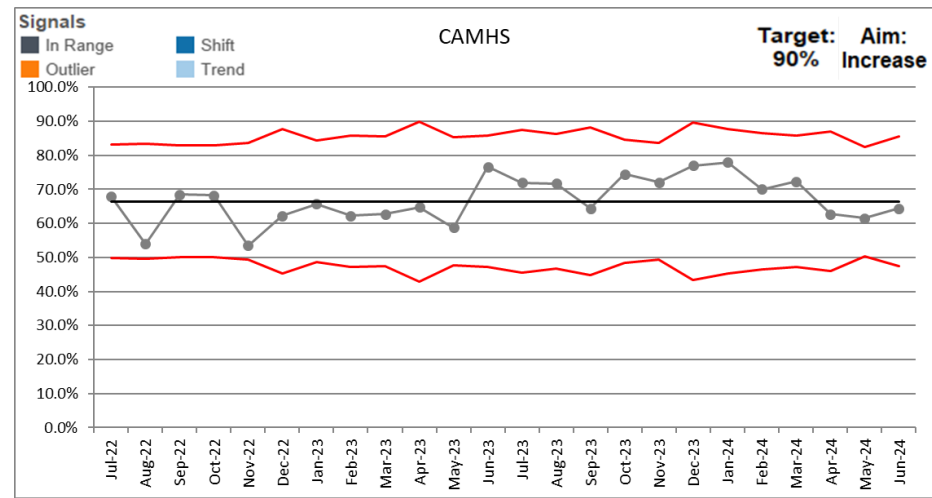
KPI	Latest Performance (June 2024)	Trajectory (June 2024)	Trajectory Forecast (end March 2025)	National Benchmarking (Jan-March 2024)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	64.4%	77.5%	77.9%	86% Scotland average
Total Waits	1856	1300	1591	Lothian accounted for 10% of Scotland
Waits > 52 weeks	25	64	61	Lothian accounted for 26.6% of Scotland

Summary	Actions	Assurance
Across all CAMHS Lothian, the overall performance for the LDP standard is at 63% (end April position); This is down from the 71% position at the end of Feb 24, this is due to allocation of longest waiting patients. Overall, there were a total of 1,856 patients waiting at end June – this is an increase from May with 1,751 patients waiting. At end June, there were 1,251 (67.4%) patients waiting <18 weeks – an increase from 1,189 patients waiting <18 weeks in May. At end June, 605 (32.6%) were waiting >18 weeks with 25 patients waiting > 52 weeks – this compares to May with 562 patients waiting > 18 weeks and 28 waiting > 52 weeks. In March 2021 the number of patients who waited more than 18 weeks was 2,161; a reduction of 72%. The number of patients who have been waiting more than 52 weeks for assessment or treatment is currently 28 at the end of June 2024, a decrease from 46 in the previous submission. In the last 12 months, average treatment demand has been 95 – this compares to 119 in the previous 6 months. CAPA job planning process is subject to a 3 monthly planning cycle and undergoes constant refinement. In the quarter to end of June 2024 it was expected that there would be 363 new patient appointments from the treatment waiting list, and the teams were able to deliver 351 new appointments.	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. Weekly waiting times compliance meetings are taking place between CSM/SM. Ongoing monitoring and review of job plans.	It is currently anticipated that the target will not be met, staffing levels have affected service wait times performance. There are weekly waiting times meetings and monthly job planning in place to monitor and review the wait times and discuss actions. The current assurance level for CAMHS is **limited assurance**.

16

16/18

Public Health – Smoking Cessation

Responsible Director(s):	Director of Public Health & Health Policy	Reporting Period:	Q3 2023/24
Data Source:	Published PHS Data	Linked Corporate Risk(s):	N/A

Smoking Cessation Performance - *(Local Delivery Plan (LDP) Standard)*

Smoking Cessation chart. Signals: In Range (grey), Outlier (orange), Shift (dark blue), Trend (light blue). Aim: Increase. X-axis Mar-18 to Nov-23, Y-axis 0.0% to 120.0%.
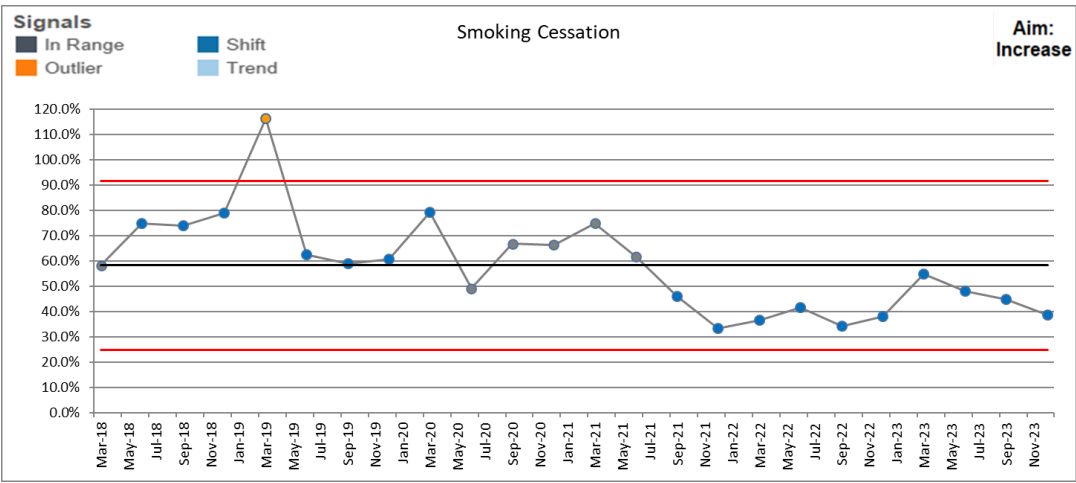
KPI	Latest Performance (Oct-Dec: 2023)	Trajectory (Q3 2023/24)	Trajectory Forecast (end March 2025)	National Benchmarking (latest Q3-2023/24)
NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards)	38.6%	114/295	295/295	12 of 14 Health Boards. NHS Board performance against their annual LDP Standard ranged from 29% to 83%.

Summary	Actions	Assurance
QYW performance targets are modelled 50:50 between Specialist community/acute quits and Community Pharmacy quits. Specialist community and acute quit numbers are improving and quit numbers have been above Scotland average and among the better performing NHS Boards for Q1-3 2023-24. Community Pharmacy quit numbers have declined since Q2 2021-22. This is a national trend but Lothian performance was previously low compared to other NHS Boards so current performance is significantly below target.	Pharmacy Assist Team was in place at the start of Q4. Team is focused on supporting improvement work with community pharmacies. Additional support for Edinburgh QYW team to improve performance. 2024-25 mid-year performance review scheduled for late Autumn.	• Moderate level of assurance against delivery by end March 2025 due to consistently failing to meet the target. • Public Health and Health Policy Population Health Senior Leadership Team and Senior Management Team receive bi-annual updates on performance.

17

Additional Information

Data & Definitions

- Published data and definitions are available:
  https://publichealthscotland.scot/publications/

- The median wait is the middle value; for example the middle of referral to treatment days (62-day) or decision to treat to treatment days (31-day).

- A percentile is the value of a variable below which a certain percent of observations fall. For example, the 95th percentile is the value (referral to treatment days [62-day cancer] or decision to treat to treatment days [31-day cancer]) below which 95 percent of the waits may be found. The 50th percentile is also known as the median.

Glossary of Common Terminology and Acronyms

- AMU (Acute Medical Unit)
- AHP (Allied Health Professional)
- CNS (Clinical Nurse Specialist)
- DTOC (Delayed Transfer of Care)
- DNA (Did Not Attend)
- LoS (Length of Stay)
- MDT (Multi-Disciplinary Team)
- SG (Scottish Government)
- OP (Outpatient)
- IPDC (Inpatients & Day Cases)
- RARP (Robotic Assisted Radical Prostatectomy)
- WTE (Whole Time Equivalent)
- SDEC (Same Day Emergency Care) / RACU (Rapid Access Care Unit)
- QYW (Quit Your Way – smoking support service)
- CAPA (Choice & Partnership Approach - Job Planning)

NHS Lothian

11.

Meeting:		NHS Lothian Board	
Meeting date:		14 August 2024	
Title:		Corporate Risk Register	
Responsible Executive:		Tracey Gillies, Medical Director	
Report Author:		Jill Gillies, Associate Director of Quality	

1   Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	**Awareness**	☒

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	**Other – Corporate Risk**	☒

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	**Scheduled Care**	☒
Children & Young People	☒	**Finance (revenue or capital)**	☒
Mental Health, Illness & Wellbeing	☒	**Workforce (supply or wellbeing)**	☒
Primary Care	☒	**Digital**	☒
Unscheduled Care	☒	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☒	Effective	☐
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

2 Report summary

2.1 Situation

2.1.1 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.

2.12 Board members should note that there have been no changes to the CRR since the June Board meeting, as updates were brought ahead of planned schedule due to timing of the June CMT meeting. The current version of the risk assurance table is attached to this paper for information. The next round of updates will be brought to the October Board.

2.2 Background

2.2.1 Role of the Corporate Management Team (CMT)

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.

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.

2.2.2 Escalation of Risks – Divisional Very High/High Risks

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 by the CMT in June 2024.

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.

2.2.3 All risks on the CRR relate to the delivery of NHS Lothian objectives as agreed by the Board in April 2024.

2.2.4 The risk management process is set out in the Risk Management Policy as approved by the Board in April 2023. In turn, the principles of this policy and its associated procedure are based upon recognised good practice in risk management, as set out in the following publications:

Blueprint for Good Governance in NHS Scotland second edition, published in December 2022
The Orange Book Management of Risk - Principles and Concepts published by HM Treasury 2020. *The Orange Book (publishing.service.gov.uk)*

2.3 Assessment

2.3.1 Quality/ Patient Care

The CRR includes risks to quality and patient care and risk mitigation plans will positively impact on quality of care.

2.3.2 Workforce

The resource implications are directly related to the actions required to mitigate against each risk. The mitigation of risks relating to staff health and safety will positively impact on health and well-being.

2.3.3 Financial

The resource implications are directly related to the actions required to mitigate each risk. This is managed through relevant governance and operational management structures which are set out against each risk.

2.3.4 Risk Assessment/Management

In line with the CRR process, risks are identified and/or escalated for assessment and consideration by the CMT who will in turn make recommendations to the Board. Risk mitigation plans are in place for all risks on the CRR and are monitored through reporting to relevant governance committees for assurance.

2.3.5 Equality and Diversity, including health inequalities

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.6 Communication, involvement, engagement and consultation

This paper does not consider developing, planning, designing services and/or policies and strategies therefore the statutory duties do not apply.

2.3.7 Route to the Meeting

In line with agreed process, the CRR is considered by the CMT who make recommendations to the Board.
- Corporate management team 18 June and 30 July 2024

2.4 Recommendation

- **Awareness** – For Members' information only. The current risk assurance table is included as appendix 1.

3 List of appendices

The following appendices are included with this report:
- Appendix 1: Risk assurance table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
3600	**Finance** There is a significant risk that the Board is unable to respond to core existing service requirements as well as those arising from the population growth in all age groups across NHS Lothian, whilst maintaining its aging estate. This is because of a combination of the greatly restricted level of capital and revenue resource available for 2024/25, together with the uncertainty around future resources. This will result in an inability to plan for and deliver not only core services, on a financially prioritised and risk/ needs assessed basis, but also the additional capacity and infrastructure required. Resource limitation also impacts recovery from this situation and the ability to plan in the medium to long term, against a trajectory of increasing demand and ageing capital assets. Executive Lead: Craig Marriott	**Finance & Resources Committee** **November 2020** ▪ Limited assurance accepted. **March 2021** ▪ Accepted following levels of assurance: o Significant: NHS Lothian ability to deliver a breakeven position in 2020/21. o Limited: delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22. **January 2022** ▪ Limited assurance accepted. **August 2022** ▪ Limited assurance accepted. **March 2023** ▪ Limited assurance accepted. **April 2024** ▪ **Limited assurance accepted.**
		Outcome of Executive Lead Discussions **March/April 2024** • Risk reframed at F&R committee to recognise both the revenue and the capital aspects of the risk. • Risk mitigation plan has been updated and both approved by the F&R committee. **May 2024** • **Month 1 of 2024/25 - focus of activity has been on delivery of 3% and 4% targets.** • **Financial plan approved by SG - still £30m gap.** • **Activities throughout the year will seek to identify non-recurring bridging actions to limit impact on frontline services.** • **An established communications strategy has been enacted with both staff, Board, and government.** • **Fragility of the financial position will require significant Board oversight at quarterly forecast intervals. Active mitigation will require to be identified through this process.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	**CMT February 2024**	**CMT April 2024**
		Very High 25	Very High 25

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
		<u>**Healthcare Governance Committee**</u> – person-centred, safe and effective care.
		
		November 2020
		• Accepted following levels of assurance:
		    o Moderate: Winter plan which includes 4-hour performance in RIE ED.
		    o Significant: 4-Hr Emergency Access Target to March 2021.
		May 2023
		• Limited assurance accepted
		November 2023
		• Limited assurance accepted
		
		<u>**Strategic Planning and Performance Committee**</u> – Performance
		
		June 2021
		• Board downgraded risk from very high to high.
		December 2021
		• Board upgraded risk from high to very high.
		• No specific levels of assurance proposed or agreed.
		September 2022
		• Limited assurance accepted.
		May 2023
		• **SPPC provided limited assurance to HGC on performance aspects of this risk.**	

		<u>**Outcome of Executive Lead Discussions**</u> **March/April 2024** • Over the last 6 weeks 4-Hour performance has remain largely unchanged at the Royal Infirmary of Edinburgh and is currently at 47.4%. • The Emergency Access Standard (EAS) project board has commissioned 6 workstreams to deliver on key priorities for RIE Site with a view to consistently and sustainably improving 4-hour EAS performance.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• Key learning from the EAS project board is being shared across the other two acute sites to support improvement activity. • A priority focus of improvement work is now targeting non-admitted performance within the RIE. A range of improvements are being introduced targeted at improving performance of those non-admitted patients. • Next update will focus on both SJH & RIE ED performance. **May 2024** • **Over the last 6 weeks the 4-hour performance at the Royal Infirmary of Edinburgh is unchanged and is currently at 47.4%.** • **The Emergency Access Standard (EAS) project board continues to oversee and share key learnings on the progress of 6 workstreams that will deliver on the key priorities for the RIE Site, with a view to improve the 4-hour EAS performance consistently and sustainably.** • **A priority and concerted focus of improvement work is now targeting non-admitted performance within the RIE through May. A range of improvements are being introduced targeted at improving performance of those non-admitted patients.** • **A recently introduced Test of Change to "enhance" the existing Rapid Occupational Therapy Assessment Service (ROTAS) at St John's Hospital (SJH) is focused on redirecting patients from the front door with/without community support around them. 351 patients were screened between Dec 23 and Mar 24 and an evaluation is underway.**	
	Risk Grading:	CMT February 2024	CMT April 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	**Healthcare Governance Committee** – person-centred, safe, and effective care. **September 2020** • Moderate assurance **November 2020** • Accepted following levels of assurance: o Moderate: Winter plan, which includes timely discharge.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	waits for admission, cancellation of elective procedures and NHS Lothian's capacity to achieve national standards. Executive Lead: Jim Crombie	○ Significant: Delayed Discharges to March 2021. **September 2022** • Moderate assurance, except for EHSCP which was limited. **May 2023** • Limited assurance **September 2023** • Limited assurance: **Strategic Planning and Performance Committee** – Performance **June 2021** • Board agreed to downgrade risk from very high to high. **April 2022** • Board re-framed risk (previously timely discharge) with grading very high (20). **September 2022** • Limited assurance accepted. **May 2023** • **Limited assurance accepted.**
		Outcome of Executive Lead Discussions **March/April 2024** • Current risk grading is being maintained at 25, very high, as agreed at the HGC meeting in November 2023. • Limited assurance was provided with respect to the robustness of risk mitigation plans. A review of the risk and mitigation action plan will be taken to SPPC 22/05/2024 & HGC 28/05/2024. • 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 Length of Stay (LOS). • 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 (DwD) Lothian Group, March 2024. • Acute Hospitals are currently developing their 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

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		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. • 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. • Updated Acute Escalation framework now in place with actions focussed on creating flow. • DWD programmes are being evaluated to determine opportunities to improve. **May 2024** ▪ **With the continued challenges in reducing delayed discharges, tackling this performance continues to be a key priority for the Board.** ▪ **There is a continued focus on Discharge Without Delay (DwD) with positive staff engagement across the system.** ▪ **Rapid rundowns are providing a daily opportunity for Multi-Disciplinary Team (MDT) collaboration to identify actions for the day with efficiencies in communication and facilitation. There is improved and clear communication to facilitate flow. In addition, there is an improved understanding of individual discharge needs – single version of the truth.** ▪ **There is improvement with the discharge profile on wards that have adopted Planned Date of Discharge (PDD), including better discharge plan in place for patients.** ▪ **Discharge Planning working groups, attended by MDT's, are improving joint working between acute and community teams according to feedback received. There is consistent use of PDD's across all wards.** ▪ **Alert was issued from CEC IJB regarding the impact on DDs (increase) because of savings initiatives being deployed in 2024. Similar updates have been sought from our other 3 IJBs.**		
	Risk Grading:	**CMT February 2024**	**CMT April 2024**
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
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** • Limited assurance accepted. • Update paper went to HGC May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position. **May 2022** • Moderate assurance accepted. **September 2022** • Moderate assurance except EHSCP which was limited. **May 2023** • Limited assurance accepted. **September 2023** • Moderate assurance accepted, except for Edinburgh which was limited. <u>Outcome of Executive Lead Discussions</u> March/April 2024 • PCIP trackers remain on track with PCIP7 update due to SG colleagues by 10 May 2024. • A number of financial pressures are facing general practices simultaneously; increased employer pension contributions, some specific reductions in SLA funding for services no longer required by HSCPs, increased facilities management charges for practices within NHS Lothian premises as we progress cost recovery for services received and wider general inflationary pressures facing all services. • While these are costs that general practices as independent contractors need to bear, we do not want to destabilise practices and where these cost increases may impact on the ongoing delivery of GMS contracts then specific practice-level discussions will take place on an 'open book' basis to better understand the financial viability of the practice. To date no discussions at this level have taken place, although several practice-level discussions about the pressures are ongoing. **May 2024** • **No significant change from March/April update** • **PCIP trackers remain on track. PCIP7 returns have been extended with update due to SG colleagues by end of May 2024**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **As previously noted, specific practice-level discussions will take place on an 'open book' basis to better understand the financial viability of the practice. To date, one practice has requested a discussion at this level which is scheduled to take place in June 2024. However, several practice-level discussions about the pressures are ongoing.**	
	Risk Grading:	**CMT February 2024**	**CMT April 2024**
		High 12	High 12
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	<u>**Healthcare Governance Committee**</u> – person-centred, safe and effective care.<u></u> **November 2020** • Moderate assurance accepted. **December 2020** • The Board accepted limited assurance. **January 2021** • Assurance level deferred in relation to CAMHs with request to bring back further detail in 6 months. **March 2021** • Moderate assurance accepted. **May 2023** • Limited assurance accepted. **October 2023** • Limited assurance accepted. **May 2024** • **Limited assurance accepted.** <u>**Strategic Planning and Performance Committee**</u> – Performance **October 2020** • Board accepted limited assurance. **September 2022** • Paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		November 2022 • Levels of assurance agreed by service as noted in previous papers. • Paper will go to May SPPC meeting to agree assurance level - deferred by the March SPPC due to the critical incident. **May 2023** • Limited assurance provided to HGC on performance aspects of this risk. **November 2023** • Limited assurance accepted **May 2024** • **Limited assurance accepted.**
		<u>**Outcome of Executive Lead Discussions**</u> **March/April 2024** • The risk grading remains at 25 following last review at Healthcare Governance Committee (HGC) & Strategy, Planning and Performance Committee (SPPC). • Limited assurance provided by the HGC in October 2023: health board's ability to maintain or improve current levels of access to treatment and minimise clinical impact. • Updates provided to SPPC committee. • Performance will be impacted by financial constraints both capital and revenue, impact, and mitigations part of ADP process with Scottish Government. • Next risk review update will be presented to the Scheduled Care Delivery Board in April 2024, SPPC & HGC in May 2024. **May 2024** • **Performance will be impacted by financial constraints, both capital and revenue, impact and mitigations included in the ADP process with Scottish Government** • **NHS Lothian have received £7.5m (NRAC share of overall £50m nationally) to be utilised for Golden Jubilee National Hospital (GJNH) capacity allocations. GJNH 24/25 capacity allocations confirmed, 2,589 Ophthalmology See & treat. 1832 Treat only across Orthopaedics, Plastics, General Surgery, Colorectal** • **A further £30m has been identified nationally to support cancer, orthopaedics, ophthalmology, diagnostics, and long waits. This is being held centrally and Boards are required to submit bids for funding with timescales as soon as**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		possible. NHS Lothian bids for Gynae and Diagnostics have been approved so far, with work underway on further bids	
	Risk Grading:	CMT February 2024	CMT April 2024
		Very High 25	Very High 25
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	**Finance and Resources Committee** **October 2022** - Submitted for assurance but not considered due to re-prioritisation of agenda. **December 2022** - Limited assurance accepted. **March 2023** - Limited assurance accepted. **August 2023** - Limited assurance accepted. - Verbal update provided in October 2023. **December 2023** - Limited assurance accepted. **March 2024** **Limited assurance accepted.** **Outcome of Executive Lead Discussions** **March/April 2024** - Current risk grading is being maintained at 20, very high, as agreed at the F&R Committee meeting in March 2024. - Limited assurance accepted at F&R Committee meeting in March 2024, following update paper and discussion. - With the current Capital position, the re-provision is now on hold. Focus will now turn to critical infrastructure within HSDU (one of the mitigation plan actions); however, this may come with investment requirements. Investment in HSDU is included within the directorates Backlog Maintenance priorities however this may need re-evaluated based on the outcome of the Critical Systems Review of HSDU. - Steam leak causing system shutdown 5/4/24 Escalated to Scot Gov. Resilience Plan enacted. Poor National capacity available. The HSDU Steam Infrastructure had to be	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		isolated due to a leak on the condensate line, directly above the washers. The route cause was that the pipework had mechanically failed at a compression joint, and a permit to work had to be arranged so the repair could be completed. This was completed on the same day. Steam generation within the unit is up and running however is operating via the temporary boiler. • Why are we still on the temporary boiler? – The heat exchangers on the main boilers are currently under repair due to an issue with residue. This is causing the boilers to 'clog up'. No date for completion although early indications are mid-late April. • In terms of the larger resilience project surrounding steam generation, Consort/EQUANS are looking to appoint a contractor following the completion of drawings and pricing return process. • Next F&R committee review June 2024. **May 2024** ▪ **With the current Capital position, the re-provision is now on hold. Focus will now turn to critical infrastructure within HSDU (one of the mitigation plan actions) however this may come with investment requirements. Investment in HSDU is included within Back Log Maintenance (BLM) priorities, however this may need to be re-evaluated, based on the outcome of the Critical Systems Review of HSDU** ▪ **Completion date for the Critical System Review is not yet known. When this is complete the output will be reviewed, and risk assessed against current BLM priorities, to establish an updated BLM position.** ▪ **The Estates & Facilities Associate Director of Operations continues to be involved in the national conversations and position surrounding CDU resilience, to ensure that NHS Lothian is a priority given significant fragility of the current unit.** ▪ **Verbal update to be taken to the next Finance & Resource Committee (5th June).**

		Risk Grading:	**CMT February 2024**	**CMT April 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** • 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. • Follow up paper to go to September 2021 Board. **December 2021** • Moderate assurance accepted. **March 2022** • Moderate assurance accepted **June 2022** • Moderate assurance accepted. **October 2022** • Moderate assurance accepted. **February 2023** • Moderate assurance accepted. **July 2023** • Moderate assurance accepted. **December 2023** • Moderate assurance accepted.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		May 2024	
		• **Moderate assurance accepted.**	
		Outcome of Executive Lead Discussions	
		March/April 2024	
		• Vacancy gap meets expectations at 6.2% in February.	
		• Nursing thematic workstreams are beginning to gain some traction. Off contract agency staff have not been used in >4 weeks, other agency usage has reduced with a cost reduction of £6m.	
		• Retention of nursing staff is improving (fewer leavers than new starts) with a net increase for this year of over 600 staff.	
		• A robust recruitment plan for the coming year is well underway for our newly qualified September recruitment intake, all HEIs have been visited as part of the recruitment process.	
		May 2024	
		▪ **Ongoing recruitment and retention continue to be very positive. 2024 new graduate recruitment underway with unconditional offers made to circa 700 students.**	
		▪ **There is a continued decrease in use of agency and supplementary staffing.**	
		▪ **Recommend decrease in grading from very high (20 – likelihood almost certain, impact major) to high (12 - likelihood possible, impact major)**	
	Risk Grading:	**CMT February 2024**	**CMT April 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	**Staff Governance Committee** **October 2020** • Limited assurance accepted. **May 2021** • Limited assurance was agreed by the NHS Lothian H&S committee.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	temperature and incomplete implementation of existing plans to improve 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	**March 2022** • Limited assurance accepted. **July 2022** • Limited assurance accepted. • 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. **March 2024** • **Limited assurance accepted.**	
		Outcome of Executive Lead Discussions **March/April 2024** • Current risk rating is 12, high, as agreed by the F&R committee meeting in March 2024. • Limited assurance level agreed at the Staff Governance Committee meeting in March 2024. • Report to Staff Governance Committee from WSG being revised by WSG to better demonstrate oversight and actions. **May 2024** ▪ **Following a request from the new Chair of the SGC a redrafted paper is being reviewed by the Water Safety Group prior to submission, to ensure the paper is clearer in demonstrating oversight and actions within the Risk Mitigation Plan** ▪ **Verbal update to be presented at May Staff Governance Committee meeting.**	
	Risk Grading:	**CMT February 2024**	**CMT April 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	**Finance & Resources Committee** • New risk approved by Board June 2021. • Paper due to go to F&R August 2022.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Life cycle Works and maintenance of 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	**October 2022** • Limited assurance accepted. **August 2023** • Limited assurance accepted. **February 2024** • **Limited assurance accepted.**	
		Outcome of Executive Lead Discussions **March/April 2024** • Current risk rating is 12, high, as agreed by the F&R committee meeting in March 2024. • Limited assurance was confirmed during last submission to F&R, February 2024.Fire Safety items removed from this risk and are now incorporated within the 'RIE Fire Safety' Corporate Risk. • Next F&R committee review June 2024. **May 2024** ▪ **As previously noted, fire safety items removed from this risk and are now incorporated within the 'RIE Fire Safety' Corporate Risk, that is currently held by the CEO.** ▪ **Updated paper to be presented at the next Finance & Resource Committee meeting (5th June).**	
	Risk Grading:	**CMT February 2024**	**CMT April 2024**
		High 15	High 15

3455	**Violence & Aggression**
	
	The nature of services provided by NHS Lothian 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
		Staff Governance Committee
		
		October 2020
		• Accepted following levels of assurance:
		    o Moderate assurance: processes in place.
		    o Limited assurance: implementation of required actions.
		December 2020
		• Accepted following levels of assurance:
		    o Moderate assurance: processes in place.	

Datix ID	Risk Title & Description	Committee Assurance Review Date

	experience, with potential prosecutions, and fines for health and safety breaches.
	
	Executive Lead: Alison MacDonald
		o Limited assurance: implementation of required actions, specifically on the use and provision of personal alarms.
		May 2021
		• Accepted following levels of assurance:
		    o Limited assurance: progress of actions to mitigate this risk.
		    o Moderate Assurance in terms of current staff safety.
		December 2021
		• Limited assurance accepted based on the internal audit findings.
		March 2022
		• Verbal update provided to Staff Governance.
		June 2022
		• Moderate assurance accepted.
		October 2022
		• Limited assurance accepted overall, however for component parts set out in the risk mitigation plan:
		    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.
		December 2022
		• Verbal update.
		February 2023
		• Limited assurance accepted overall.
		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.
		October 2023
		• Verbal update.
		December 2023
		• Moderate assurance accepted.
		May 2024
		• **Moderate assurance accepted.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions	
		March/April 2024	
		• The revised purple pack risk assessment Quarter 1 reporting of V&A is now underway.	
		• The Implementation plan for the training strategy has been agreed. There was an agreed 1-month delay, due to the training team's activity and capacity being redirected to mitigating a local risk prior to implementation of the Board wide strategy.	
		• Compliance with lone working devices is now considered as BAU, compliance vastly improved.	
		• Next steps are to agree what data to report and using an impact measurement framework, report on these measures to the Pan Lothian Health and Safety committee to demonstrate success and effectiveness of the V&A PB objectives and activities.	
		May 2024	
		▪ **Risk mitigation plan branded with 'Keeping people safe'.**	
		▪ **Training strategy implementation plan now underway.**	
		▪ **Further work to better understand risk and effective mitigation at local level is underway.**	
	Risk Grading:	**CMT February 2024**	**CMT April 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.
		Staff Governance Committee
		
		October 2020
		• Limited assurance accepted.
		December 2020
		• Accepted following levels of assurance:
		   o Limited assurance: safe traffic management at acute, East and Midlothian sites.
		   o Moderate assurance: REH and community sites.	

Datix ID	Risk Title & Description	Committee Assurance Review Date

	Executive Lead: Jim Crombie	**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.
		March 2024
		• Limited assurance accepted.

		Outcome of Executive Lead Discussions **March/April 2024** • Current risk rating is 12, high, as agreed by the F&R committee meeting in March 2024. • A limited assurance level agreed at the Staff Governance Committee meeting in March 2024. • Submitted to Staff Governance Committee in March 2024. No significant comments noted. • Following discussions at the Quarter 3 Performance Review meeting this risk will be further reviewed by the Head of Risk, Quality & Assurance with recommendations to follow around risk rating and assurance level. This will be reflected in the next update Staff Governance paper, July 2024. **May 2024** ▪ **This risk will be further reviewed by the Estates and Facilities Head of Risk, Quality & Assurance, with recommendations to follow regarding risk rating and assurance level. The outcome of this review will be presented within the corporate risk reporting paper, due July 2024. This will be taken via Estates &**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Facilities Heads of Service/SMT for agreement prior to submission to the committee. ▪ **Additional NHS resources have been deployed into RIE to support more impactful working with Consort/Engie and to support critical system improvements** ▪ **Verbal update to be presented at the next SGC meeting (29th May).**	
	Risk Grading:	**CMT February 2024**	**CMT April 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	**Healthcare Governance Committee** **January 2021** • Moderate assurance accepted. **March 2021** • Moderate assurance accepted overall, limited on ventilation systems in RIE theatres. **May 2021** • Moderate assurance against plans in place to deliver the standards. **July 2021 and January 22** • 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** • Moderate assurance accepted. **July 2022** • Moderate assurance accepted. • 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 **May 2023** • Moderate assurance accepted. **October 2023** • Moderate assurance accepted. **May 2024** • **Moderate assurance accepted.**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions **March/April 2024** • One of two IPC Lead nurses retiring in June will not be replaced as funding is from a non-recurring source. • Local Workforce redesign - anticipating a DL from SG which will set out expectations of roles and responsibilities for infection control manager, clinical lead, and other key posts. This will align to the national workforce strategy – ability to comply or deliver all expected roles and responsibilities will be constrained by funding, workforce availably and time to develop new staff into specialist posts. • Anticipated challenge around the financial resource to support workforce redesign. Clarity required on scope and breadth of infection control responsibility in social care settings. IPC roles and responsibilities in the context within the hospital and social care-built environment to be clarified. • LDP target year end position for 2023-2024 is not currently available but unlikely to meet the targets for this year. **May 2024** ▪ **Additional work is underway to review the risk including the risk mitigation plan to better understand the residual risk and mitigations across all parts of the system.** ▪ **Validated LDP target figures will not be published until June 2024. LDP targets for 2024/25 not yet advised by SG.**	
	Risk Grading:	**CMT February 2024**	**CMT April 2024**
		High 16	High 16
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.	**Finance and Performance Review Committee** • 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. **Audit and Risk Committee** • Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk. **April 2023** • Moderate assurance accepted.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	New risk approved by Board February 2022. Executive Lead: Tracey Gillies	**Board** **August 2023** • Private Board accepted moderate assurance.	
		Outcome of Executive Lead Discussions **March/April 2024** • Submission deadline for next NIS audit is 15th April 2024 and interim report due w/c 10th June 2024 **May 2024** • **Risk mitigation plan to be presented to June ARC, acknowledging that the results of the NISR audit will not be known at that time.**	
	Risk Grading:	CMT February 2024	CMT April 2024
		High 12	High 12
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: Jim Crombie	**Healthcare Governance Committee** • 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 **January 2024** • Limited assurance accepted.	
		Outcome of Executive Lead Discussions **March/April 2024** • St John's IPCU has completed and reopened. **May 2024** • **Work continues to progress, particularly with Edinburgh Health and social care partnership but occupancy remains high with contingency beds still open daily.**	
	Risk Grading:	CMT February 2024	CMT April 2024
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
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 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: Jim Crombie	**Staff Governance Committee** • Update due February 2024 **March 2024** • Limited assurance accepted. **Outcome of Executive Lead Discussions** **March/April 2024** • Enforcement notice received from Scottish Fire Rescue Service (SFRS). • Mitigation plans in place for those elements that NHS Lothian are responsible for. • Awaiting response from Consort and Engie on how they will discharge their responsibilities to the satisfaction of the SFRS. • Non-executive oversight board have discussed contractual options and the recommendation will come to the April NHS Board. • Given the enforcement notice recommendation to increase risk grading to 25. **May 2024** • **April CMT agreed an increase in the grading from Very High 20 to Very High 25 considering the enforcement notice.** • **April NHS Lothian Board considered and agreed a way forward with PFI contract.** • **All actions which are the responsibility of NHS Lothian are being progressed.** • **An appeal in respect of the enforcement notice has been submitted to SFRS.**

Risk Grading:	CMT February 2024	CMT April 2024
	Very High 20	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5784	**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. *New risk approved by CMT March 2024. Executive Lead: Jim Crombie	**Healthcare Governance Committee** *The risk mitigation plan for risk 5687 Inappropriate and Inadequate Accommodation in the Secure Estate was presented to HGC in January 2024. It was agreed that as different risks and mitigations were in place for high and low secure provision it was agreed that the risk should be closed and split into two new risks. **May 2024** • **Limited assurance accepted.**	
		Outcome of Executive Lead Discussions **March/April 2024** • A business case for the low secure has been held as part of the no capital spend. • The current process is to block book low secure beds in Surehaven and Ayr Clinic. Surehaven have notified us that they will no longer offer this when the current contract ends later this year. This will require us to spot purchase beds which are much more expensive and may not be available. Discussions to take place with Ayr to see if we can block book more there to cover the gap. • NHS Lothian can be fined if someone wins an appeal because they are held in conditions of excessive security. • Recommendation to CMT to increase risk grading to from 15 to 20. **May 2024** • **The risk mitigation plan was presented to HGC in May 2024 with a recommendation for limited assurance.** • **It is likely that block booking for additional beds at the Ayr clinic will be possible, however, decision will not be known until later this year.** • **Surehaven have now reconsidered their position and have agreed to extend the block booking contract. Therefore we will have the same access as previously available, consequently reducing the risk from a 20 to 15.**	
	Risk Grading:	**CMT March 2024**	**CMT April 2024**
		High 15	Very High 20
5785	**Absence of Female High Secure Accommodation in the Estate**	**Healthcare Governance Committee** *The risk mitigation plan for risk 5687 Inappropriate and Inadequate Accommodation in the Secure Estate was presented to HGC in January 2024. It was agreed that as different risks	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	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. *New risk approved by CMT March 2024. Executive Lead: Jim Crombie	and mitigations were in place for high and low secure provision it was agreed that the risk should be closed and split into two new risks. **May 2024** • Limited assurance accepted.	
		Outcome of Executive Lead Discussions **March/April 2024** • The next meeting scheduled to discuss with the Minister is 22nd April 2024. **May 2024** • **The risk mitigation plan will be presented to HGC in May 2024 with a recommendation for limited assurance.** • **The meeting with the Minister took place in April 2024 and it was agreed that the Chief Executive of the State Hospital should continue to develop the business case which will entail capital and revenue requirements**	
	Risk Grading:	CMT March 2024	CMT April 2024
		High 12	**High 12**

Risks removed and rationale 2023/24 - 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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				placed on the corporate nursing register for regular review.
5034	29/06/2020	Care Homes	Board approved closing the risk as per 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 as per 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 as per 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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				Board. The risk will remain on the REAS risk register for continued management and monitoring.
5188	23/06/2021	**Access to CAMHS**	Board approved closing the risk as per 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 as per 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.
5687	21/08/2023	**Inappropriate and Inadequate Accommodation in the Secure Estate**	Board approved closing the risk as per 24 Apr 2024 Board Corporate Register Paper	As different risks and mitigations were in place for high and low secure provision it was agreed that the risk should be closed and split into two risks: 1. New Risk - Inappropriate and Inadequate Low Secure Accommodation in the Estate 2. New Risk – Absence of Female High Secure Accommodation in the Estate