

Agenda

09:30 - 09:33 **1. Welcome**
3 min
Verbal John Connaghan

09:33 - 09:34 **2. Apologies for Absence**
1 min
Verbal John Connaghan

09:34 - 09:35 **3. Declaration of Interests**
1 min
Verbal John Connaghan

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

Please notify changes to 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 **4. Items proposed for Approval or Noting without further discussion**
5 min
Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 14 August 2024

For Approval John Connaghan

 4.1 14-08-24 Public Board Minutes (Draft to Meeting).pdf (8 pages)

4.2. Finance & Resources Committee Minutes - 05 June 2024

For Noting Martin Connor

 4.2 Finance and Resources Committee Minutes - 05 June 2024 (Final).pdf (6 pages)

4.3. Healthcare Governance Committee Minutes - 23 July 2024

For Noting Andrew Cogan

 4.3 Healthcare Governance Committee Minutes - 23 July 2024 (Final).pdf (5 pages)

4.4. Audit & Risk Committee Minutes - 17 June 2024

For Noting Jonathan Blazeby

📄 4.4 Audit and Risk Committee Minutes - 17 June 2024 (Final).pdf (9 pages)

4.5. West Lothian Integration Joint Board Minutes - 25 June 2024

For Noting Martin Connor

📄 4.5 West Lothian IJB Minutes - 25 June 2024.pdf (8 pages)

4.6. East Lothian Integration Joint Board Minutes - 27 June 2024

For Noting Shamin Akhtar

📄 4.6 East Lothian IJB Minutes - 27 June 2024.pdf (8 pages)

4.7. Edinburgh Integration Joint Board Minutes - 17 June & 20 August 2024

For Noting Katharina Kasper

📄 4.7 (a) Edinburgh IJB Minutes - 17 June 2024.pdf (7 pages)

📄 4.7 (b) Edinburgh IJB Minutes - 20 August 2024.pdf (6 pages)

4.8. Midlothian Integration Joint Board Minutes - 20 June 2024

For Noting Val de Souza

📄 4.8 Midlothian IJB Minutes - 20 June 2024.pdf (18 pages)

4.9. Pharmacy Practices Committee Outcomes - Quarter 2 (July to September 2024)

For Noting Jenny Long

📄 4.9 Pharmacy Practices Committee Outcomes - Quarter 2.pdf (4 pages)

4.10. Appointment of Members to Committees & Integration Joint Boards

For Approval Darren Thompson

📄 4.10 Appointment of Members to Committees & Integration Joint Boards (October 2024)..pdf (4 pages)

Items for Discussion

09:40 - 10:00 5. Board Chair's Report - October 2024

20 min

Verbal John Connaghan

5.1. NHS Lothian Annual Review Feedback

Verbal John Connaghan

Short update following Annual Review held on Monday 7th October. More detailed discussion to be held at a future Board Meeting once the Scottish Government feedback letter is received.

10:00 - 10:10 6. Chief Executive's Report - October 2024

10 min

Discussion Caroline Hiscox

📄 6. Board Chief Executive's Report 2024-10-10.pdf (6 pages)

10:10 - 10:15 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

5 min

10:15 - 10:45 8. NHS Lothian Winter Planning

30 min

Discussion *Colin Briggs*

- 📄 8. Board Winter Planning Update 2024-10-10.pdf (4 pages)
- 📄 8. Appendix 1 - Scottish Government Winter Plan.pdf (32 pages)
- 📄 8. Appendix 2 - Winter Preparedness Checklist Template 2024-25 (unfilled).pdf (8 pages)

10:45 - 11:00 9. Princess Alexandra Eye Pavilion Update

15 min

Discussion *Caroline Hiscox*

- 📄 9. Princess Alexandra Eye Pavilion Update (10.10.2024).pdf (6 pages)

11:00 - 11:10 BREAK

10 min

11:10 - 11:25 10. NHS Lothian August 2024 Financial Position and Year End Forecast

15 min

Discussion *Craig Marriott*

- 📄 10. August 2024 Financial Position & Year End Forecast.pdf (10 pages)

11:25 - 11:55 11. NHS Lothian Board Performance Paper

30 min

Discussion *Caroline Hiscox*

- 📄 11. Board Paper Performance Update (Oct2024) final.pdf (4 pages)
- 📄 11. Appendix 1 - NHS Lothian Board Performance Summary 2024-25.pdf (18 pages)

11:55 - 12:10 12. Corporate Risk Register

15 min

Discussion *Tracey Gillies*

- 📄 12. Corporate Risk Register to Board 10-10-2024 (Final).pdf (32 pages)

12:10 - 12:12 13. Any Other Business

2 min

Verbal *John Connaghan*

12:12 - 12:14 14. Reflections on the Meeting

2 min

Verbal *John Connaghan*

12:14 - 12:15 15. Date of Next Meeting

1 min

For Noting *John Connaghan*

- 04 December 2024
- 05 February 2025

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 14 August 2024 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair); Mr A. Fleming (Vice Chair); Cllr S. Akhtar; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Allenby; Prof J. Innes; Mr E. Balfour; Ms T. A. Miller; Mr J. Blazeby; Dr P. Cantley; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Prof A. Khan; Mr P. Knight; Mr A. McCann and Ms K. Macdonald.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Cllr H. Cartmill (Non-Executive Board Member); Mr G. Gordon (Non-Executive Board Member); Prof L. Marson (Non-Executive Board Member); Cllr D. Milligan (Non-Executive Board Member); Ms V. de Souza (Non-Executive Board Member); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr P. Togher (Chief Officer, Edinburgh IJB) and Ms A. White (Chief Officer, West Lothian IJB).

31. Welcome & Declaration of Interests

- 31.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 31.2 The Chair welcomed the Chief Executive, Professor Caroline Hiscox, to her first meeting of the Board and asked members and attendees to introduce themselves. The Chair also thanked the Deputy Chief Executive for his leadership over the past two months whilst undertaking the Interim Chief Executive role.
- 31.3 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

32. Items proposed for Approval or Noting without further discussion

- 32.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda.” The Chair reminded members that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 32.2 Minutes of Previous Board Meeting held on 26 June 2024 – Minutes were approved.
- 32.3 Staff Governance Committee Minutes – 29 May 2024 – Minutes were noted.
- 32.4 Healthcare Governance Committee Minutes – 28 May 2024 – Minutes were noted.
- 32.5 Audit & Risk Committee Minutes – 15 April 2024 – Minutes were noted.
- 32.6 West Lothian Integration Joint Board Minutes – 23 April 2024 – Minutes were noted.
- 32.7 East Lothian Integration Joint Board Minutes – 23 May 2024 – Minutes were noted.
- 32.8 Edinburgh Integration Joint Board Minutes – 22 April 2024 – Minutes were noted.
- 32.9 Midlothian Integration Joint Board Minutes – 18 April 2024 – Minutes were noted.
- 32.10 National Whistleblowing Standards – Quarter 1 Performance Report – Report was noted.
- 32.11 Pharmacy Practices Committee Outcomes - Quarter 1 2024/25 – Report was noted.
- 32.12 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report, Quarter 1, 01 April – 30 June 2024 - The Board agreed to accept Moderate Assurance on how effectively NHS Lothian is meeting its legal duties in this area. This was 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.
- 32.13 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- The appointment of Professor Patricia Cantley as chair of the Dental Appeals Panel with immediate effect.
 - 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.

ITEMS FOR DISCUSSION

33. Board Chair's Report – August 2024

33.1 The Chair highlighted the following:

- **Mr Angus McCann** – The Board recognised that this would be Mr McCann's final Board Meeting before stepping down from the Board at the end of August. The Chair thanked Mr McCann for his support and counsel since joining the Board in 2017 and the Board wished Mr McCann all the best in his future endeavours. Mr McCann reflected on his time with the Board and reminded the Board that, behind the numbers the Board sees in performance reports, are real people and their families. It had always been his objective to make a useful contribution and he was grateful for having had the opportunity to do so.
- **Mr Calum Campbell** – The Chair reported that he had been in touch recently with the previous Chief Executive who was enjoying retirement and he hoped to stay connected in future.
- **Board Chairs' meeting with the Cabinet Secretary for Health and Social Care** – The Chair highlighted the key messages that had come out of the recent meeting:
 - **Financial Pressures** – Concerns about the pressures facing the health service and public sector were acknowledged. There was a continued expectation on NHS Boards to address the financial challenge this year.
 - **Delayed Discharges National Push** – There was a desire to substantially reduce delayed discharges at a national level over the coming months. The Chair would be having further discussions with the Deputy Chief Executive on Lothian's performance benchmarking as part of the work to contribute to the reduction.
 - **Population Health Framework** – The Board noted that the Framework remained in draft. The Director of Public Health was involved in discussions through the 10-year population strategy work and would share slides on the Framework with Board members ahead of a fuller briefing coming back to a future Board Meeting.

DM

There was brief discussion amongst board members on implications of the Scottish Government population growth strategy for the Lothian Strategic Development Framework. It was noted that this discussion would be picked up further at the Strategy, Planning and Performance Committee.

34. Board Executive Team (BET) Report – August 2024

34.1 The Chief Executive offered some personal reflections on her introduction to NHS Lothian. She conveyed her thanks to the Chair for the warm welcome offered and to the Deputy Chief Executive for his leadership during the interim period preceding her arrival.

34.2 The Deputy Chief Executive explained that the format of the BET report had been revised with aim of focusing the Board's attention on key issues arising from senior management discussions, which may not already be on the Board Agenda. The following areas were discussed:

- **Regional Infectious Diseases Unit (RIDU) Relocation** - There was discussion on the increasing service risk in the continued use of the current building, which had been made higher due to increased delivery standards. The Board noted the continued remarkable resilience and dedication of the team in delivering an exemplar service however the ability to continue to deliver sustainable compliance levels was significantly challenged and the

service had to be relocated. The implications within the report were noted, as was the impact on the Western General Hospital site, Acute Division and the wider Health & Safety system. The intended relocation of beds to more suitable accommodation was noted. The Board noted that RIDU relocation sat within the Scottish Government capital criteria of business continuity, so had not been on the previous capital prioritisation list approved by the Board.

- **Edinburgh Integration Joint Board Draft Strategic Plan** - The Board noted that the draft strategic plan would be discussed in further detail at the next Strategy, Planning and Performance Committee and there would be more detail around resource impact discussed at the next Finance & Resources Committee meeting.
- **Whole System Bed Model** - The Board noted that the Model has been successfully developed and 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 Strategy, Planning and Performance Committee in September 2024.

There was discussion on the reduction in beds for older people and the potential for whole system impact given current stresses on social care. The Chair asked that a more in-depth briefing be provided outside the meeting. The completion of the Liberton hospital move was also discussed and, by way of briefing on both issues, the Director of Strategic Planning agreed to circulate a paper considered recently by the Edinburgh IJB, which contained the appropriate detail.

CB

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

- 35.1 Healthcare Governance Committee – The Board noted that the committee had acknowledged and discussed the clinical governance aspects of the acute services risk (ED 4-hour standard) as well as the process improvement actions at its meeting on 23 July 2024.

36. NHS Lothian Annual Delivery Plan

- 36.1 The Director of Strategic Planning presented the final Annual Delivery Plan (ADP) for 2024/25, for the Board's formal approval.
- 36.2 The Board noted that the ADP had been submitted to Scottish Government on 22 March 2024, following the Strategy, Planning and Performance Committee, with formal acceptance received from the Scottish Government on 19 June 2024.
- 36.3 The Director of Strategic Planning reminded Board Members that the ADP lays out what the Board would do for the year ahead and contributed towards to the delivery of the Lothian Strategic Development Framework (LSDF).
- 36.4 The initial ADP feedback received on 19 June 2024, had been high level and not in-depth, however the Scottish Government had not asked for any changes and given endorsement for the ADP to be presented and agreed by the Board in public. The feedback also included caveating language in regard to the financial position facing the public sector as a whole.
- 36.5 The Director of Strategic Planning confirmed that the ADP, once formally approved, would be appropriately formatted for consumption in the public domain. This would include the addressing of the content for the climate emergency section, details of which had been dealt with separately through the Finance & Resources Committee.

- 36.6 There was discussion on the inclusion of emergency department performance and trajectory information; national diagnostics support funding and optimising the use of digital. It was noted that the intended Board Development Session on the digital strategy remained in the planning phase.
- 36.7 The Director of Strategic Planning and Director of Finance confirmed that financial meetings remain ongoing; the emergency department trajectory performance had not been included as this had not been part of the Scottish Government request but would be discussed at the Board's upcoming Annual Review with the Cabinet Secretary. A significant amount of funding had gone into clinical priorities such as the development of CAR-T therapy. In terms of diabetes there were issues around availability of funding from Scottish Government that remained in discussion, with a steer to focus on children services.
- 36.8 The Director of Finance reminded members of the requirement to deliver £140M in financial savings over 2024/25. This was in the context of the Board being historically underfunded according to the Scottish government's own allocation formula (NRAC), significant restrictions on capital funding, and the Board's intention not to seek any "brokerage" from the Scottish Government. The Quarter 1 financial position for 2024/25 showed that tensions were still playing through the system and there was a deteriorating impact on the national position.
- 36.9 The Board also discussed the impact of population growth on General Practice demand. The Director of Strategic Planning and Director of Primary Care both highlighted ongoing work to address the capital development requirements in General Practice and the prioritisation work associated with this. The Director of Primary Care confirmed that of the 116 GP practices within the Lothians, currently only three had closed lists and that assignments to practices had dropped to 30 per month over the past year. She indicated that, in contrast to the position within some other Boards, there was relative stability in General Practice within NHS Lothian.
- 36.10 The Board agreed to approve the ADP for 2024/25, which would now be prepared for publication via the Board website.

37. NHS Lothian Financial Position – June 2024

- 37.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position to June 2024.
- 37.2 There was currently overspend at Month 3 of £12.7M. This was an indicative figure, ahead of the formal Q1 position being finalised. The context for this position included a flat budget allocation for 2024/25 and significant additional in-year pressures from inflation and non-pay costs. Continuing areas of uncertainty included the outcome of pay negotiations for 2024/25 and an indication that new public spending controls would be imposed by the Scottish Government.
- 37.3 Members sought to understand if the current financial position was broadly as anticipated for this point in the year. The Director of Finance explained that, even with additional funding received in year, the current position was still around £10M adrift of target. Without this additional funding, the gap would have been closer to £40M. The Chair emphasised that it remained the Board's intention to achieve a balanced financial position for 2024/25.
- 37.4 Members asked whether ongoing efforts to achieve efficiency saving targets of 3% were proving successful across all business units. The Director of Finance reported that there was significant effort being dedicated to this and monitoring was undertaken via the Finance & Resources Committee. However, teams required space, time and support to achieve what was being asked of them. This was particularly the case as savings greater than 3% were now required to deliver financial balance.

- 37.5 It was reported that both senior managers and senior clinicians were closely engaged in national discussions with counterparts at other boards and with the Scottish Government. There was considered to be a risk of clinical disengagement, for example if other boards take a different approach to balancing financial performance against service delivery. Continued political support for the introduction of new medicines also presented a challenge when individual boards had to consider the relative value of new drugs against financial constraints. These issues continued to be raised by NHS Lothian in national fora.
- 37.6 Several board members expressed a need for a more cohesive view of the collective impact of the Board's financial decisions on service delivery and provision. It was acknowledged that decisions taken so far in 2024/25 (e.g., "pause and assess") to support financial balance had been wholly necessary. However, it was also felt necessary that the Board understand, as far as possible, if and when the risks associated with these decisions were materialising and to be aware of any unintended consequences or unexpected impacts on service delivery and performance. These impacts should be clearly presented and informed by discussion at the relevant standing committees of the Board, including Healthcare Governance Committee and Staff Governance Committee. It would be unacceptable to allow a permanent erosion of services to occur unknowingly and without a corresponding mitigation or a plan for service redesign/recovery.
- 37.7 The Chief Executive acknowledged the need to consider how the Board was kept informed on ongoing strategic risks and on the emerging performance and service delivery impacts of its decisions, beyond the current financial and access performance reporting arrangements. The Chair indicated that new approaches to performance and assurance reporting were being considered in response to the requirements of the NHS Scotland Blueprint for Good Governance. It was considered that this could help to present a more cohesive picture to the Board in relation to strategic risks and the impacts of the Board's decision-making. Proposals would be developed further through the Corporate Management Team and an update provided to the next Board Meeting.
- 37.8 The Board noted the financial position to the end of June 2024 which indicated a £12.7m overspend ahead of the formal Quarter 1 position being reported.

38. NHS Lothian Board Performance Report

- 38.1 The Deputy Chief Executive presented the Board Performance report, drawing the Board's attention to the changes in the report as part of a continued journey of development. It was hoped that over time the Board's Performance Report would evolve into a more integrated and system-wide view, framed by conversations around the Blueprint for Good Governance.
- 38.2 There was discussion on the implications of financial decision making, deteriorating waiting times and length of waits; and the Scottish Government's Support and Intervention Framework (noting that Lothian was not currently escalated at level 3 or above – where external support would be offered to Boards from Scottish Government).
- 38.3 The Deputy Chief Executive briefed further on Delayed Discharge performance following concerns expressed for NHS Scotland, by the First Minister earlier in the year. There was a weekly national meeting taking place chaired by the Cabinet Secretary, to monitor and discuss action on Delayed Discharge performance across 31 IJB areas. Each IJB was categorised as having either major, moderate or low issues. Edinburgh, West Lothian and Midlothian IJBs were all categorised as moderate and East Lothian IJB was low. The scale of reduction sought at a national level was significant. Achieving this target would be highly challenging in light of current demand and resource issues. Weekly monitoring continued.

- 38.4 There was further discussion on issues within urology; scheduled care and indicators where, even if performance was ahead of the national position, the Board would still expect improvements on the current level, i.e. 62-day cancer standard.
- 38.5 The Chief Officer for Acute Services outlined the issues within urology and the Board noted that a short-life working group had been established to review the whole urology diagnostics pathway, identify blockages and present suggestions to address these. The Board recognised that the blockages appeared to be in the earlier stage of the pathway as performance once a patient was listed for treatment was over 90%.
- 38.6 In terms of scheduled care performance the increase in waiting list trajectories and increasing referrals for urgent suspicion of cancer were recognised as potentially impacting long waits. There were measures, process and controls in place as well as the carrying out of impact assessments. It was noted that the number of people waiting over 104 weeks was expected to rise very significantly. This was a previously reported and anticipated impact of the “pause and assess” decisions taken by the Board, which were a necessary consequence of the current funding position. Nonetheless, all efforts would be made to improve on these projections, as far as was possible within the available resource.
- 38.7 The Director of Public Health addressed issues within smoking cessation (community pharmacy QUIT) performance, stating that management data was now showing a shift in performance over the last two quarters.
- 38.8 The Board noted the step change in work undertaken around performance noting the number of complex challenges now subject to more detailed interaction such as those within the Royal Infirmary of Edinburgh Emergency Department. The ongoing issues with CAMHS staffing were also acknowledged.
- 38.9 Based on the recommendations in the paper, the Board noted the implications of the performance matters described in the paper and noted the compliance against performance standards and KPI's.

39. Corporate Risk Register

- 39.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register and highlighted the number of risks that remained at the highest level of 25. It was accepted that a more dynamic approach to Board-level risk assessment was required to avoid all risks sitting at the highest grading and to more actively demonstrate where controls were leading to a reduction in risk severity to a more tolerable level.
- 39.2 Members queried whether the recent examples of civil unrest occurring in other parts of the UK had corresponded to any increase in incidences of violence and aggression against staff in NHS Lothian, particularly racially motivated incidents. The Employee Director reported that there were no known examples of this being the case.
- 39.2 The Board received the circulated paper, noting there had been no new items added or proposed changes to risk levels at this time.

40. Any Other Business

- 40.1 There was no other business.

41. Reflections on the Meeting

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

42. Date of Next Board Meeting

- Thursday 10 October 2024

Chair's Signature
Date

Prof. John Connaghan
Chair – Lothian NHS Board

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 5 June 2024 via Microsoft Teams.

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

In attendance: Mr K. Brennan, Assistant Management Accountant (item 3.3); Mr C. Briggs, Director of Strategic Planning; Ms D. Carmichael, Special Projects and Assurance Associate Director, Capital Planning; Mr J. Crombie, Deputy Chief Executive; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Sustainability Programme Director, Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities (item 6.1); Ms J. Paris Newton, Programme Manager, Sustainability and Value (item 3.3); Ms B. Pillath, Committee Administrator (minutes); Mr D. Thompson, Board Secretary.

Apologies: Cllr S. Akhtar, Non-Executive Board Member; Ms M. Carr, Chief Officer, Acute Services; Ms T. Gillies, Medical Director; Ms A. MacDonald, Executive Nurse Director.

Chair's Welcome

The Chair welcomed members to the meeting.

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

1. Committee Business

1.1 Minutes and Actions from Previous Meeting (27 March 2024)

1.1.1 Members accepted the minutes from the meeting held on 27 March 2024 as a correct record.

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

2.2 Finance and Resources Committee Annual Report 2023/24

2.2.1 Mr Thompson presented the previously circulated annual report. A draft had been considered at the previous meeting. Members agreed the report, which would be submitted to the Audit and Risk Committee on 17 June 2024.

2.3 Terms of Reference - amendment

2.3.1 The amended version of the Committee Terms of Reference had been previously circulated. This was a minor change following discussion at the meeting in March

2024. Members agreed the amended version, which would go to the Board for formal sign off.

3. Capital

3.1 Property and Asset Management Investment Programme

- 3.1.1 Mr Graham presented the previously circulated paper. Mr Marriott advised that, following the agreement at the April 2024 Board meeting to declare the Royal Victoria Hospital a surplus asset, property experts were working on the steps required to proceed to disposal. It was hoped that this could be completed as soon as possible as the recovered cost was included on the recovery plan, but if the sale was not completed by the end of the year then bridging support could be available from the Scottish Government to transfer money between years.
- 3.1.2 Mr Briggs advised that the first of a series of meetings had been held with NHS Assure the previous week to discuss whole system planning in NHS Scotland. NHS Lothian were in a strong position as a whole system approach was already taken.
- 3.1.3 Committee members discussed the proposal to declare the Belhaven Hospital site as a surplus asset. Members acknowledged both the service and financial drivers underpinning this proposal and it was noted that the East Lothian IJB, as the relevant planning body and following appropriate public consultation, had already taken the decision to cease the provision of all healthcare services currently based there. A query was raised about how and to what extent public engagement activities were undertaken in advance of the decision to fully remove services from the Belhaven site. It was explained that the statutory responsibility for planning of the services, and therefore public engagement and consultation, rested with the IJB, which was a separate entity. However, it was understood that all statutory requirements in this area had been met.
- 3.1.4 It was explained that, as neither the IJB nor NHS Lothian had any further use for the site, it was considered a non-essential asset and therefore, according to the mandatory requirements of the NHS Scotland Property Transaction Handbook, must be declared surplus and considered for disposal.
- 3.1.5 Members recognised that the closure and eventual disposal of the Belhaven Hospital site might generate concerns amongst the local community, particularly in relation to the Community Garden currently on site. The need for NHS Lothian to move relatively quickly to minimise ongoing costs and contribute to very significant financial recovery targets in the current year was acknowledged. Reassurance was offered that developments would progress in compliance with all statutory requirements and that the Community Empowerment (Scotland) Act 2015 provided opportunities for community groups to request access to public assets. The Director of Capital Planning explained that the needs of the Community Garden would be considered in any discussions with interested parties.
- 3.1.6 Mr Graham advised that the transfer of GP practice property leases to the Board was part of the GMS contract agreed with the Scottish Government and could not be stopped. Once premises leases had been transferred, NHS Lothian became liable for maintenance and upgrade of premises to meet NHS standards, as well as the

transaction cost. It was suggested that the possibility of a pause in this process be raised with the Scottish Government as it resulted in the expansion of the estate at a time when Boards were being asked to reduce the estate. Mr Marriott agreed to raise with Alan Morrison of the Scottish Government noting that in the current financial situation this may be an area where spend could be reduced so money can be focused on higher priority areas. **CM**

3.1.7 Mr Marriott advised that the current guidance from the Scottish Government was that capital projects which had already begun were 'paused' for at least the next two years rather than written off. However, after this period of time project planning would effectively have to begin again, which would increase costs. Work was in progress to redeploy the expert staff brought in to work on these projects.

3.1.8 The Committee acknowledged and discussed a recommendation that had been made after the paper had been circulated, regarding the proposal to categorise the Board-owned Newtongrange Clinic as a surplus asset. It was agreed that a short briefing would be circulated following the meeting and approval sought via correspondence. **IG**

3.1.9 Members accepted the recommendations laid out in the paper, accepted significant assurance and agreed that the Belhaven Hospital Site be formally declared surplus to requirements.

3.2 Community Empowerment Act Annual Report

3.2.1 Mr Marriott presented the previously circulated paper. Mr Gordon noted that local authorities had added to the process under the Act to actively engage with communities when disposal of property was being considered, including a weekly online list. Mr Marriott advised that NHS Lothian followed the agreed process which included putting information online and considering requests once the disposal had been agreed.

3.2.2 Mr Briggs advised that the Integration Joint Boards and NHS Lothian carried out a large amount of community engagement. For instance, there was ongoing engagement with the Astley Ainslie Hospital Community Trust including informing them of timescales and future plans for the building. There was also engagement with the local authority on the city plan, which was another opportunity for community engagement.

3.2.3 It was suggested that a topic for a future Committee development session might be outlining and discussing the process for asset disposal, including community engagement requirements. This would focus on the remit of the Finance and Resources Committee and not on strategic questions. **CM**

3.2.4 Members accepted the recommendations laid out in the paper and accepted significant assurance that the annual report had been prepared in line with requirements and would be published as laid out in the Act.

3.3 Corporate Accommodation - Business Case

3.3.1 Mr Briggs presented the previously circulated paper. Following the initial scoping of space needed there had been some further requests to add desks for teams at the new site. A methodology was in place for desk allocation and this included considering space at other sites such as Comely Bank.

3.3.2 Members accepted the recommendations laid out in the paper and approved the preferred option as recommended in the business case.

3.4 Tippethill Hospital Contract Extension

3.4.1 Mr Marriott presented the previously circulated paper. He advised that the new completion date of 26 March 2026 was the best estimate for completion of the works, and built in flexibility on expected timescales.

3.4.2 Mr Briggs advised that completion was projected to take longer than initially expected due to time taken on discussions about capital and government funding.

3.4.3 Members accepted the recommendations laid out in the paper.

3.5 Consort Senior Debt Optimisation Proposal

3.5.1 Mr Marriott presented the previously circulated paper. Members accepted the recommendations laid out in the paper and agreed that the proposal from Consort should be rejected.

4. **Revenue**

4.1 Financial Planning and Year End Forecast

4.1.1 Mr McCreadie presented the previously circulated paper. It was noted that the increase in facilities and non pay cost was partly due to rising interest rates following a long period of low rates causing supplies costs to increase. This was factored in to financial planning as accurately as possible, but there was no resource from the Scottish Government for cover inflation in non pay costs.

4.1.2 A development session for Committee members on the relationship between Health Board and Integration Joint Board finances and schemes of delegation was suggested. Mr McCreadie, Mr Briggs and Mr Fleming to discuss the possible content of a session with Committee members. **AMcCr / CB / AF**

4.1.3 The chair thanked the Finance Team and the whole organisation for the successful work to reach breakeven for the end of the financial year and Members accepted the recommendations laid out in the paper.

4.2 Financial Recovery Planning

4.2.1 Mr McCreadie presented the previously circulated paper. As part of the savings plan there would be a focus on reducing the cost of back office functions, for instance by introducing more automated financial processes.

- 4.2.2 Mr Marriott advised that efficiency plans did not cover the gap in budget and that more fundamental reform was needed including a review by the Scottish Government of what services should be provided. It was noted that a previous Audit Scotland report emphasised that there was no sustainable financial plan across NHS Scotland, but that there had been no further guidance from the Scottish Government relating to this. Mr Crombie noted that work was being done in NHS Lothian on making proposals for bigger service reform to make to the Scottish Government, but this was complex.
- 4.2.3 The Integration Joint Boards were a key part of efficiency planning and the Chief Financial Officers and Chief Officers of these were leading on some of the efficiency programmes. It was agreed that there could be improvement on briefing Non Executive Board Members who were also members of the Integration Joint Boards, and this would be discussed at the next non executives informal meeting. **JCr**
- 4.2.4 NHS Lothian's Financial Improvement Group was providing oversight on the plans to make the additional 4% efficiency savings, and it reported up through the Corporate Management Team and the Finance and Resources Committee. Feedback on the governance process for this was welcome.
- 4.2.5 Mr Marriott advised that NHS Lothian's response to the Director General's letter regarding recovery planning was based on the Annual Development Plan and areas already discussed at the Board. Mr Marriott agreed to share the response with Members. **CM**
- 4.2.6 Members accepted the recommendations laid out in the paper.

5. Scottish Hospitals Inquiry

- 5.1 Mr Marriott presented the previously circulated paper. It was noted that the timescale for the final report from the Inquiry was not yet known. Members accepted the recommendations laid out and accepted significant assurance.

6. Sustainability

6.1 Climate Emergency and Sustainability Update

- 6.1.1 Dr Hopton presented the previously circulated paper. There had been discussions on improving benchmarks and definitions in the status table.
- 6.1.2 Dr Hopton noted that there was now good data to make business cases for efficiency savings. Mr Marriott noted that for investment there would need to be a clear case for financial return and deliverability as this would be considered along with service priorities, but that this would continue to be reviewed.
- 6.1.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

7. Reflections on the meeting

- 7.1 No items required to be highlighted to the Board or to other committees.

7.2 This was Mr Graham's last meeting before he retired from NHS Lothian. The Chair thanked him for his management of capital projects, his clear reporting and his professional and informed feedback over the years at the Committee.

8. Date of Next Meeting

8.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 21 August 2024.**

9. Further Meeting Dates

9.1 Further meetings would take place on the following dates:
- 23 October 2024
- 18 December 2024
- 12 February 2025
- 26 March 2025

***Signed by Chair
21 August 2024***

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 23 July 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; Mr P. Knight, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative;

In attendance: Dr L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Director of Allied Health Professionals; Mr O. Campbell, Programme Director, Unscheduled Care (item 19.1); Mr P. Campbell, Associate Nurse Director (item 17); 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 Y. Lawton, Head of Health, West Lothian Health and Social Care Partnership (item 19.1); Dr C. Love, Associate Medical Director (item 17); Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; 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 F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Cllr H. Cartmill, Non-Executive Board Member; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Mr P. Togher, Chief Officer, Edinburgh Health and Social Care Partnership; Mr P. Wynne, Director of Community Nursing;

Chair's Welcome and Introductions

Mr Cogan welcomed members to the meeting and members introduced themselves.

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

14. Patient Story

- 14.1 A video was shown in which a parent gave feedback on her experience of her son's diagnosis and management of type 2 diabetes. She was positive about the interdisciplinary team and engagement with clinicians.

15. Committee Business

15.1 Minutes from Previous Meeting (23 July 2024)

- 15.1.1 The minutes from the meeting held on 23 July 2024 were approved as a correct record.
- 15.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

16. Emerging Issues

16.1 Mental Welfare Commission (MWC) visit to Melville Unit

- 16.1.1 As a follow up to their visit to the Melville Unit in 2022, the Mental Welfare Commission had met with the Child and Adolescent Mental HS team. Melville was a regional unit which provided CAMHS inpatient care for Lothian, Fife and Borders. One area highlighted by the MWC was that children with eating disorders were treated in the same unit as those with functional disorders. This meant that behaviour of those with functional disorders could be detrimental to the experience of those with eating disorders, and it was not how adult services would be delivered.
- 16.1.2 Other recommendations referred to the feeding regime, staffing model and service delivery model. An action plan would be developed and reporting would be part of Health and Social Care Partnership and Royal Edinburgh Hospital and Associated Services annual assurance reports to the Healthcare Governance Committee.

17. Children's Services Annual Assurance Report

- 17.1 The Chair welcomed Mr Short to the meeting and he presented the previously circulated paper. He advised that all recommendations from service reviews and improvement actions were overseen at the monthly Children's Services Clinical Governance meeting and any problems were escalated to the Acute Services Clinical Management Group.
- 17.2 The LACAS standards used were based on the national 'Excellence in Care' standards which were developed following the Vale of Leven Inquiry, with other relevant standards added to make a total of 14. This covered the areas that would be considered in a safe delivery of care inspection. The adult standards had then been adapted to paediatric care. They would be adapted again for implementation in other areas such as outpatients.
- 17.3 It was noted that although feedback received either on Care Opinion or through the Patient Experience Team represented only a small proportion of service users, this still raised issues which could be responded to. Working was ongoing with the Scottish Government and the Patient Experience Team on how to enable and support children to give feedback and make complaints.
- 17.4 The move of services to the new hospital in 2021 provided better facilities and more space, including bigger theatres, more single rooms to help manage winter infections, and a 25 room hotel onsite to accommodate family. The bigger hospital allowed children up to the age of 16 to be treated there which improved experience for 14 and 15 year olds. There had been an overall improvement in patient experience and environment.
- 17.5 Ms T. Gillies advised that the incident outcome categories used in the paper ranged from category 1 where no service delivery problems had been identified to category 4 where care and service delivery problems had been identified which may have contribute to the outcome.

- 17.6 A key risk identified in the paper was the provision of 24 hour paediatric care on two sites. Dr Love advised that medical staffing models were being reviewed and mapped out taking into account recommendations about safe weekend cover. This was complex as there were interdependencies between general and acute paediatrics and was at the early stages.
- 17.7 Ms T. Gillies advised that a review of the spinal service would be carried out by NHS National Services Scotland later this year against their standards. This was an externally commissioned services for National Services Scotland.
- 17.8 Members accepted the recommendations in place and accepted moderate assurance.

18. Person Centred Care

18.1 Cass Report – Gender identity services for children and young people

- 18.1.1 Ms T. Gillies presented the previously circulated paper which was written along with the Director of Public Health. A further update would be brought to the Committee once work had been done with clinicians to develop and action plan and oversight process. **TG**
- 18.1.2 Members referenced a review published by Yale University which criticised the analysis in the Cass report. The relationship between decisions made at a political level and what clinicians believed to be the treatment leading to the best and safest outcomes for children was noted.
- 18.1.3 Ms T. Gillies advised that the Cass report identified that the evidence base for clinical interventions being used was poor, and that in other areas of medicine interventions would not be recommended unless there was clear clinical evidence of its safety and effectiveness. Many individuals seeking treatment from this service also had other diagnoses, so a multidisciplinary approach was needed, and prescribing should not be the sole treatment available.
- 18.1.4 Ms T. Gillies advised that there was less concern with gender affirming treatment. The concern was with puberty suppression treatment due to evidence that the effects of this treatment were not reversible and could adversely affect the future physical and mental development of patients. The clinical view was that a pause in prescribing this treatment was appropriate.
- 18.1.5 Members accepted the recommendations laid out in the paper.

19. Safe Care

19.1 Acute Services Risk Mitigation Plans: 4-hour emergency access and hospital bed occupancy

- 19.1.1 Ms Carr presented the previously circulated paper. She noted that the trend in four-hour emergency access remained variable, but improvements shown in occupied bed days for Edinburgh had been retained, although overall occupancy remained high.

- 19.1.2 Actions noted at item 3.13 in the paper had been taken but were not yet embedded or consistent. New standard operating policies were due to be signed off.
- 19.1.3 There was full engagement with the Health and Social Care Partnerships and teams were working closely together to implement improvements in models of care, but work was also needed in acute services.
- 19.1.4 In response to a question about whether there was a correlation between long waits and poor experience in the emergency department and mortality, Ms T. Gillies noted that the Hospital Standardised Mortality Rate reporting did not include patients who were only seen in the emergency department, but that the review of selected cases carried out did not identify any cases where poor experience had changed the patient's outcome. There were however adverse events reported related to care in the emergency department.
- 19.1.5 Initial discussions on the outcome of the review of the bed model had been included in the Lothian Strategic Development Framework and would be taken forward across the acute sites. There had been a workshop in August 2024 on the discharge framework, including Health and Social Care Partnerships, Acute Services, Social Care and Social Work Services.
- 19.1.6 Winter planning for 2024/25 had started on each site. The Scottish Government Operational Governance Delivery Board was also holding a session on winter planning. The Tactical Group had implemented escalation plans for each Health and Social Care Partnership the previous winter. A workshop was being held to review this approach and identify any improvements for the coming winter.
- 19.1.7 Ms Carr advised that visible leadership was being used to help with staff resilience, with site directors and senior staff frequently in the clinical areas in times of pressure.
- 19.1.8 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 19.2 Royal Edinburgh Hospital and Associated Services Accommodation Risk Mitigation Plan
- 19.2.1 Members accepted the recommendations laid out in the paper.

20. Effective Care

20.1 Blood Transfusion Annual Report

- 20.1.1 Ms T. Gillies presented the previously circulated paper. Concern was noted in the paper from Facilities Management due to the difference protocols for blood collection on different sites. The blood transfusion laboratory at the Royal Infirmary was run by the Scottish National Blood Transfusion Service whereas the laboratories at the Western General Hospital and St John's Hospital were run by NHS Lothian. Work was being done to try to minimise the differences.

- 20.1.2 There had been one meeting to discuss the recommendations from the National Infected Blood Inquiry; there was a commitment to implementing electronic blood tracking. A verbal update would be given at the meeting in November 2024. **TG**

21. Exception Reporting Only – reports provided

21.1 Abdominal Aortic Aneurysm (AAA) Screening Update

- 21.1.1 The paper offered limited assurance on the screening process. A further update on progress would be part of the Acute Services assurance report to the Healthcare Governance Committee in November 2024.

21.2 Members noted the following previously circulated reports:

- 21.2.1 Bowel Cancer Screening Annual Report.
21.2.2 Litigation Annual Report.

22. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 22.1 Clinical Management Group, 9 April 2024, 14 May 2024, 11 June 2024.
22.2 Policy Approval Group, 11 June 2024.
22.3 Public Protection Action Group, 27 February 2024.
22.4 Area Drug and Therapeutics Committee, 5 April 2024.

23. Corporate Risk Register

- 23.1 Ms J. Gillies presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

24. Reflection on the Meeting

- 24.1 Mr Cogan agreed to note at the Board that the Committee had discussed the clinical governance aspects of the acute services 4-hour emergency access risk, to ensure that these areas were covered as well as the processes of improvement actions.

25. Date of Next Meeting

- 25.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 17 September 2024** by video conference.

26. Further Meeting Dates

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

***Signed by Chair
17 September 2024***

Audit and Risk Committee

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 17 June 2024 via MS Teams and in Meeting Rooms 8 & 9 Waverley Gate.

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

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

Apologies: Ms K. Kasper, Non-Executive Board Member; Councillor S. Jenkinson, Non-Executive Board Member.

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

Welcomes and Introductions

The Chair welcomed Members to the June meeting of the Audit and Risk Committee.

11. Minutes of the previous meeting held on 15 April 2024

11.1 The minutes of the meeting held on 15 April 2024 were accepted as an accurate record and approved.

12. Running Action Note

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

12.2 Internal Audit Complaints Handling – There would be no further update on Complaints Handling and the action closed off.

12.3 Counter Fraud Activity – A further communication to staff to draw attention to the training material on counter fraud and improved compliance to CFS was discussed and a targeted approach agreed. It was agreed that no further action was required, and the action on would be closed off.

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

13. Risk Management

- 13.1 Corporate Risk Register – The previously circulated report on the NHS Lothian’s Corporate Risk Register (CRR) and associated processes was received.
- 13.1.1 The Committee noted the summary from the March and April 2024 updates provided by the Executive Leads concerning risk mitigation.
- 13.1.2 It was noted that the updates provided by the Executive Leads take into consideration the action agreed at the CMT meeting of 27th February 2024, to increase specificity separate risks where necessary and determine risk grading in the context of the current financial constraints.
- 13.1.3 The Committee noted that the increase in the grading of risk 5784 – Inappropriate and Inadequate Low Secure Accommodation in the Estate from 15 to 20 and 5737 - RIE Fire Safety from 20 to 25.
- 13.1.4 The Committee noted the overview of changes in the CRR over the past two calendar years.
- 13.1.5 It was noted that any new or materially worsening risk would be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 13.1.6 Attention was drawn to recent press around the Princess Alexandra Eye Pavilion (PAEP) and speculation around building a replacement. Members received assurance that the Board was in regular dialog with Scottish Government and had been clear in relation to the prioritisation of the capital programme and those that currently appear above the PAEP.
- 13.1.7 The Committee accepted the report subject to the Interim Chief Executive reviewing 5737 - RIE Fire Safety risk rating to determine whether it should be increased and reporting back via the August CRR report. **JC/JG**
- 13.2 Litigation Annual Report 2023/24 - The previously circulated report that provided assurance on the management of litigation process within in NHS Lothian was received and attention was drawn to the key points within the report.
- 13.2.1 The report did not immediately draw the Committee’s attention to trends or hots spots in litigation over 2023/24. The Committee requested that the Interim Chief Executive requests that Patient Safety and Experience Action Group (PSEAG) review the paper and identify any emerging trends and patient safety issued and bring them forward to Healthcare Governance Committee. **JC**
- 13.2.2 Members accepted the report as an update on ligation processed and activity in terms of numbers, financial impact and recurring themes.
- 13.2.3 The Committee accepted the report as a source of moderate assurance for the effectiveness of the processes and adherence to expected standards regarding the litigation process, and of evidence of learning after cases are closed based on programmes of work in place to improve management of and the response to adverse events. It should, however, be recognised that events resulting in a claim are not always

part of an adverse event process and that claims can take a considerable time to reach completion.

- 13.3 Management of NHS Lothian Cyber Security Risk – The previously circulate report set out the risk mitigation plan to manage the Cyber Security Risk (#5322) on the Corporate Risk Register (CRR) was received.
 - 13.3.1 Attention was drawn to the significant work undertaken by Ms McKinley and her team to address the ongoing challenge around cyber security and the vigilance and expertise required to ensure that the Board’s system remain secure.
 - 13.3.2 The Committee discussed the increasing number of digital tools used to access clinical systems for which NHS Lothian maintains a full IT security check and the frustration experienced by clinicians when the implementation of these tools are delayed due to the volume and capacity to perform these checks. Members recognised the frustration of clinical colleagues but agreed to maintain the existing level of scrutiny and risk appetite held in Lothian and look for alternative mechanisms to speed up the process where possible.
 - 13.3.3 The Committee noted the progress and implementation of the risk mitigation plan.
 - 13.3.4 The Committee accepted the report as a source of moderate assurance on the risk mitigation plan.
 - 13.3.5 The Committee noted that this update proceeds 2024 NISR final audit outcome.

14. Internal Audit

- 14.1 Internal Audit Waiting Times Governance Regulation Review – The Internal Audit of Waiting Times Governance Regulations had identified two low findings and had been awarded an overall rating of significant.
 - 14.1.1 The Committee accepted the report.
- 14.2 Internal Audit Backlog Maintenance (May 2024) – The Internal Audit of Backlog Maintenance had identified six medium findings across three areas with an overall rating of moderate.
 - 14.2.1 Attention was drawn to the risks within the context of the reduced national funding and ensuring that the process are robust in terms of prioritisation, cost management and completion verification where medium risks had been identified and action was required.
 - 14.2.2 The Committee accepted the report.
- 14.3 Financial Sustainability Review (April 2024) – The Internal Audit of Financial Sustainability had identified 3 low with an overall rating of significant.
 - 14.3.1 The Committee accepted the report and extended their appreciation to Mr McCreadie and his team for the support they had provided to Internal Audit.

- 14.4 Internal Audit Annual Report and Opinion 2023/24 - the previously circulated report was received. The report summarised the work that had been undertaken by Internal Audit throughout the year and provided the annual internal audit opinion.
- 14.4.1 The Head of Internal Audit drew the Committee's attention to her opinion for the period 1 April 2023 to 31 March 2024, that based in the scope of reviews undertaken and the sample tests completed during the period, moderate assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 14.4.2 The Committee accepted the report, noting that the Internal Audit had concluded that there were sufficient arrangements in place, in the areas Internal Audit had reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.
- 14.5 Internal Audit Plan 2024/2025 - The previously circulated report that outlined the audit programme for 2024/25 was received. Since the April Meeting an additional review on financial control and donation had been added to the plan and a contingency of 43 days agreed.
- 14.5.1 The Committee received assurances that the proposed contingency of 43 days would be reviewed and allocated throughout the year as issues emerge.
- 14.5.2 The Committee accepted the Internal Audit Plan for 2024/25
- 14.6 Internal Audit Progress Report (June 2024) – the previously circulated report was received. Since the April Meeting Internal Audit had delivered 25.5 days of 128 days approved for quarter one (Q1) and the financial control expenditure review had been moved from Q1 to later in the financial year.
- 14.6.1 The Committee accepted the report.
- 14.7 Internal Audit Recommendation Tracker Report (June 2024) – The previously circulated report was presented. The report outlined work that Internal Audit had done in respect of the long standing actions that had not been implemented within their allotted timeframes.
- 14.7.1 It was noted that since April management had implemented 29 actions. Grant Thornton continued to track 46 open recommendations, of which 29 actions are currently overdue.
- 14.7.2 It was noted that the actions relating to the Integrated Joint Board were complete and could be closed off.
- 14.7.3 Mr Marriott and Mr Crombie took an action to bring the outstanding actions to the attention of the Corporate Management Team and request that the Executives ensure that they are concluded within the described timeframes. **JC/CM**
- 14.7.4 The Committee accepted the report.

14.8 Internal Audit Property Transactions – the previously circulated report was received. The Internal Audit of Property Transactions had 2 low recommendations with an overall assurance rating of significant.

14.8.1 The Committee accepted the report.

15. Counter Fraud Activity

15.1 Counter Fraud Activity for the year 1 April 2023 to 31 March 2024 – The Committee received a verbal overview of the previously circulated paper.

15.2 The Committee accepted the report provided a moderate level of assurance that the Board has raised the awareness of counter fraud strategy/ policy through communications and training and all cases of suspected fraud are accounted for and appropriate action is taken.

15.3 The report did not provide the percentage of the completion for counter fraud training. Mr Old agreed to include the percentage of staff who had completed counter fraud training in future reports. **JO**

15.4 The Committee accepted the report as a summary of counter fraud activity in the year.

16. Corporate Governance

16.1 SFR18.0 – Summary of Losses and payments for the year ended 31 March 2024 – the report that summarised the losses and compensations payments incurred throughout 2023/24 was received.

16.1.1 The Committee accepted the report as a source of significant assurance that the Board had adequate and effective systems of control relating to losses and special payments, and that management are continually reviewing and evaluating changes to improve those systems.

16.2 Best Value Framework – Update for 2023/24 – The report that provided the Committee with oversight of the arrangements in place to support the ambitions of Best Value, as set out in the Scottish Public Finance Manual was received.

16.2.1 The Committee considered the significant range of governance and management arrangements in place that, collectively support the characteristics of best value within NHS Lothian.

16.2.2 The Committee accepted that the report provided moderate assurance on the based on the framework, that NHS Lothian is able to demonstrate fulfilment of its best value duty, as set out in the Scottish Public Finance Manual.

16.3 National Services Audit Reports 2023/24 – The previously circulated report that provided the Committee with assurance that the systems of control managed by NHS NSS and NHS Ayrshire and Arran on the Board's behalf was received.

16.3.1 An assurance gap from the previous year highlighted by Audit Scotland was noted. They had identified that none of the audit reports consider the general IT controls, controls that support the e-Financial and disaster recovery systems. Audit Scotland recommended that

all Scottish Boards request that Ayrshire and Arran and NSS work together to resolve this matter. Mr Marriott and Ms Grant agreed to pick this matter up out with the meeting and determine how they could influence Ayrshire and Arran and NSS to move towards a resolution.

CG/CM

- 16.3.2 The Committee accepted these reports from the service auditor as a source of significant assurance that there are adequate and effective systems of internal control relating to the National Single Instance financial ledger, payroll, practitioner services and the National IT Services contract.
- 16.4 Fines for Health and Safety Offences – the previously circulated report that updated the Committee on the prosecution and subsequent fines that concerns contraventions of criminal law with the respect to health and safety was received.
- 16.4.1 The Committee approved the completed form, category 7 ex gratia payments including medical and clinical negligence and person injury claims.
- 16.5 NHS Lothian Charity Annual Report and Financial Statements year ended 31 March 2024 – the previously circulated report that provided the Committee with assurance that the Annual Report and Financial Statements of the NHS Lothian Charity for the year ended 31 March 2024 have been prepared and audited was received.
- 16.5.1 The Committee accepted the report as a source of significant assurance that management have prepares the Annual Report and Financial Statements of the Charity for 2023/24, CT have carried out an external audit of the financial statements and have provided an unqualified audit opinion.

17. Annual Accounts

- 17.1 Governance Statement – The Committee received a brief overview on the Governance Statement, its purpose and how it was collated.
- 17.1.1 Attention was drawn to the areas of the statement that were incomplete or draft within the Governance Statement that anticipated discussions that would take place around the service audits at the June Committee Meeting. There were concerns that the draft wording was ambiguous. Ms Grant agreed to provide a suitable form of words to include in the report prior to its submission to the Board. **CG**
- 17.1.2 It was noted that although the NSS Audit of Payroll had been considered by committee in April with the distinction that it was looking at activity undertaken within the previous financial year, there was some concern around the draft wording and whether assurance had been provided for the year. Ms Grant and Mr Nugent would consider this section of the statement and provide suitable form of words to replace the current wording. **CG/SN**
- 17.1.3 Mr Thompson agreed to reflect on the wording drawn from the Head of Internal Audit's Opinion and whether it was required to state that the number of recommendations would increase due to the volume of reviews undertaken within the year and amend if necessary. **DT**
- 17.1.4 The Committee accepted the paper as a source of significant assurance that the process to develop the Governance Statement is consistent with the associated instructions and good practice.

- 17.1.5 Members reviewed the draft Governance Statement and considered whether any additional disclosure were required.
- 17.1.6 The Committee approved the Governance Statement for inclusion in the 2023/24 accounts subject to the revisions proposed.
- 17.1.7 Strategy, Planning & Performance Committee Annual Report 2023/24 – The Committee accepted the Strategy, Planning & Performance & Development Annual Report 2023/24 as a source of assurance.
- 17.1.8 Finance and Resource Committee Annual Report 2023/24 – The Committee accepted the Finance and Resources Committee Annual Report 2023/24 as a source of assurance.
- 17.1.9 Staff Governance Committee Annual Report 2023/24 - The Committee accepted the Staff Governance Committee Annual Report 2023/24 as a source of assurance.
- 17.1.10 Healthcare Governance Committee Annual Report 2023/24 – The Committee accepted the Healthcare Governance Committee Annual Report 2023/24 as a source of assurance.
- 18. Audit Scotland: Cover letter and NHS Lothian Draft External Audit Report for the year to 31 March 2024**
- 18.1 The Committee received a brief overview, highlighting how the cover letter and report was prepared, key findings and unmodified opinion therein.
- 18.2 The External Auditor received confirmation from those charged with governance that there had been no instances of any actual, suspected, or alleged fraud; any subsequent events that had occurred since the date of the financial statements, or material non-compliance with laws and regulations affecting the entity that should have been brought to their attention.
- 18.3 It was noted that several outstanding items listed within the cover letter would be concluded in the next couple of weeks. These would be addressed through updating the narrative of the Annual Report. Any changes made to the Annual Report would not affect the opinion provided and the External Auditors were comfortable that the Audit and Risk Committee take the External Audit Report along with the Annual Accounts to the Board in June 2024.
- 18.4 The Committee accepted the report and thanked the External Auditors and Finance Team for the comprehensive report.
- 19. NHS Lothian Annual Accounts for the year ended 31 March 2024**
- 19.1 The previously circulated accounts were presented.
- 19.1.1 The Committee reviewed the draft Annual Accounts for the year ended 31st March 2024.

- 19.1.2 The Committee recommended that:
- the Board that they adopt the Annual Accounts for the year ended 31st March 2024.
 - the Board to authorise the designated signatories (Interim Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document.

19.1.3 The Committee note that the accounts are not in the public domain until they are adopted by Parliament later in the year.

19.2 Management Representation Letter – The Committee reviewed the draft Representation Letter to the External Auditors.

19.1.2 The Committee agreed that the statements properly represent confirmation to the External Auditors on matters arising during the course of their audit of the annual accounts for the year ended 31 March 2024. Members also agreed that the letter be adopted for the Interim Chief Executive to sign as Accountable Officer of the Board.

20. NHS Lothian Patients' Private Funds Annual Accounts 2023/24

20.1 The previously circulated report was presented.

20.2 The Committee accepted the management letter from Azets as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.

20.3 The Committee agreed to recommend to the Board that the Interim Chief executive and the Director of Finance sign the “Statement of Lothian NHS Board Members’ Responsibilities” on behalf of the Board.

20.4 The Committee agreed to recommend to the Bord that following the Board’s consideration, the Director of Finance and the Interim Chief Executive sign the “Abstract of receipts and Payments” (SRFS 19.0).

20.5 The Committee agreed to recommend to the Bord that they approve the draft Patients’ Private Funds accounts for the year ended 31 March 2024.

21. Committee Business

21.1 Results from the Committee Member Survey – The Committee reflected on the results of the survey and noted that only 3 members had replied. It was noted that one member was new to the Committee and therefore could not comment on past activity. Members agreed to accept the survey and the positive outcomes therein and look for further feedback from members in 2024/25.

21.2 Audit and Risk Committee Annual Report and Assurance Statement to the Board 2023/24 – The Committee reviewed its Annual Report for 2023/24, noting that it had been prepared in line with the Scottish Government’s Audit and Assurance Committee Handbook.

21.2.1 The Committee approved its 2023/24 Annual Report for submission to the Board.

22. Any Other Competent Business

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

23. Reflections on the meeting

23.1 The Committee welcomed the detailed discussions held. There were no other matters to raise with the Board with the exception of the annual accounts and assurance documents and request that PSEAG review the Litigation Annual Report 2023/24 and identify any emerging trends and patient safety issues and bring them forward to Healthcare Governance Committee.

24. Date of Next Meeting

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

Signed by Chair
19 August 2024

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 25 JUNE 2024.

Present

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

Non-Voting Members – Steven Dunn, Hamish Hamilton, Jo MacPherson, Alan McCloskey, Donald Noble, Ann Pike, Alison White and Linda Yule

Apologies – Andrew McGuire, Lesley Cunningham and David Huddlestone

Absent – Douglas McGown

In attendance –

Neil Ferguson (General Manager Primary Care and Community Services), Ashley Goodfellow (Deputy Director of Public Health), Sharon Houston (Head of Strategic Planning and Performance), Lorna Kemp (Programme Manager, Mental Health and Workforce Planning), Yvonne Lawton (Head of Health), Karen Love (Senior Manager Adult Services), James Millar (Standards Officer), Mike Reid (General Manager, Mental Health and Addictions), Diane Stewart (Health Improvement Lead) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The IJB approved the minutes of its meeting held on 23 April 2024.

4 MINUTES FOR NOTING

a The IJB noted the minute of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 6 March 2024.

b The IJB noted the minute of the Alcohol and Drugs Partnership Executive held on 22 February 2024.

c The IJB noted the minute of the West Lothian Integration Joint Board Health and Care Governance Group held on 27 February 2024.

5 MEMBERSHIP & MEETING CHANGES

The Clerk advised that there were no changes to report.

6 CHIEF OFFICER REPORT

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

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

Decision

To note the terms of the report.

7 2024/25 BUDGET UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2024/25 budget position based on confirmed budget contributions. The report also provided a brief update on the status of budget savings measures.

It was recommended that the IJB:

1. Note the confirmed budget contribution received from NHS Lothian in respect of 2024/25 IJB delegated functions;
2. Note the 2024/25 IJB budget resources available and the budget monitoring arrangements;
3. Note the two-year budget plan; and
4. Note the progress on saving measures agreed as part of the 2024/25 budget as at the end of May 2024.

Decision

1. To note the terms of the report.
2. It was also agreed that the next development session would include discussion of future saving plans.

8 UNAUDITED ANNUAL ACCOUNTS 2023/24

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer inviting members to consider the Unaudited Annual Accounts 2023/24.

It was recommended that the IJB:

1. Consider the overall 2023/24 Annual Accounts prior to submission to Audit Scotland for audit and publication; and
2. Agree that the letters provided by West Lothian Council and NHS

Lothian along with financial ledger reports presented throughout the year, provided assurance concerning the year end expenditure and funding contained in the unaudited accounts.

Decision

1. To approve the terms of the report.
2. To note that the Audit, Risk and Governance Committee held on 19 June 2024 had agreed that the set aside budget and future saving plans would be discussed at the next development session; the IJB agreed to add detailed discussion of specific budget pressures to the same development session.

9 DRAFT IJB ANNUAL PERFORMANCE REPORT 2023/24

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2023/24, acknowledging that data for inclusion in the report was not yet available; and seeking a decision from the IJB to delegate authority to the Chief Officer to approve the final version of the annual performance report once data was available and ensure publication by the deadline of 31 July 2024.

It was recommended that the IJB:

1. Consider the outline draft of the IJB's annual performance report;
2. Note that published data were incomplete and were in the process of being finalised nationally and were therefore not available for inclusion in this report;
3. Agree that when the national data set was finalised, it would be included in the report which would then be published in time for the deadline set out in legislation of 31 July each year; and
4. Agree to delegate authority to the Chief Officer to approve publication of the finalised report.

Decision

To approve the terms of the report.

10 UPDATE ON IJB STRATEGIC PLAN DELIVERY PLANS

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the monitoring approach and progress of the Delivery Plans which took forward the strategic intentions of the IJB Strategic Plan. Appendix 1 provided an overarching 6 monthly performance management framework

which highlighted the progress and position of each project/area across all three delivery plans Appendix 2 included details on the proposed change to the governance and reporting structure of the Enabling High Quality, Care, Support and Treatment Delivery Plan. Appendices 3 to 5 included the latest versions of the action plans for each Delivery Board.

It was recommended that the IJB:

1. Note the approach taken to the monitoring of the Delivery Plans;
2. Consider the draft of the overarching reporting template included as Appendix 1 of the report;
3. Consider the draft of the proposed performance and monitoring report template for the Enabling High Quality, Care, Support and Treatment Delivery Plan to replace the delivery board (Appendix 2); and
4. Note the updated version of each Delivery Plan included as Appendices 3–5.

Decision

1. To approve the terms of the report.
2. To include discussion on controls and monitoring the Strategic Plan at a future development session.

11 WEST LOTHIAN HSCP ADVOCACY STRATEGIC PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the development of a West Lothian Advocacy Strategic Plan and inviting members to discuss and provide comment on both the draft plan and indicative timescales for further engagement and development.

It was recommended that the IJB:

1. Note the recommendation of the Mental Welfare Commission (MWC) for Scotland that all health and social care partnerships (HSCPs), health board and local authorities should work collaboratively to ensure that a strategic advocacy plan had been developed;
2. Note the statutory responsibilities for NHS boards and local authorities in relation to independent advocacy;
3. Note that a draft Advocacy Strategic Plan had been developed in consultation with key stakeholders;
4. Note that the Plan would be further refined and an action plan developed in further engagement with staff, providers and users of independent advocacy services; and

5. Discuss the draft Plan and the proposed indicative timeline for further development and engagement, noting that a final strategic plan and action plan would be presented to the IJB on 17 September 2024.

Decision

To note the terms of the report.

12 ALCOHOL AND DRUG PARTNERSHIP UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services noting performance updates and emerging risks and inviting members to consider recent recommendations made by the West Lothian ADP Executive on 30 May 2024.

It was recommended that the IJB:

1. Note the contents of the report including
 - i. the positive performance in relation to MAT Standards
 - ii. the challenges in relation to delivery against the A11 HEAT Standard
 - iii. concerns over delivery of services to people needing harm reduction;
2. Approve the provision of
 - i. additional input for harm reduction
 - ii. a Naloxone Champion
 - iii. a Hospital Outreach Worker iv. Project Support for the ADP; and
3. Approve the ADP Annual Survey for Submission.

Decision

To approve the terms of the report.

13 WEST LOTHIAN CARERS STRATEGY ANNUAL REPORT 2023-2024

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Adult Services presenting a West Lothian Carer Strategy Annual Report for the period 2023–2024.

It was recommended that the IJB:

1. Note the content of the report; and
2. Note the progress made in the implementation of the Carer Strategy improvement plan.

Decision

To note the terms of the report.

14 WEST LOTHIAN PRIMARY CARE IMPROVEMENT PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services providing an update on the progress and evolution of the Primary Care Improvement Plan (PCIP) and outlining the ambitions of latest iteration of the plan, PCIP version 7.0. In addition to this, West Lothian HSCP recognised a wider interpretation of Primary Care services and would describe current planning considerations in developing a refreshed version of West Lothian's Primary Care Improvement Plan, incorporating the ring fenced PCIP 7.0 aspects and the broader service implications.

It was recommended that the IJB:

1. Recognise the achievements of the existing PCIP and note the intentions of the PCIP version 7.0 for 2024/25; and
2. Agree that further planning work would be progressed with a report submitted back to the board at a future date.

Members agreed that the IJB Chair should write to the West Lothian planners requesting contributions towards a new medical centre in East Calder in terms of Section 75 of the Town and Country Planning Scotland Act 1997.

Decision

1. To note the terms of the report.
2. It was also agreed that the Chair on behalf of the IJB would make representations to the West Lothian planners requesting contributions towards a new medical centre in East Calder in terms of Section 75 of the Town and Country Planning Scotland Act 1997.

15 A STRENGTHENED APPROACH TO PREVENTION ACROSS THE LOTHIAN HEALTH AND CARE SYSTEM

The IJB considered a report (copies of which had been circulated) by the Deputy Director of Public Health of NHS Lothian setting out a strengthened approach to prevention across the Lothian health and care system and recommending that the West Lothian Integration Joint Board

endorse the recommendations set out in section 7 of Appendix 1 of the report.

It was recommended that the IJB:

1. Note the content of the report; and
2. Endorse the recommendations set out in section 7 of Appendix 1 of the report.

Decision

To approve the terms of the report.

16 OVERVIEW OF HEALTH AND CARE GOVERNANCE

The IJB considered a report (copies of which had been circulated) by the Chief Nurse providing an overview of the Health and Care Governance arrangements in place within West Lothian.

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

Decision

To note the terms of the report.

17 SELF-ASSESSMENT QUESTIONNAIRE

The IJB considered a report (copies of which had been circulated) by the Project Officer seeking approval in relation to carrying out the periodic self-assessment of the Board's administrative arrangements.

It was recommended that the IJB:

1. Approve the annual self-assessment of the Board's effectiveness by the use of the questionnaire in the appendix of the report; and
2. Agree to the questionnaire being issued to Board members and the results reported to the September meeting of the Board.

Decision

To approve the terms of the report.

18 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

19 DATES OF FUTURE MEETINGS

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

Decision

1. To note the dates of future meetings.
2. To note that the meeting of 17 September would be held in person in the Council Chambers.



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

**THURSDAY 27 JUNE 2024
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Councillor J Findlay
Councillor N Gilbert (sub for Councillor L Jardine)
Ms E Gordon
Councillor C McFarlane

Non-voting Members Present:

Mr D Binnie	Ms L Byrne
Dr J Hardman	Mr D Hood
Dr K Kasengele	Ms C McDonald
Ms M McNeill	Mr T Miller
Ms F Wilson	

Present from NHS Lothian/East Lothian Council:

Ms H Anderson	Ms L Berry
Ms A Goodfellow	Ms C Goodwin
Ms C Johnston	Ms L Kerr
Mr C King	Mr A Main
Ms I Nisbet	

Clerk:

Mr N Munro
(minutes prepared by Mrs L Gillie)

Apologies:

Ms M Allan	Councillor L Jardine
Ms S Gossner	Dr C Mackintosh
Mr D King	

Declarations of Interest:

None

1. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN IJB ON 23 MAY 2024 (FOR APPROVAL)

John Hardman pointed out that he along with Jamie McGowan and Guy Whitehead had been present at the meeting but were not noted on the minutes. Mr Binnie highlighted that had him noted as being present, but he wasn't. The Chair stated amendments would be made.

The minutes of the IJB meetings on 23 May were approved.

2. MATTERS ARISING FROM THE MINUTES OF 23 MAY

The following matters arising from the minutes on 23 May were discussed:

Item 2 (page 2) – Thomas Miller informed members he had received the details of costs and queried when the update would be provided on the decision made on 28 March. Laura Kerr said she would check as she thought that this had been sent out. The Chair added that this would be sent out to all IJB members.

Item 3 (page 2) – The Chair said that she was keen to keep the Scottish Women's Budget Group and intergenerational network on the agenda.

Item 5 (page 3) – The Chair said she did not want to lose sight of inviting Mr Clater and Mr Bonner to future development sessions.

Item 6 (page 4) – The Chair asked when the information on workplace requirements would be available. Ms Kerr responded by explaining that this was a bigger piece of work, and it was ongoing.

Item 8 (page 5) – The Chair asked if there had been feedback about the progress of the re design of care home services. Ms Kerr replied that once the first reports had gone to the Change Board they would report back to the IJB.

Item 8 (page 6) – The Chair stated that she was keen to not lose sight of the expected budget availability for the third sector associated costs.

Item 10 (page 7) – Jonathan Blazeby said he would like to have regular reporting on monthly performance on the agenda. Fiona Wilson said she would follow this up and see what was possible. She continued by saying that they would want to bring something to IJB in August.

Claire McDonald highlighted that she was present at the meeting but that her name was missing from the minutes.

3. CHAIR'S REPORT

The Chair provided a report to members on a recent event held at the dementia meeting centres. She highlighted that representatives from all sectors had come together to look at how best to support and develop the centres. She also commented that it was a successful event, and it gave service users the opportunity to speak for themselves.

The Chair also mentioned the Carers of East Lothian week and congratulated the staff who had been involved in organising this successful week.

4. A STRENGTHENED APPROACH TO PREVENTION ACROSS THE LOTHIAN HEALTH AND CARE SYSTEM

A report was submitted by the Chief Officer.

Ashley Goodfellow presented the report providing background and highlighting the purpose of the paper as being to set out a strengthened and more consistent approach to prevention across the health and social care system. Ms Goodfellow stated that they want to protect population health now and in the future, and that they are keen that inequalities do not widen due to the financial pressures.

She continued by saying that they have tried to identify the best areas for investment where impact would be expected in both the shorter and longer term. Three main priority areas have been identified as 1, social determinants of health - 2, maternal, children and young people's health – 3, tackling modifiable disease risk factors. Ms Goodfellow continued by saying that they were looking for endorsement from the IJB on the seven recommendations that have been made in the main paper.

Ms Goodfellow informed members that the NHS Lothian Board approved the paper in April 2024 and commented on an equality and children's right impact assessment workshop which is taking place. She concluded by advising that they are hoping to have a high-level prevention plan ready to take to board in July.

In response to questions from Marilyn McNeill Ms Goodfellow stated that physical activity would be included in terms of modifiable disease risk factors and that they must work in partnership with local authorities and others. Ms Goodfellow advised that each community planning board must engage with the community and develop locality plans at locality levels. She highlighted the value of community planning as being tackling community issues together.

Ms McNeill also asked if a development session on Area Partnerships would be useful for mutual learning and Ms Kerr responded that she was comfortable that health and wellbeing groups are able to feed into the IJB.

The Chair explained to members the background to funding for schools in relation to the Attainment Challenge Fund and the decision of the Council to withdraw the funding.

In response to a question from Andrew Colgan Ms Goodfellow advised that there are community planning partnerships in each local authority area, and each must have a local outcome improvement plan (LOIP). Part of the LOIP is that they must engage with the community. She explained the value of community planning as being able to tackle issues that a single agency could not tackle on their own. Ms Goodfellow confirmed for members that IJB representatives sit on all the community planning boards.

Claire Goodwin commented on how useful the piece of work will be as a source of information for upcoming work.

Ms Goodfellow responded to a query from Johnathon Blazeby by stating that all health boards are linked into the national strategy and that she does not think the priorities will have changed. She also informed members of the Public Health Action teams who are working to ensure they are all identifying and working to the same priorities.

In response to questions from the Chair Ms Goodfellow advised that a high-level plan will come first but that the fourth point in the five-point prevention plan is how we support local. This will look at local need and innovation in an area. Ms Goodfellow further advised that they need to carry out some baselining on investment plans to see what is being spent on prevention and how this could be tracked. She also provided detail on the work being done around type 2 diabetes. She concluded by saying that single point of access had not been running long enough to be evaluated but that she felt this was going in the right direction.

The Chair welcomed Dr Kalonde Kasengele to the meeting.

Ms Goodfellow responded to a question from Mr Blazeby by saying that they need to look at what the short term measures are to make sure they are on the right track. She continued by saying that they need to think about how to measure in the long, medium and short term.

Dr Kasengele commented that it was useful to know what the baseline is and to see year on year improvement in prevention. He further commented that evaluation will allow it to be seen if improvement in one area is leading to increasing inequalities.

The Chair thanked Ms Goodfellow for the paper.

Decision

The IJB agreed to:

- i. Note the content of the report.
- ii. Endorse the recommendations set out in section 7 of Appendix 1.

5. IJB DIRECTIONS FOR 2024-25

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose of the report was to present recommendations in relation to directions for the current year and to seek IJB approval. She informed members that the first appendix covers the core directions which reflect the Scottish Government guidance. Appendix two describes specific directions relating to specific activity or development or to IJB decisions. The last point highlighted by Ms Goodwin was that once the directions were approved by the IJB they would be sent to each of the delivery partners.

Ms Goodwin responded to questions from members by advising that every IJB does directions slightly different and that the approach had been adjusted over a number of years versus Scottish Government guidance and this determines the approach to directions. Ms Goodwin further advised that in terms of helping effect for governance technically there should be a reporting loop. She also stated that core directions are the response to being required to have a direction that covers all delegated services and specific directions are much easier to monitor delivery and hold partners accountable.

The Chair commented that she thought a refresher on directions would be helpful. Ms Wilson added that they have an annual refresher on some of the basics and queried whether directions could be included in this.

In response to a question from Councillor McFarlane about palliative care Ms Wilson replied by saying that they measure the last six months of peoples live and that it is something that they could do better. John Hardman added that in general they can make arrangements when they need to but that there is a change in the way services are being provisioned and this needs to be managed carefully.

Ms Goodwin replied to questions from Councillor Findlay by explaining that the direction being retired is part of the move to have less vague directions. She continued by saying that if there is a specific discussion, activity or agreement by the IJB a more specific direction will be issued. Ms Goodwin further stated that a new direction on the Abbey Care Home would be issued by the IJB when they were at a point when more specific instruction could be given.

Ms Wilson added the background around directions for both the Edington and Abbey sites. She also stated that they are working closely with their partners and that they would want to influence the future of these sites. Ms Goodwin added that any directions issued are issued by the IJB.

The Chair questioned if the GP practice at Eddington still sits with NHS Lothian. Ms Wilson confirmed and said that they have representation on the groups.

Decision

The IJB agreed to:

- 1.1 Approve the 2024-25 East Lothian IJB Directions contained at Appendices 1 and 2.
- 1.2 Approve the issuing of directions in relation to delivery of the East Lothian Health and Social Care Partnership (HSCP) Workforce Plan and in relation to closure of the Belhaven Hospital site.
- 1.3 Note that active consideration should continue to be given to the introduction of additional directions as and when required, and that these should be developed in line with the IJB Directions Policy.

6. IJB ANNUAL PERFORMANCE REPORT 2023-25

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose was to present the IJB annual performance report for 2023-24 and to describe performance in relation to planning and carrying out of integrated functions during the 2023-24 financial year.

Ms Goodwin continued by stating that the report describes progress in relation to the key activities and includes data and case studies. She informed members that a final version will be circulated, published and shared with key stakeholders by the end of July and presented at PPRC Committee after summer recess.

Elizabeth Gordon thanked Ms Goodwin for the report and commended the work particularly relating to delayed discharges.

Mr Blazeby noted an error in the report on page 7 and thanked Ms Goodwin and her team for the report. Other members agreed that the work in the report was impressive and that it had highlighted the work of the Health and Social Care Partnership and the IJB.

The Chair commented that the public should be aware of the layers behind the scenes of how people are being kept out of hospital. She questioned how this information could be communicated to the public and recognised that it was social work as well as social care. The Chair also commended Ms Goodwin for the work.

Decision

The IJB agreed the report.

7. IJB STRATEGIC PLAN

A report was submitted by the Chief Officer.

Claire Goodwin presented the report and advised that the purpose was to present a summary of the annual delivery plan for the current year. She further advised that this was a summary version and that a full version of the report had been brought to the SPG.

Ms Goodwin informed members that the plan describes planned activity related to each of the IJBs seven strategic objectives. She stated that the is a working document and that it continues to evolve. She concluded by saying that a six-month progress report will be brought to the IJB.

The Chair stated that the plan was self-explanatory of the delivery program and that there would be outcomes of these actions seen in the autumn.

Decision

The IJB agreed to:

- i. Note the development of the 2024/25 Annual Delivery Plan outlining planned activity across East Lothian Health and Social Care Partnership (ELHSCP) services to support delivery of the IJB's strategic objectives as detailed in its 2022-2025 Strategic Plan.
- ii. Note that a 6-month progress report, covering the period from 1 April to 30 September, will be presented to a future meeting of the IJB.

8. ANNUAL ACCOUNTS 2023-24

A report was submitted by the Interim Chief Finance Officer.

Fiona Wilson presented the report on the draft unaudited annual accounts for 2023-24. Ms Wilson advised that the IJB is governed by the same statutory regulations as local authorities and must prepare a set of annual accounts. Ms Wilson further advised that the background was included in the paper. The annual accounts will be audited and a final set prepared reflecting comments from the auditors will be brought to IJB for approval.

Ms Wilson asked members to approve the set of draft accounts for publication before the end of June.

In response to questions from members about the positive tone of the report Ms Wilson advised that they have had and are going to have challenges and that the points being raised about tone were important in the current climate. Ms Goodwin added that the annual performance report describes activity throughout the year but does not do analysis of it. She continued by stating it was about getting the balance right between positivity and realism and highlighting the challenges.

Mr Blazeby asked if including the rejection of the original budget offer from East Lothian Council was necessary and Ms Wilson replied by stating that it was a fact-based comment and that it recognised some of the challenges that they have had to manage.

Members asked if it was felt necessary to include information to reflect the financial pressures and the impact that it could have on service delivery to set the scene for next year. Ms Wilson replied by saying that these were helpful comments that she would pass onto David King.

The Chair stated that she would pick up other issues with Ms Wilson offline. The Chair also asked if it was possible to get some advice on the language used in order to make this more user friendly. She also asked if there was a deadline for comments and Ms Wilson replied by saying it was the end of June.

Decision

The IJB agreed to:

- i. Consider the attached draft annual accounts.
- ii. Approve this draft for publication before the end of June.

9. PLANNING OLDER PEOPLE'S SERVICES

A report was submitted by the Chief Officer.

Andrew Main presented the report and advised that the paper was for members information. He further advised that the paper was a brief update to inform the IJB of the review of the project timeline. Mr Main highlighted the moving of the twelve week public consultation and the impact of this on the final report.

Mr Main said that the reasons for the need for a review included senior managers time being focused on other activities (such as financial planning), the summer holidays and to a lesser extent activity around the general election. He informed members that he has been asked to bring a brief update to the IJB to keep them informed. He concluded by commenting that feedback received from stakeholders and communities had to date been positive.

In response to a query from the Chair Ms Kerr confirmed that the final report will come to the IJB and that all IJB members will be able to see it. She also advised that they could consider holding an extended SPG.

Ms Wilson responded to a question from Ms McNeill by stating that they are liaising with the partners and that part of the partner's responsibility is to engage with local

communities on the future of the sites. Ms Wilson also advised that they would like to influence this. Ms Kerr added that community stakeholders would be involved in the discussions and the process was in place.

Replying to a query from Mr Blazeby Mr Main advised that consulting with communities and stakeholders and having full engagement plays a large part in the extended timescale. He also mentioned the COVID pandemic and financial circumstances as other factors. Mr Main stated that they are taking their time to deliver something with longevity that will address the demographic changes.

The Chair informed members that there are a series of papers that have been presented which would provide a proper overview. Mr Main added that the paper included footnotes and hyperlinks which would take the reader back to previous pieces of work.

The Chair thanked Mr Main and commented that the timescales were helpful.

Decision

The IJB agreed to note the recommendations.

10. IJB PUBLICATION SCHEME

A report was submitted by the Chief Officer.

Neil Munro presented the report and advised that the publication scheme is a guide to the information which is published on the website which is available to all. Whilst carrying out the update the external auditors carried out an audit on it and provided feedback. Mr Munro explained the process as approval from IJB being required before the guide is sent to the Scottish Information Commissioner to be approved and registered.

Mr Munro requested that members approve the guide.

In response to a query from The Chair Mr Munro confirmed that they have the required internal capacity to meet the expectations of the Information Commissioner.

Decision

The IJB approved the IJB Publication Scheme (Guide to Information through the Model Publication Scheme 2024).

Signed

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

Minute

Edinburgh Integration Joint Board



Edinburgh Integration Joint Board

Monday 17 June 2024

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

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Philip Allenby, Councillor Alan Beal, Robin Balfour, Hannah Cairns, Elizabeth Gordon, George Gordon, Helen Fitzgerald, Rose Howley, Peter Knight, Jacqui Macrae, Councillor Claire Miller, Councillor Max Mitchell, Eugene Mullan, Councillor Vicky Nicolson, Moira Pringle, Emma Reynish and Pat Togher

Officers

Daniel Bagrie, Angela Brydon, James Cuthbert, Linda Irvine-Fitzpatrick, Ashley Goodfellow Andrew Henderson, John McKee, Flora Ogilvie

Apologies

Alistair McKillop

Declarations of Interest

None

1. Deputations

a) **Community Renewal Trust**
(in relation to item 6.1 A strengthened approach to prevention across the Lothian health and care system; and 7.2 Motions from Full Council)

The deputation highlighted that the prevention strategy referenced in Item 6.1 is an excellent addition. The deputation referenced Sheffield Integrated Care Body, where the improving of voluntary sector capacity at a strategic level improved prevention. The deputation noted that community structures and peer support structures had been omitted from social determinates of health and highlighted that good practice is moving towards such lists. The deputation asked the board to build trusting relationships with communities that are suffering the worst health care inequalities. The deputation expressed concerns that a cost benefit analysis, highlighting that whilst well intentioned, risked incurring more cost more than it would save. The deputation suggested that the board include a dashboard with a RAG rating linked to prevention and provide information regarding the impact proposals.

b) **UNITE Edinburgh Not For Profit Branch**
(in relation to item 6.1 A strengthened approach to prevention across the Lothian health and care system; 7.1 Financial Update and 7.3 Older People's Pathway Update)

The deputation expressed concerns that services are in a crisis and the amount of expenditure the EIJB must reduce expenditure over 24/25. The deputation requested further information in relation to the high burden for mental health for working age population. The deputation expressed concerns regarding references to the independent sector in reports, question if term should be used to describe third and private sectors as both offer differing services and have different requirements. The deputation expressed concerns that the use of Private sector care providers could pose risks EIJB plans and could bring increased costs to the Health and Social Care partnership.

2. Minutes

The minute of the Edinburgh Integration Joint Board of Monday 22 April 2024 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record subject to the following amendment:

Present Board Members – Robin Balfour

(Reference – minute of the Edinburgh Integration Joint Board of 22 April 2024, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to June 2024 was presented.

Decision:

- 1) To agree to close the following actions:
 - Item 1 (2) System Pressure Update
 - Item 4 – An Older People’s Pathway
 - Item 5 – Finance Update
 - Item 7 – Minute of Strategic Planning Group
- 2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log June 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. Draft Strategic Plan and Formal Consultation Period

An overview of the draft strategic plan was presented and Officers sought support for formal public consultation which meets the standards for community engagement.

Decision

- 1) To agree that the draft strategic plan can be issued for public consultation;
- 2) To agree that the formal public consultation will commence on 1 July 2024;
- 3) To agree include reference to the Women’s Health Plan and the Promise in the plan;
- 4) To agree that officers will ensure national governance / strategic documents are referenced as necessary, e.g. GIRFEC; and
- 5) To agree that the reference will be made to multi-disciplinary approach.

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

6. An Older People’s Pathway

An update on the progress of the Older People's Pathway was provided with along updates in relation to Liberton Hospital and the City's sub acute hospitals. Reference was made to the board meeting of February 2024 at which the board agreed six recommendations and requested an account of the Partnership's plan to close Liberton Hospital.

Decision

- 1) To note the content of the report on the progress with each recommendation relating to the Older People's Pathway Programme;
- 2) To agree to direct NHS Lothian to reconfigure ICF and HBCCC services and City of Edinburgh Council to 40 new beds in Castle Green and North Merchiston care homes. Ref. EIJB- 17/06/24; and
- 3) To agree that officers will write to NHS Lothian regarding alterations of location for the Liberton Day Hospital and Hospital@Home currently based at Liberton Hospital and provide an update at the next EIJB board meeting.

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

7. Financial update

An overview of the outturn position for 2023/24 was presented along with an update on the medium-term financial strategy and an initial appraisal of the financial position for 2024/25. It was highlighted that a break-even position is reported for 2023/24, subject to audit confirmation.

Decision

- 1) To note that, subject to audit, a break-even position is reported for financial year 2023/24;
- 2) To note the level and breakdown of reserves at 31st March 2024;
- 3) To note the updated draft medium-term financial strategy;
- 4) To agree that the medium-term financial strategy will be finalised in parallel with the updated strategic plan to ensure alignment; and
- 5) To note the initial assessment of in year position, recognising that full data will only be available after the first quarter of the financial year.
- 6) To note that on 18 March 2024, the Board considered two detailed Proposals on items 7.2 Savings and Recovery Programme 2024/251 and 7.3 Draft Medium Term Financial Strategy;
- 7) To note that the Board committed to workshop the points in both Proposals as part of the budget setting process review, and that subsequently they would be treated as a separate paper at the following Board meeting for formal approval;
- 8) To note that this it has not been possible for the workshop to go ahead as scheduled

- 9) To agree that officers will prioritise holding the workshop on the budget setting process in advance of the first Budget Working Group, currently scheduled for 3rd September, with inclusion of the Proposals as a key input.

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

9. Motions from Full Council

An update on the two requests that were considered and agreed by the City of Edinburgh Council on the 21 March 2024 that would fall under the remit of the Edinburgh Integration Joint Board was presented.

Members were asked to consider the request from the City of Edinburgh Council for a cost benefit analysis of the voluntary sector and to consider the request from the City of Edinburgh Council for a report on options for expanding council provision of long term care.

Decision

- 1) To note the request from the City of Edinburgh Council for a Cost Benefit analysis of the voluntary sector;
- 2) To note that the ask contained within the motion regarding the Cost benefit analysis of the voluntary sector contribution, will put several key workstreams in jeopardy including those outlined at Paragraph 5 of the report;
- 3) To agree that Officers will continue to proceed with the workstreams outlined at Paragraph 5 of the report and continue to look at ways to mitigate the impact of a reduction in services offered by the voluntary sector, but not undertake a cost benefit analysis on the voluntary sector;
- 4) To note the request from the City of Edinburgh Council for a report on options expanding Council provision on long term care; and
- 5) To note that the exercise proposed in the Council motion regarding the Expanding Council provision of long-term care provision would divert resource and elongate timescales and that any report produced in response to the Council's request would highlight the need to make significant additional investment in both capital and revenue terms; and
- 6) To agree that the EIJB will retain focus on the programme of work set out in Older People's pathway.

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

10. A strengthened approach to prevention across the Lothian health and care system

The strengthened approach to prevention across the Lothian health and care system and recommend that the Edinburgh Integration Joint Board supported the recommendations set out in section 7 of the accompanying paper was presented.

Decision

- 1) To note the content of the report; and
- 2) To note and endorse the recommendations set out in section 7 of Appendix 1.

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

11. Appointments to the Edinburgh Integration Joint Board

The report provided an updated to inform the Edinburgh Integration Joint Board of changes to its membership.

Decision

- 1) To note the appointment of Councillor Alan Beal to the EIJB as a CEC voting member;
- 2) To appoint Councillor Alan Beal to the Audit and Assurance Committee and Performance and Delivery Committee as a CEC voting member;
- 3) To appoint of David Belfall as a Non Voting member and Citizen representative;
- 4) To appoint Ben Owen to the EIJB as a non-voting member and CEC Trade Union representative;
- 5) To re-appoint Helen Fitzgerald to the EIJB as a non-voting member and NHS Trade Union representative ;
- 6) To note the resignation of Councillor Euan Davidson from the EIJB as a CEC voting member;
- 7) To note resignation of Kirsten Hey from the EIJB as the a non voting member; and
- 8) To note the resignation of Bridie Ashrowan from the EIJB as a non voting member.
- 9) To note the boards thanks to Councillor Euan Davidson, Kirsten Hey and Bridie Ashrowan for their work as members of the EIJB.

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

12. Edinburgh Integration Joint Board and Committee Dates 2025

The proposed schedule of meetings for the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and Committees for 2025 was presented.

Decision

To defer the report to August EIJB to allow officers to liaise with chairs regarding committee meeting dates in School holidays

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

13. Committee Update Report

An update regarding the Committees of the Edinburgh Integration Joint Board covering January – March 2024 was provided.

Decision

To note the work of the Committees.

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

14. Draft Minute of the Performance and Delivery Committee of 30 April 2024

Decision

To note the Draft minute of the Performance and Delivery Committee of 30 April 2024

(Reference – Draft Minute of the Performance and Delivery Committee of 30 April 2024, submitted)

15. Draft minute of the Clinical and Care Governance Committee of 21 May 2024

Decision

To note the draft minute of the Clinical and Care Governance Committee of 21 May 2024.

(Reference – Draft Minute Clinical and Care Governance Committee of 21 May 2024, submitted)

16. Draft Minute of the Strategic Planning Group of 28 May 2024

Decision

To note the minute of the Strategic Planning Group of 28 May 2024

(Reference – Draft Minute of the Strategic Planning Group of 28 May 2024, submitted)

17. Date of Next Meeting

Decision

To note Monday 20 August 2024 at 10am as the date of the next EIJB meeting.



Edinburgh Integration Joint Board

10.00am, Tuesday 20 August 2024

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

Present:

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Philip Allenby, Councillor Alan Beal, Robin Balfour, David Belfall, Hannah Cairns, Elizabeth Gordon, George Gordon, Helen Fitzgerald, Rose Howley, Matt Kennedy, Peter Knight, Jacqui Macrae, Councillor Max Mitchell, Eugene Mullan, Councillor Mumford, Councillor Vicky Nicolson, Moira Pringle, Emma Reynish, Pat Togher and Paul Wilson

Officers

Jacqueline Boyle, Angela Brydon, Andrew Henderson (Clerk), Paul Lawrence and Julie Tickle

Apologies

None

Declarations of Interest

None

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Monday 17 June 2024 as a correct record

(Reference – minute of the Edinburgh Integration Joint Board of 17 June 2024, submitted)

2. Rolling Actions Log

The Rolling Actions Log updated to August 2024 was presented.

Decision:

- 1) To agree to close the following actions:
 - Action 4 – Draft Medium Term Financial Strategy: 2024/25 to 2026/27
 - Action 5 – Financial update
- 2) To agree Action 3 - Savings and Recovery Programme 2024/2025 and Draft Medium Term Financial Strategy: 2024/25 to 2026/27 would remain open until officers provide an update at Septembers committee meeting.
- 3) To note that the Chair and Chief Officer would attend the EIJB Audit and Assurance Committee to discuss Action 2 – Rolling Actions Log.
- 4) To note officers would review the frequency in which the risk register was reviewed by the Audit and Assurance Committee.
- 5) To note the remaining outstanding actions.

(Reference – Rolling Actions Log August 2024, submitted)

3. 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 to the report.

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

4. Progress report of the Older People's Pathway Programme

The Edinburgh Integration Joint Board was asked to issue a direction to NHS Lothian to enable the closure of a Medicine of the Elderly ward at the Western General Hospital and re-invest the ward's budget in services which would aim to prevent the need for hospital admission for patients over the age of 65 years old.

Decision

- 1) To agree to direct NHS Lothian to close Ward 74 at the Western General Hospital and take steps to reduce demand for inpatient services.
- 2) To note progress with plans to close Liberton hospital; the feasibility study for Drumbrae; and the plan for centralised purchasing.
- 3) To agree the Lead Commissioner's proposal to change the method of the care cost exercise.
- 4) To agree that officers would discuss modelling and discrepancy between what was described and funded and how this would be going forward at the

Unscheduled Care Tactical Committee and Programme Board and to provide an update to the next meeting of the EIJB.

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

5. Evaluation of Winter 2023/24

An update on the performance over Winter 2023/24 was presented in conjunction with recommendations for improvement in 2024-2025. It was highlighted that in the days before the festive period were 27% lower than 2023-2024 and the March 2024 data remained 6% lower than March 2023. The position in March 2024 put Edinburgh in the top 50% of Partnerships for delays at the end of the winter period.

Decision

- 1) To note the evaluation of winter 2023/24 contained in the report by the Chief Officer and that Planning for Winter 2024 – 2025 would commence in August 2024.
- 2) To agree that officers would address recommendation 2 internally due to its operational nature.

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

6. Financial update

The initial financial monitoring information for 2024/25 was presented. A year end overspend of £20.5m was projected, largely driven by slippage in delivery of savings schemes. The baseline position showed an improvement from the medium-term financial strategy and that the controls introduced by the Chief Officer to manage growth were proving effective.

Decision

- 1) To note the financial projections for 2024/25.
- 2) To note the plans to recover the position in year by the introduction of additional controls and driving delivery of the savings and recovery programme.
- 3) To note that these measures would be closely monitored.

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

7. Annual Performance Report

The draft EIJB Annual Performance Report 2023/24 was presented for approval following review by the EIJB Performance and Delivery Committee at its meeting on 7 August 2024.

Decision

To agree the publication of the Annual Performance Report 2023/24.

(Reference – Report by the Service Director Strategic Planning, Edinburgh Health and Social Care Partnership)

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

The Performance and Delivery Committee had referred a report on the annual review of directions to the EIJB for support of the recommendations set out at section 7, appendix 1 to the report,

Decision

- 1) To note the report
- 2) To note and endorse the recommendations set out in section 7 of Appendix 1 to the report by the Chief Officer.

(Reference – Performance and Delivery Committee of 10 April 2024 (item 7); referral from the Performance and Delivery Committee, submitted.)

9. Outcome from Knowledge and Skills Audit Questionnaire

The findings from the Edinburgh Integration Joint Board knowledge and skills audit were presented.

Decision

To agree to incorporate the topics referenced at paragraph 2 of the report by the Chief Officer into the remaining development session programme for 2024 and to include these as priority topics for the 2025 development session programme.

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

10. Edinburgh Integration Joint Board and Committee Dates 2025

The proposed schedule of meetings for the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and Committees for 2025 was presented.

Decision

To agree the proposed schedule of meeting dates for 2024 subject to the following adjustments:

- Tuesday 5 August 2025 - 10am - Clinical and Care Governance Committee
- Wednesday 6 August 2025 - 10am - Development Session

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

11. Appointments to the Edinburgh Integration Joint Board

The board was informed of changes to its membership.

Decision

- 1) To note the appointment of Councillor Alys Mumford to the EIJB as a CEC voting member.
- 2) To agree to appoint Paul Wilson as a non-voting member and Interim Third Sector Representative.
- 3) To agree appoint Matt Kennedy to the EIJB as a non-voting member and Depute Chief Social Work Officer.
- 4) To agree to re-appoint Emma Reynish to the EIJB as a non-voting member and Registered medical practitioner not providing primary medical services.
- 5) To agree to re-appoint Jacqui Macrae to the EIJB as a non-voting member and Chief Nurse.
- 6) To note the resignation of Councillor Claire Miller from the EIJB as a CEC voting member.
- 7) To agree to appoint Philip Allenby as to the EIJB Audit and Assurance Committee as an NHS Lothian Voting member and to the position of Chair of the Committee.
- 8) To agree to appoint Councillor Alys Mumford to the Audit and Assurance Committee as a CEC voting member.
- 9) To agree to appoint Robin Balfour and Mathew Kennedy to the EIJB Audit and Assurance Committee as non-voting members.
- 10) To agree appoint Councillor Alys Mumford to the Clinical and Care Governance Committee as a CEC voting member.
- 11) To note the resignation of Peter Knight from the EIJB Clinical and Care Governance as an NHS Lothian voting member.
- 12) To agree to appoint Elizabeth Gordon to the EIJB Clinical and Care Governance Committee as an NHS Lothian Voting member.
- 13) To agree to reappoint Jacqui Macrae to the EIJB Clinical and Care Governance Committee as a non-voting member.
- 14) To agree to appoint Hannah Cairns and Jacqui Macrae to the EIJB Performance and Delivery Committee as non-voting members.
- 15) To agree to re appoint Emma Reynish to the EIJB Performance and Delivery Committee as a non-voting member.
- 16) To agree to appoint Peter Knight to the EIJB Strategic Planning Group as an NHS Lothian voting member.

- 17) To agree to appoint David Belfall and Eugene Mullan as non-voting members to the Strategic Planning Group.
- 18) To agree that members interested in filling the vacancy of Climate Champion would notify the Chair and Committee Services after the meeting.

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

12. Committee Update Report

An update regarding the Committees of the Edinburgh Integration Joint Board covering June 2024 was provided.

Decision

To note the work of the Committees.

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

13. Draft Minute of the Performance and Delivery Committee of 19 June 2024

Decision

To note the Draft minute of the Performance and Delivery Committee of 19 June 2024.

(Reference – Draft Minute of the Performance and Delivery Committee of 19 June 2024, submitted.)

14. Date of Next Meeting

Decision

To note Tuesday 24 September 2024 at 10am as the date of the next EIJB meeting.

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 20 June 2024	2.00pm	Council Chambers, Midlothian House and Virtual Meeting held using Microsoft Teams.

Present (voting members):

Connor McManus (Chair)	Val de Souza (Vice Chair NHS) (attended virtually)	Councillor Winchester (attended virtually)
Councillor Milligan (attended virtually)	Andrew Fleming (NHS Lothian)	Angus McCann (NHS Lothian)
Councillor Parry (attended 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)	Claire Ross (Chief AHP)	Rebecca Green (Clinical Director)
Wanda Fairgrieve (Partnership Representative NHS) (attended virtually)	Magda Clark (Third Sector Representative) (attended virtually)	Grace Chalmers (Partnership Representative (MLC))

In attendance:

Councillor McKenzie (attended virtually)	Gill Main (Integration Manager)	Nick Clater (Head of Adult Services & Social Care)
Grace Cowan (Head of Primary Care and Older Peoples Services)	Roxanne Watson (Executive Business Manager)	Jim Sherval (Consultant in Public Health) (attended virtually)
Elouise Johnstone (Performance Manager) (attended virtually)	Fiona Kennedy (Group Service Manager)	Grace Cowan (Head of Primary Care & Older People)
Kirsty McDonald (NHS Lothian)	Ashley Goodfellow (Deputy Director of Public Health and Health Policy) (attended virtually)	Gary Leadbetter (Democratic Services Officer)

Midlothian Integration Joint Board

Thursday 18 April 2024

Apologies:		
Keith Chapman (Lived Experience Representative)		

1. Welcome and Introductions

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

Apologies were received from Keith Chapman, Lived Experience Representative.

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 18 April 2024 was submitted for approval and, with the following changes, agreed as a correct record:

- Fiona Stratton, Chief Nurse, attended the meeting in person, not virtually.
- Under 5.2, in relation to the discussion around hospices, Fiona Kennedy’s name should be swapped for Fiona Stratton.

4.2 The Minute of the meeting of the MIJB – Strategic Planning Group held on 25 January 2024 was submitted for noting.

4.3 The Minute of the meeting of the MIJB - Audit and Risk Committee held on 7 March 2024 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
<p>5.1 Chair’s Update - Presented by Councillor McManus</p> <p>The Chair presented their update, noting that it was the last meeting for Angus McCann, NHS Lothian. The Chair thanked Angus McCann for the time they had given to the MIJB and wished them all the best, going forward.</p>			
<p>5.2 Chief Officer’s Report – Presented by Morag Barrow, Chief Officer</p> <p>Morag Barrow, Chief Officer, presented the report which set out the key strategic updates for the June 2024 MIJB meeting. Members are asked to note the content of the report.</p> <p>Morag Barrow provided three verbal updates:</p> <ol style="list-style-type: none"> 1. The establishment of a Scottish Government driven Collaborative Resilience Assurance Group (CRAG), which is a multi-agency, chief executive level group that is to focus on resilience for winter, with a particular focus on delayed discharges. There will be ongoing operational targets as the group progresses. The terms of reference are still being refined, with it likely to be a weekly meeting that Morag Barrow or a member of the executive team will attend. All relevant information will be fed back to the MIJB. 2. A letter has been received from the Scottish Government on NHS reform, which will be shared with the MIJB. The letter details high-level strategic thinking around some of the options for the NHS moving forward. 3. NHS Lothian have pulled together a new process around the receipt of directions. An internal audit of the NHS Lothian process has resulted in NHS Lothian developing a draft policy. This acknowledges the importance of collegiate working in regard to IJBs and their legal and binding issued Directions. There will be reporting requirements in terms of an operational plan and progress. <p>The Chair thanked Morag Barrow for the report and opened it up for questions, of which there were none.</p>			

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
For Decision			
<p>5.3 Annual Accounts 2023/24 – David King, Interim Chief Financial Officer</p> <p>David King, Interim Chief Financial Officer, presented the report. The IJB is governed by the same statutory regulations that govern local authorities. The IJB must prepare a set of annual accounts for the financial year. The paper presented the IJB with a late draft of the 2023/24 annual accounts which require to be published before the end of June 2024.</p> <p>Members are asked to consider the attached draft annual accounts and approve the draft for publication before the end of June 2024.</p> <p>The Chair thanked David King for the report and opened it up for question, of which there were none.</p>	<p>Draft Annual Accounts approved for publication.</p>		
<p>5.4 MIJB Directions 2024/25 – Gill Main, Integration Manager and Elouise Johnstone, Performance Manager</p> <p>Gill Main, Integration Manager, and Elouise Johnstone, Performance Manager, presented the report. The report set out the performance of MIJB on Directions for 2023/24 and presented the proposed Directions for 2024/25.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Consider and approve the presented Directions for 2024/25. Give delegated authority to the Chief Officer to issue these Directions to the Chief Executives of NHS Lothian and Midlothian Council by the end of June 2024. <p>The Chair thanked Gill Main and Elouise Johnstone for the report and opened it up for questions.</p>	<p>Delegated authority was given to the Chief Officer to issue the Directions to the Chief Executives of NHS Lothian and Midlothian Council.</p>		

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>Discussion regarding the performance reporting for Directions noted that it is difficult for the board to scrutinise performance. It was noted that some progress measures have percentages against them whilst others do not. It was further noted that it is not clear what drives these measures, and it was queried whether further detail regarding progress over time could be developed or shown. It was noted that there had been some transitioning activity in terms of reporting on the Directions, in the context of the three duties of the IJB; writing a strategic Plan and monitoring its progress and effectiveness, issuing Directions to drive this plan, and making a decision on the financial allocation to these activities.</p> <p>Gill Main noted that Direction for 2024/25 have not significantly changed and the recommendation to the board is to allow Partners time to fully understand the impact of the current financial position before layering further instruction. Gil Main noted the need to ensure any issued Directions did not have harmful unintended consequences and it was currently not clear what transformation could be instructed without having reached a position of understanding of what services can deliver after achieving the current Financial Recovery Actions. Gill Main noted that reporting on Directions is driven by HSCP service plans and updates received. Some of the measures were binary (completed or not completed) and this allowed for a percentage report. Gill Main also noted the challenge of transforming a reporting system that operates in a defined cycle, and that as the process of reviewing the Strategic Plan progresses, the work to date on Directions will be able to link more directly with the development of the IJB Performance Framework and the IJB Strategic Governance Outcomes Map. This will allow the Board to consider more fully whether they are in receipt of the right level, quantity, and quality of reporting.</p> <p>It was noted that OutNav, which is the IJB’s Strategic Governance Outcomes Map, gives real time progress against the strategic aims and the 9 national health and wellbeing outcomes. It was highlighted that this makes reporting much more viable, going forward. It was further noted that there is now an opportunity to focus on the new strategic commissioning plan, as much has changed since the plan was published in 2022.</p>			

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>The difficulties around measuring the full impact of Directions was also noted. It was further noted that revising the Midlothian position on Directions is still relatively new and since this revised approach has been adopted, there had been a need to focus on the current financial situation. Elouise Johnstone noted that the strategic approach to Directions has additionally allowed for services to determine the most meaningful data sources and allowed for the extraction of data from a much wider range of sources.. It was advised that there is work ongoing to link Directions to HSCP service planning and into OutNav, which will improve reporting, monitoring and evaluation of progress against them.</p> <p>It was noted that the IJB Strategic Governance Outcome Map should be included in the board performance reports and also regularly reviewed at the Strategic Planning Group (SPG).</p>			
<p>5.5 Proposed Programme of Statutory Public Consultation on the Strategic Commissioning Plan 2025-40 – Gill Main, Integration Manager</p> <p>Gill Main, Integration Manager, presented the report. The report sets out the proposed programme of activities as part of the statutory public consultation on the MIJB Strategic Commissioning Plan 2025-2040.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Review the proposed programme of activity for the statutory public consultation on the MIJB Strategic Commissioning Plan 2025-40. Approve the plan subject to any feedback, edits and amendments required. <p>The Chair thanked Gill Main for the report and opened it up for questions.</p> <p>Andrew Fleming, NHS Lothian, queried what involvement IJB Members have. Gill Main explained that there are two activities where the IJB are involved, one being the virtual town hall with members of the community and the other being a virtual town hall with staff involved</p>	<p>The proposed programme of activity was agreed, with the addition that there should also be face-to-face meetings offered.</p>		

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>in delivering the services. Gill Main explained that all of the work will be used to inform decisions about how to change and adapt the plan, with decisions being made by the IJB.</p> <p>Angus McCann, NHS Lothian, queried what had been done to engage with lay members and further the reasons for choosing virtual meetings as opposed to face-to-face meetings. Gill Main explained that there had been engagement with lay members of the IJB and that this work had been designed in collaboration with them. Gill Main also noted that the Strategic Planning Group has wide representation and ensures that there is an equitable invite to the full range of stakeholders recommended by the Statutory Guidance to inform the development and consultation on the plan.</p> <p>Gill Main advised that there were benefits and disadvantages to both virtual and face-to-face meetings, as different individuals may be excluded to both mediums of consultation. Gill Main stated that if the IJB wanted to offer face-to-face options this could be supported. It was agreed that face-to-face options should also be included in the public consultation.</p>			
<p>5.6 Primary Care: General Practice Sustainability – Dr Rebecca Green, Clinical Director</p> <p>Dr Rebecca Green, Clinical Director, presented the report. The report sets out the challenges, risks and opportunities to maintain the sustainability of the delivery of core health care by General Practice in Midlothian over the next 5 years.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Review the summary of the background challenges to the sustainability of independent General Practice in Midlothian and the proposed 5-year HSCP operational delivery plan to support GP practices to remain viable, open to new patient registration, and providing access to General Medical Services. Note that GP Practices provide and coordinate the majority of health (and to an extent social care) services in Midlothian and that the impact of the challenges described is significant for the HSCP. 	Recommendations approved		

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<ul style="list-style-type: none"> Note the key risks to delivery of the IJB’s obligations in regard to the delegated functions and progress towards its strategic plan and the 9 National Health & Wellbeing Outcomes. Consider commissioning the Strategic Planning Group (SPG) to work up a new Direction for the Board’s deliberation to identify opportunities to strategically reallocate resource in ways that will support shifting the balance of care from hospitals to the community, including the delivery of healthcare by General Practice. <p>The Chair thanked Dr Rebecca Green for the report and opened it up for questions.</p> <p>Angus McCann, NHS Lothian, queried how this work can be directed so that is delivered and further noted the resource implications this may have for other work. Dr Rebecca Green advised that this is an opportunity to reduce the impact on acute and hospital services, noting that this is the rationale for considering if transferring resources is viable and/or desirable. Dr Rebecca Green noted that there has not been historic success to this approach but that it is worthwhile pursuing. Dr Rebecca Green further advised that challenges around workforce are easing.</p> <p>Councillor Milligan queried what resources are needed and whether this means shifting staff or budgets to support general practices and alleviate the problems being experienced, such as the difficulties around securing an appointment. Dr Rebecca Green acknowledged that it can be difficult to get a GP appointment and advised that there are a number of workstreams which are looking at collaboration with secondary health care, whether resources can be transferred to general practice and ways to improve primary care. Morag Barrow emphasised that there is a lot of work underway, with a focus on looking at other professions that can support the work of General Practice, such as advanced practice physiotherapists. Morag Barrow also recognised that investing more in this area does mean decisions would need to be made about where there should be disinvestment, but recognised this had the potential to additionally yield a greater and more positive impact on performance in secondary care.</p>			

Midlothian Integration Joint Board

Thursday 18 April 2024

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>Val de Souza, Vice Chair, queried how the busyness of and access to GPs compared with other areas and whether intentions in relation to premises has been raised with the Scottish Government. Val de Souza also asked to see the General Practice Task Group report. In relation to the first question, Dr Rebecca Green advised that there is a General Practice Primary Care Dashboard that measures activity for all practices Midlothian are engaged in, which has good quality data which shows activity about direct and indirect encounters with patients and advised that Midlothian's rates of encounters are higher than other HSCP colleagues. Dr Rebecca Green advised that demand is more difficult to measure but noted that there is work ongoing to measure this. Dr Rebecca Green further advised that there is a Lothian Sustainability Measurement Framework which provides a number of metrics on the health of general practice, which are used for planning. Dr Rebecca Green advised that more data can be shared. In relation to the second question, Dr Rebecca Green advised that the Scottish Government had been written to, to ask them to prioritise Midlothian as soon as capital premises funding becomes available, as Midlothian have the highest projected growth for IJBs in Scotland. Finally, Dr Rebecca Green stated that they would be happy to share the Task Group report in a private report.</p> <p>Councillor Winchester questioned who has control over the GP practice lists. Dr Rebecca Green advised that general practices have control over their own lists and would make an application to close the list if it becomes untenable. Dr Rebecca Green noted that the Scottish Government are aware of discrepancies across the country but that they were unsure if there is a national plan to steer this. Dr Rebecca Green noted that Midlothian works hard to keep all of its 11 general practices open.</p> <p>Councillor Parry stated that they are aware that NHS Scotland are moving to digital letters for appointments and also that they expect there is work underway in the different spheres of health and social care, in terms of using technology to improve working. Councillor Parry noted that it would be useful to learn about some of this work, and if it is ongoing. Dr Rebecca Green advised that Midlothian is looking at digital options as part of the wider plan, noting that a lot of general</p>			

Midlothian Integration Joint Board

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>practices are sending out letters by SMS text or email and that some have digital platforms for access. Dr Rebecca Green advised that a single approach does not work and that a blended approach is being pursued, further advising that without more investment and resource not all general practices can be supported in terms of improving digital options such as digital access.</p>			
<p>5.7 Planning, Performance and Programme Recovery Action – Gill Main, Integration Manager</p> <p>Gill Main, Integration Manager, presented the report. The report presents three options to reduce the financial investment from the MIJB reserves to support to the Planning, Performance and Programme service. This is one of five Financial Recovery Action Plans to achieve the required financial recovery position for 2024/25.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Consider the benefits and risks associated with this position. • Note this is not a strategic or planned disinvestment, it is a response to financial pressures in the wider system and therefore a high-risk strategy. <p>The Chair thanked Gill Main for the report and opened it up for questions.</p> <p>Following some discussion on the impact that the various options would have it was agreed that the following option should be adopted:</p> <ul style="list-style-type: none"> • “a continued recurring allocation of £83.5k will represent an approximate loss in 57% of the current team WTE, allow some resilience, and result in a recurring saving of £364.5k.” 			
<p>For Discussion</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>5.8 MIJB Finance Update – David King, Interim Chief Financial Officer</p> <p>David King, Interim Chief Financial Officer, presented the report. The report sets out the final financial out-turn for the IJB for the financial year 2023/24. The report also provides an initial indication of the month one (April) 2024/25 position and lays out the financial reporting plans for the IJB for 2024/25.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the final out-turn position including the use of the IJB reserves to achieve break-even. • Note the indicative financial position for month 1 in 2024/25. • Note the plan for further financial reporting for 2024/25. <p>The Chair thanked David King for the report and opened it up for questions.</p> <p>Val de Souza, Vice Chair, in reference to the situation with social care requested that this comes back to the IJB, noting that this needs to be monitored regularly.</p> <p>Andrew Fleming, NHS Lothian, queried the scale of the overspend in month 1 in percentage terms. David King advised that it big enough to be worrying, with initial indications suggesting that the MIJB will need to take additional recovery actions in 2024/25. this with members.</p>			
<p>5.9 IJB Performance Report – Elouise Johnstone, Performance Manager</p> <p>Elouise Johnstone, Performance Manager, presented the report. The purpose of the report is 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 these data, the full reporting year is almost complete for all indicators.</p> <p>Members are asked to:</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<ul style="list-style-type: none"> Note the performance against the IJB Improvement Goals for 2023/24 (Appendix 1 of the report). Note the confirmed new dates for Performance, Assurance and Governance Group Meetings for 2024. <p>The Chair thanked Elouise Johnstone for the report and opened it up for questions, of which there were none.</p>			
<p>5.10 A. Public Health Prevention Update: A Strengthened Approach to Prevention across the Lothian Health and Care System – Jim Sherval, Public Health Consultant and Ashley Goodfellow Deputy Director of Public Health and Health Policy</p> <p>Jim Sherval, Public Health Consultant, and Ashley Goodfellow, Deputy Director of Public Health and Health Policy, presented the report. The purpose of the report was to set out a strengthened approach to prevention across the Lothian health and care system and recommend that the Midlothian Integration Joint Board supports the recommendations set out in section 7 of the accompanying paper.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the content of the report. Endorse the recommendations set out in section 7 of Appendix 1 (of the report). Note the actions underway in Midlothian detailed in Appendix 2 (of the report). <p>The Chair thanked Jim Sherval and Ashley Goodfellow for the report and opened it up for questions.</p> <p>Angus McCann, NHS Lothian, asked how data in figure 2 should be interpreted. Ashley Goodfellow explained that the data is set out by age group and that the bars show the number of healthy years of life lost. The intention of this data is to pick out the burden of mental health issues, drug use disorders and anxiety disorders, to show the different types of conditions that</p>	Recommendations approved		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>affect different age groups, to identify where support can be offered earlier to try and stem the flow as people age.</p> <p>Val de Souza, Vice Chair, queried whether there was contact with the Chief Social Work Officers and children's services in the four Lothian areas. Val de Souza, in relation to number in the recommendations, questioned how support can be given in terms of continuing conversations across all IJBs in terms of consistency. Ashley Goodfellow advised that there is contact and regular work with the Chief Social Work Officers and children's services across all four Lothian areas, with it being noted that although this piece of work is yet to be shared with all four, it would be. Ashley Goodfellow explained that there are discussions around where this work might naturally sit and how this is integrated and embedded into the work of the partnership boards.</p> <p>Andrew Fleming, NHS Lothian, raised questions in relation to the timescale of the rate of return on investment, the income maximisation/charity investment from NHS Lothian and good practice in relation to referrals to non-clinical support. Ashley Goodfellow, in relation to the first question, explained that the data can be difficult to unpick, as it requires looking at a range of support that is offered. In broad terms however, Ashley Goodfellow explained that some of the World Health Organisation data had been looked at, advising that there are quick wins in terms of things like vaccinations. Ashley Goodfellow explained that is more difficult to determine when returns can be seen in respect of measures such as housing, transport and creating nice places and neighbourhoods. It was noted that there could be a performance framework around this, which looks at short- and long-term returns and how this is measured. Ashley Goodfellow spoke to some of the other work undergoing in relation to examining return on investment. In relation to the second question, it was advised that this refers to hospital work and some work being undertaken in early years services. Jim Sherval also advised that a review of income maximisation had been finished recently, noting that the Health and Social Care Partnership is a major funder. Jim Sherval further noted that there is now a much better view of the landscape of income maximisation services and benefits advice, which will be taken through the</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>community planning process and community planning board. In terms of the third question, Jim Sherval advised that there is strong engagement with the Third Sector and spoke to some of the work ongoing and the strengths around this.</p>			
<p>5.10 B. Director of Public Health Annual Account 2023 – Jim Sherval, Public Health Consultant and Ashley Goodfellow Deputy Director of Public Health and Health Policy</p> <p>Jim Sherval, Public Health Consultant, presented the report. The purpose of the report is to recommend that the Board takes note of the Director of Public Health’s Annual Report 2023.</p> <p>Members are asked to note that the evidence relating to improving health outcomes is clear that a focus on the early years and children and young people’s wellbeing will have the greatest impact on future outcomes. The report provides a focus on those areas to inform future priorities across the health and care system and with other local partners.</p> <p>It was agreed that the slide deck is shared with Members.</p> <p>The Chair thanked Jim Sherval for the report and opened it up for questions, of which there were none.</p>	<p>Slide deck to be shared with Members.</p>		
<p>For Noting</p>			
<p>5.11 Multi-Agency Public Protection Arrangements (MAPPA) Report for Edinburgh, the Lothians, and the Scottish Borders – Fiona Kennedy, Group Service Manager</p> <p>Fiona Kennedy, Group Service Manager, presented the report. The Multi-Agency Public Protection Arrangements (MAPPA), are a set of statutory partnership working arrangements introduced in 2007 under Section 10 of the Management of Offenders etc. (Scotland) Act 2005 (the 2005 Act). The purpose of MAPPA is the protection of the public and the reduction of serious harm. In Scotland MAPPA brings together the Police, Scottish Prison Service (SPS),</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>Health Boards and the Local Authorities in partnership as the Responsible Authorities, to assess and manage the risk posed by certain categories of offender. This report covers the published Edinburgh, the Lothians and the Scottish Borders MAPPA Annual Report 2022-2023 (appendix 1) and acknowledges the MAPPA National Overview Report for Scotland (appendix 2), again from the period of 1 April 2022 to 31 March 2023. This is the sixteenth year of MAPPA in operation in Scotland and provides an overview of the main national developments as a result of work conducted by the Scottish Government and its partners.</p> <p>Members are asked to note the contents of the report.</p> <p>The Chair thanked Fiona Kennedy for the report and opened it up for questions, of which there were none.</p>			
<p>5.12 MIJB Financial Recovery Actions: Commissioning – Nick Clater, Head of Adult Services</p> <p>Nick Clater, Head of Adult Services, presented the report. The report presents an update to Members regarding the scoping of the commissioning proposal agreed at the Special IJB in March 2024. This is one of five Financial Recovery Action Plans to achieve the required financial recovery position for 2024/25. The work regarding this needs to be viewed within the context of work being undertaken to review all care packages provided via the social care resource panel budgets.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the progress made with providers. • Note that there are a range of transformational change suggestions made by providers and that these will be explored over the next 4 months. • Note the need to undertake this work alongside the additional work being undertaken to reduce resource panel spend in social care. 			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<ul style="list-style-type: none"> Note that 600 care packages are now being reviewed and that the conclusion of these at the end of September 2024 will provide further clarity on whether at that point a reduction in the number of commissioned hours will need to be applied to meet the financial recovery action for commissioning. Note that whilst this work concludes, further three month extensions will be given to relevant providers. <p>The Chair thanked Nick Clater for the report and opened it up for questions.</p> <p>The Chair queried whether Midlothian was in line with other health areas around Lothian. Nick Clater advised that there is some national variation, although broadly and particularly in regard to disability, Midlothian was in line. Nick Clater advised, however, that there were some that had more challenging situations than Midlothian. Nick Clater further advised that monthly meetings had been set up with the four areas in Lothian and noted that similar issues are noted by all indicating that Midlothian is not necessarily an outlier.</p>			
<p>5.13 MIJB Financial Recovery Action: Equality Impact Assessments – Nick Clater, Head of Adult Services</p> <p>Nick Clater, Head of Adult Services, presented the report. The reports sets out an update regarding the completion of Integrated Impact Assessments for the 4 relevant financial recovery actions.</p> <p>Members are asked to note that ECRIAs have been completed for these 4 financial recovery actions.</p> <p>The Chair thanked Nick Clater for the report and opened it up for questions, of which there were none.</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>5.14 Midlothian & East Drugs and Alcohol Partnership (MELDAP) Budget – Nick Clater, Head of Adult Services</p> <p>Nick Clater, Head of Adult Services, presented the report. The report provides an overview of MELDAP, including a financial summary and performance against key Scottish Government priorities.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the financial information in Table 1 of the report. Recognise the performance of MELDAP and its services in meeting Scottish Government Access and Medication Assisted Treatment (MAT) Standards. <p>The Chair thanked Nick Clater for the report and opened it up for questions.</p> <p>Andrew Fleming, NHS Lothian, in relation to funding coming to an end in April 2026, queried whether the expectation was that activities would be funded by core budgets. Nick Clater advised that there would be a need to look at ways to support this work from core budgets, but acknowledged these budgets are already stretched. Nick Clater noted that this would require the development of a plan for contingencies and perhaps decide whether some activities would need to be stopped entirely. Nick Clater noted that any reduction or cut in funding would have a significant impact on this client group.</p>			

5 Private Reports

No items for discussion.

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6 Any Other Business

No items for discussion.

7 Date of Next Meeting

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

- MIJB held on Thursday, 22 August 2024 at 2pm.

(Action: All Members to Note)

The meeting terminated at 16:15pm.

Meeting: NHS Lothian Board
Meeting date: 10 October 2024
Title: Pharmacy Practices Committee Outcomes – Q2 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	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

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

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

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 hearings held in Q2 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 July 2024:

- The Pumpherston hearing took place on 17th July 2024 – application not granted. The applicant has lodged an appeal – we await the NAP decision.
- The Calderwood hearing took place on 28th August 2024 – application not granted. The applicant has a right of appeal against the decision, we are still within the appeal period.

There were quorate PPC panels confirmed for 18th and 25th September, however these dates were not required as the applications in the system are not yet at hearing stage.

Appeal Outcomes

We have been notified of the following appeal outcomes since July 2024:

- Granton, Edinburgh – application not granted. Appeal upheld. PPC reconvened on 6th May 2024. The applicant then lodged a further appeal which was upheld by NAP. PPC reconvened on 20th August 2024. The applicant has lodged a further appeal – we await the NAP decision.
- Linlithgow, West Lothian – application granted. Appeal unsuccessful in its entirety; the process is now at an end.

Upcoming hearings

- Securing further quorate panels for this year is proving challenging. We will continue to work with colleagues to try and secure dates, ideally at the rate of one per month, up to the end of Q4 2024/25. These dates will be utilised if a new PPC hearing is required following a successful appeal or for new applications.

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.

Meeting: NHS Lothian Board
Meeting date: 10 October 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	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other – Committees / IJB Membership	<input checked="" type="checkbox"/>

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

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

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 note and approve the following:

Remuneration Committee

- The removal of **Ms Kirsty Macdonald, Non-Executive Director**, from the Remuneration Committee membership, with effect from 10 October 2024.

Integration Joint Boards

- The appointment of **Dr Andrew Coull, Consultant Physician, Medicine of the Elderly**, as, Non-Voting Member of the Edinburgh Integration Joint Board, with effect from 10 October 2024.

2.2 Background

[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

Prof. Emma Reynish, Consultant in Geriatric Medicine, currently holds the position at (h) above on the Edinburgh IJB and has indicated her intention to step down, due to her leaving her NHS Lothian post to take up an NHS Consultant job in England.

Dr Andrew Coull, Consultant Physician, Medicine of the Elderly, has been nominated for appointment to position (h) above, replacing Professor Reynish. It is therefore recommended that the Board approve Dr Coull's appointment as non-voting member of the IJB and specifically as the *“...a registered medical practitioner employed by the Health Board and not providing primary medical services..,”* with effect from 10 October 2024 until 09 October 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

- **Decision & Awareness** - The Board is asked to note the amendment to the Remuneration Committee membership and consider and approve the IJBs appointment, as set out at the start of the paper.

3 List of appendices

- None.

Meeting: NHS Lothian Board
Meeting date: 10 October 2024
Title: Chief Executive's Report
Responsible Executive: Professor Caroline Hiscox, Chief Executive
Report Author: *as above*

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other [Priority Issues]	<input checked="" type="checkbox"/>

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

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input checked="" type="checkbox"/>

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

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

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

2 Report summary

2.1 Situation

The Chief Executive's Report is a standing item on the Board's agenda. Its purpose is to:

- Highlight key areas of progress or challenge since the last meeting, which are of relevance to the Board and not already covered on its agenda.
- Ensure that Board members are informed of and alert to any emerging developments that may impact significantly upon the Board's business and operating environment.
- Provide appropriate context and scene-setting for the Board's meeting agenda.

The Chief Executive's Report is primarily for the Board to note but members will have the opportunity to ask any questions arising from its contents.

2.2 Background

It is an important principle that, wherever possible, there are "no surprises" for the Board in terms of significant developments. The Chief Executive's Report represents one of the mechanisms that is in place to support this principle, alongside standalone briefings and other governance meetings.

2.3 Assessment

The Chief Executive's Report is provided for information only. Any items requiring a later decision by the Board, or one of its committees, will be addressed as standalone items, with appropriate papers, and therefore individually impact and risk assessed.

2.4 Recommendation

- **Awareness** – The Board is asked to note the Report.
- **Discussion** – Board members are invited to ask questions arising from the Report.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1, Chief Executive's Report – October 2024**

1. Princess Alexandra Eye Pavilion

As communicated to Board members last month, the Princess Alexandra Eye Pavilion (PAEP) will be closed from 25 October 2024 for a period of up to six months in order to effect urgent remedial repairs. This is the subject of a separate paper on the Board's agenda which provides further detail on efforts to minimise disruption, maintain safe provision of care for patients and ensure a safe working environment for staff. However, I want to reassure the Board and the wider public that the decision to close the building was not taken lightly and that we are working hard to ensure continuity of provision.

2. Celebrating Success Awards 2024

I was delighted to be involved in my first NHS Lothian Celebrating Success Awards event, held virtually on Thursday, 26 September. This represented an opportunity to acknowledge and honour colleagues who are doing exceptional things. I want to thank everyone involved in making this event a success by adapting to the new online format.

This year's nominations and the stories they contain have been truly inspiring. This, coupled with the wide range of direct conversations I have had with staff since arriving in August, gives me confidence and optimism that our dedicated and passionate workforce is equal to the challenges we continue to face as an organisation. I encourage any Board members who were unable to watch the original broadcast of the ceremony to view the recording [here](#).

3. Speak Up Week 2024

A range of virtual events took place within NHS Lothian to mark the national Speak Up Week 2024 (30 September – 4 October). The theme for the week was "Enabling Speaking Up" and we took this opportunity to communicate to all staff the importance of speaking up and to highlight the range of resources and guidance we have in place to support this. We emphasised the key role that our organisational leaders play, by helping to embed a supportive culture that enables colleagues to speak up safely when issues arise and to have confidence that they will be heard.

I welcomed the chance to directly communicate NHS Lothian's leadership focus in this area and to highlight the importance of enabling a speak up culture. I recorded an interview on the importance of this within NHS Lothian (available [here](#)) and took part in an online webinar conversation with Rosemary Agnew, the Independent National Whistleblowing Officer (available [here](#)).

4. Edinburgh Integration Joint Board

Board members will be aware that Pat Togher, Chief Officer of the Edinburgh Integration Joint Board (and Joint Director of the Edinburgh HSCP) will be leaving us in December to assume the role of Chief Officer at Glasgow HSCP. I want to express my thanks to Pat for his contribution since arriving in Edinburgh last year and offer congratulations on his new role.

In particular, Pat has overseen the completion of the first phase of the Edinburgh HSCP's management restructure, with new Heads of Service and management teams appointed in key areas. These new teams are leading on the IJB and Partnership priorities to drive forward service improvement and efficiencies. The second phase of this management restructuring is underway, with a planned completion date of January 2025. These new structures should ensure that the HSCP is better equipped to meet current and future challenges and to adapt to the imminent changes in leadership.

I am in direct contact with the Chief Executive at Edinburgh City Council about succession planning and recruitment for the vacancy that will arise in the Chief Officer role. Our focus will be on ensuring that both the IJB and the HSCP have the continuity and strength of leadership required to support successful implementation of ongoing changes and to strive for improved performance levels.

5. Agenda for Change (AfC)

a. Reduced Working Week

Board members will be aware that part of the AfC non-pay settlement for 2023/24 was the implementation of a reduced working week, from 37.5 hours to 36 hours, to be introduced incrementally. Measures effective from 1 April 2024 included an initial 30-minute reduction in the working week for all AfC staff.

Significant work has been undertaken within the Board to establish mechanisms and structures that will enable this change to be implemented, and to manage the risks arising. The Corporate Management Team (CMT) continues to monitor the impacts of this change and to review any specific risks or challenges escalated. In the majority of cases, this initial change has been absorbed with minimal impacts to services. However, there are some areas where this is more challenging and where additional resource allocation will be required to avoid reductions in current levels of service.

b. Band 5/6 Nursing Review

The other key part of the AfC non-pay settlement is the opportunity for Band 5 Nurse to submit a request for their post to be considered for re-banding to Band 6, depending on the duties and responsibilities that they are undertaking. The infrastructure has been put in place within the Board to support this review process and it is anticipated that the first applications will be considered during October 2024.

There is ongoing uncertainty about whether the funding provided to the Board to support the 2023/24 non-pay AfC reforms will be sufficient and about the extent to which the Board will be able to absorb the further reduction in the working week to 36 hours without either impacting services or increasing pay expenditure.

c. Pay Award 2024/25

I am glad to report that the 2024/25 pay award for AfC staff has been agreed, following acceptance by Trade Unions. This will mean an increase of 5.5% across all AfC pay bands, backdated to 1 April 2024. NHS Lothian staff will see this uplift immediately reflected in their rates of pay from 1 October, with backdated arrears being processed with salaries in November. It is reassuring to have this matter settled, particularly as we head into the challenging winter period.

The Scottish Government has since offered a 10.5% award for NHS consultants. The BMA is putting this to a vote of its members, with the recommendation that it be accepted. The ballot will open on 14 October 2024 and run for three weeks.

6. Blueprint for Good Governance – Board Assurance Framework

I am cognisant of a key action agreed by the Board, at its Development Session in March 2024, to further develop its assurance framework and performance reporting arrangements in response to the requirements of the Blueprint and the self-assessment survey undertaken at that time. I am equally aware of the need, expressed by a number of Board members, for tools that enhance our ability to monitor the impacts of decision-making and provide assurance on strategic delivery and risks.

Work is ongoing, with significant input from the Board Vice Chair and Board Secretary, to develop the concept and potential components of a revised Board Assurance Framework for NHS Lothian that meets the specific assurance needs of the Board, reflects established good practice in NHS corporate governance and demonstrates robust compliance with the principles of the Blueprint for Good Governance.

I will be discussing the details of this with members of the Corporate Management Team in the coming weeks with the intention to bring a proposal to the Board in December.

7. Developing a decision-making framework to inform choices

Since the Scottish Government's budget announcement in December 2023, senior managers have consistently signalled to the Board that difficult choices will be required in order to protect key services and achieve financial balance in 2024/25 and beyond. During October and November, the Corporate Management Team, working with LSDF Programme Board leads and managers, will consider the next phase of this work. The intent is to design and recommend a framework that will support consistency in the Board's future discussions and decision-making.

8. Mental Welfare Commission Report – Melville Young People’s Mental Health Unit

The Melville Young People’s Mental Health Unit received an unannounced visit from the Mental Welfare Commission for Scotland (MWC) on 4 July 2024. This followed an earlier visit in September 2023. Emerging issues from the visit were highlighted at a meeting of the Board’s Healthcare Governance Committee (HGC) in July. Board members will see this reflected in the HGC’s approved minutes from that meeting, elsewhere on the agenda. However, the formal Report and its findings were only recently received by the Board. This is now being considered in detail. It is available [here](#).

The Report describes the positive nature of patient and carer interactions with staff working in the Unit and sets out nine recommendations. We acknowledge and accept that some of these recommendations relate to areas where the MWC previously raised issues, where it considers that insufficient progress has been achieved. A response and action plan to fully address the Report’s recommendations is being developed and will be presented for consideration by the HGC later in October.

9. Independent Investigation of the National Health Service in England

I noted with interest the publication of Lord Darzi’s report on 12 September and the subsequent media coverage. Despite the differing political contexts, it is interesting to draw parallels between its overall description and assessment of the NHS in England and some of the current challenges we face in Scotland. We intend to reflect further on the key findings of this Report and to consider how these might provide insights related to our own system. The Director of Strategic Planning will prepare a paper on this for discussion at the next meeting of the Board’s Strategy, Planning and Performance Committee (SPPC) in November.

Meeting: Board

Meeting date: 10 October 2024

Title: Winter Planning

Responsible Executive: Colin Briggs, Director of Strategic Planning

Report Author: As above

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other [please describe]	<input type="checkbox"/>

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

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

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

2 Report summary

2.1 Situation

This paper provides an update on the planning for winter ongoing within the NHS Lothian Health and Care System, and an update on the Scottish Government's national Winter Preparedness Plan.

2.2 Background

The Lothian Health and Care System (LHCS) uses a well-grooved process of planning for winter, which is based on a business continuity approach refined during the Covid-19 pandemic.

Each business unit which forms part of the LHCS therefore has a coherent and well-rehearsed approach to winter planning that sees the traditional "winter period" (usually considered to be between 1 December to the end of February) planned for in much the same way as the rest of the year. This is particularly pertinent in the Lothians due to the significant surges in resident population related to tourism in the area.

Complimenting this are the well-described vaccination programmes for both the public and staff, data availability and awareness, and the interdigitation with social care services through our IJB partner organisations and the HSCP joint business units.

The Scottish Government published its Winter Preparedness Plan on 24 September 2024, and this is attached as Appendix 1. This is a wide-ranging document covering the full gamut of statutory services for adults.

NHS Boards then received a self-assessment "Checklist" on 26 September asking Boards to complete and return this to the Scottish Government by 10 October. A blank version of this Checklist is at Appendix 2. At the time of writing, the content required to complete the Checklist is still being gathered for the system and will be discussed by the Corporate Management Team on 8 October 2024. We will share the output of this process with Board members by email and for information.

In previous years, the same questionnaire was circulated by the Scottish Government, for completion and return by individual NHS Boards, prior to the development and publication of a national Winter Plan.

2.3 Assessment

A fuller assessment will be provided verbally at the Board meeting, guided by the structure of the self-assessment questionnaire and informed by discussions at the preceding CMT meeting on 8 October 2024. HSCP Joint Directors, the Director of Primary Care, the Director of REAS, and the Chief Officer for Acute Services will be well-able to answer specific questions and provide particular examples of work ongoing in business units.

At this stage, however, as the approach is the same as in previous years and the assessment takes the same form as last year, it is clear that the risks to the system are the same as in previous years and will include;

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

The Checklist questionnaire seeks to understand the extent to which NHS Lothian has in place specific measures to manage services effectively in the face of winter pressures. A fuller consideration and completion of the template will be required before it is possible to offer a specific level of assurance for the Board in regard to alignment with these measures.

However, as noted above, the winter planning process is well-embedded in NHS Lothian and was underway prior to the issue of the Scottish Government's national plan or the template checklist.

2.3.1 Quality/ Patient Care

The business continuity process prioritises maintaining the quality of patient care as much as possible. As with the 2023/24 year, limitations on resource availability will potentially impact the delivery of safe, effective and person-centred care. Improvement work undertaken throughout the year in the Unscheduled Care workstream, in particular, will mitigate some of these potential impacts.

Historically, winter sees a significant increase in infectious disease incidence and so there is a heightened risk with in-hospital transmission. The Healthcare Governance Committee is well-sighted on the robust arrangements for infection control.

2.3.2 Workforce

The system has in place programmes to assist staff with both the physical and mental stresses of the winter period, with the staff vaccination programme for the former and the Work Well programme (and associated initiatives) to support the latter.

Although it is not directly within the purview of NHS Lothian, the Board should note that the challenges in recruiting and sustaining the social care workforce continue to be significant. Members will be aware that a further 5.5% pay increase has been provided for NHS Agenda for Change staff, with a pay award outstanding for the social care sector. This will almost certainly not be of the dimension of 5.5%, and this will compound the growing disparity in pay between the two staff groups.

2.3.3 Financial

As noted above, the financial constraints on the system limit our flexibility to provide "surge" capacity.

2.3.4 Risk Assessment/Management

The Business Continuity approach is built on a risk management approach. The key issues for the system – concerning unscheduled care and scheduled care access, and occupancy within mental health beds – are all on the organisation’s risk register.

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.

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

Each business unit maintains its own business continuity plan which is subject to regular rigorous testing.

Vaccination campaigns are underway and broader communications strategy will continue to emphasise the best way to access the system during the winter period.

2.3.8 Route to the Meeting

This paper is being provided as an update, prior to CMT having the opportunity to review the detail of the self-assessment Checklist.

2.4 Recommendation

The Board is asked to:

- **Awareness** - Note the self-assessment Checklist received and the intention to complete this via CMT and circulate later to Board members, via email, for information.
- **Discussion** – Using the template Checklist as a basis, Board members may wish to seek understanding or reassurance on any relevant aspects.

3 List of appendices

Appendix 1 – Scottish Government Winter Plan

Appendix 2 – Scottish Government Winter Planning Checklist Template (unfilled, pending completion by CMT)

Health and Social Care Winter Preparedness Plan 2024/25

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Joint Foreword by the Cabinet Secretary for Health and Social Care, Neil Gray and COSLA Spokesperson for Health and Social Care, Councillor Kelly

The value and importance of our health and social care services has never been clearer, and the people who deliver these vital supports are the pillar of Scotland's public services. Most if not all individuals across Scotland will interact with health and social care services at some point in their life, and we are committed to ensuring that everyone experiences consistently high-quality care when they do. This plan sets out how we as COSLA and Scottish Government will jointly seek to address the exceptional pressures facing our health and care services over the winter, to support local systems to deliver quality services. However, we cannot understate how challenging the environment is for our health, social care, and social work services, with the demand on the system rising, and the complexity of support many people require increasing.

Last year we committed to moving from annual winter planning to year-round surge planning, in recognition that surges don't just occur in winter but can happen at any time and are increasingly sustained. In last year's plan, we talked about how we had started the planning process earlier than ever before. Now we have gone a step further, moving towards this as a continual process in which our key partners including in the independent, third and voluntary sectors are equal partners who can shape this planning activity.

We have engaged more widely than ever before as part of this process. This is not simply a one-off change, but a commitment to more effective partnership working; a process where we listen and respond year-round, building and adapting our plans to ensure they most accurately reflect Scotland's diverse needs and facilitate preparedness for whatever surges we may face. To those who have contributed to this goal and this plan, a genuine heartfelt thank you, we hope that you can see your contributions and your voice reflected within this document.

Ultimately, what we have heard is important, and what this plan is about, is people. The people who access our health, social care and social work services but also the people who work tirelessly to ensure that those services deliver the best possible standard of care. A person's right to the highest attainable standard of physical and mental health, as well as their right to live independently in their community, has been the overarching focus in the development of this plan.

Despite this planning now being a continuous process, we are clear that winter is a specific period of increased pressure, in which people require additional support from our health, social care and social work services. Increases in respiratory illnesses, such as flu, covid and RSV, as well as weather-related injuries from falls and accidents, make what is already a challenging environment in which to deliver services even more difficult.

As we have outlined, this plan is about people, and it could not be realised without our incredibly dedicated and hard-working workforce. We know that those who work in the NHS, our local authorities, care homes and care at home services, and community based organisations work incredibly hard year-round, but particularly in

winter, to make sure that everyone gets the safe, timely care they need in the appropriate setting. This workforce protects, cares for and nurtures the wellbeing of the people of Scotland, and it is right that this plan outlines actions taken to support these individuals so they can continue to care for our population.

We also recognise the wellbeing and support needs of Scotland's hugely valued unpaid carers, ensuring that those who provide critical care to their loved ones are appropriately cared for.

A key element of this winter plan is ensuring that people are cared for in the right place at the right time. This begins with the prevention work to keep people well, and keep them from needing hospital care, this includes work underway in our social care system, the hard work of volunteers and unpaid carers, our extensive vaccination programme and utilising our primary care system effectively.

Within our hospitals, this plan targets key priorities critical to an efficient and resilient system, such as admission, a steady and consistent flow through the system and the joint efforts of our health, social care and social work systems to ensure timely discharge.

Our hospitals provide specialist high quality, safe, clinical care, and while the vast majority – nearly 97% – of people are discharged without delay, some people remain in hospital after it is clinically necessary. Much attention is given to these 'delayed discharges', but this is not about statistics, it is about people. People who will not sleep in their own bed tonight and who will have poorer outcomes as a result. We must do everything in our power to ensure that people receive the support that is right for them, in the right place, at the right time, and that there is strong collaboration and leadership across health, social care, and social work to ensure a timely and safe discharge from hospital.

Beyond the hospital setting, this plan clearly articulates our priority of supporting people to live well in our communities, providing care as close to people's homes as possible. This may be in a care home, through our dedicated care at home services or through self-directed support, all of which play a vital role in seeing this priority realised.

Whilst we should not underestimate the additional challenges that winter can bring to our increasingly pressured health, social care and social work services, the priorities set out in this plan support systems to ensure that appropriate preparations are in place. By working together as a whole system, we can continue to deliver safe, timely and high-quality care for people across Scotland, supporting them to live healthy happy lives.

Introduction

This Winter Plan represents a whole system approach to addressing a surge in demand for health, social care and social work services. Whilst it is recognised that over recent years there has been increasing and sustained pressures on our health and social care system, there are also periods, such as winter, where demand increases even further. Winter is not the only period this can occur and surge pressures can happen at any time; therefore we are transitioning to year-round surge planning and the measures outlined in this plan are applicable throughout the year as well as the winter months.

However, we also recognise there are unique challenges for health and social care services throughout the winter period that result in increased pressure on our services, including increased respiratory infections, higher risk of slips and falls, and staff absence. Insofar as is possible, systems should adopt a preventative approach to managing pressures and to mitigate and reduce harm by ensuring people who need health, social care and social work services are receiving the right care, in the right place, at the right time. We also recognise that pressures on the system are not confined to increased demand but are increasingly exacerbated by the position of public finances. Our partners across health boards, local authorities, Integration Joint Boards and the third and independent sector are all facing extremely challenging financial pressures, and it is within this context that we are setting out a national approach to supporting local systems to address some of these challenges, whilst recognising the impact that the current financial position has on our ability to achieve sustained improvements.

Building on last year's plan, our focus has been on enhancing partnership working across health and social care, going further in our engagement, with a particular focus on working alongside our independent, third and voluntary sector partners, recognising the significant contribution they make within our communities.

Last year's plan enabled us to save more than 50,000 unnecessary ambulance journeys for individuals. By the end of 2023/24 we had created 495 older people and acute Hospital at Home beds across Scotland, which supported over 14,400 people without them needing ambulance attendances, emergency care or to spend time in hospital. This service provides additional support for the system at periods of peak pressure, for example last winter more than 1,700 individuals were supported by older people / acute adult hospital at home in January 2024 alone, providing them with critical care when it was needed most. This represented a 54% increase on provision in January 2023. We also know the crucial role that community supports play in keeping people well and enabling people to live independently, preventing many individuals from requiring hospital care in the first place. Public Health Scotland's (PHS) Care at Home statistics tell us that in 2022/23, 89,620 people received 37.7 million hours of care which was an increase from the year before.

We have strengthened and embedded a person-centred and person-led approach to the development of this Plan as well as our work at a national level, with the aim of equipping our health and social care services to deliver safe, timely and high-quality care by working collaboratively with all parts of the system. This focus on people is

critical to ensuring that individual's human right to the highest attainable standard of mental and physical health and their right to live independently as part of a community are upheld and that every person in Scotland can continue to expect high quality care, despite the incredible pressures on the system.

Whilst this plan provides a national overview, it also seeks to address the specific operational pressures experienced and support our local partners to continue to provide the specific services required by their local population and deliver the high-quality care that individuals rightfully expect. We know that the delivery of these services requires close partnership working across multiple agencies and organisations. We and our partners work hard to include delivery partners, including those in the third and independent sectors, in the planning and preparedness activity but there is always more we can do to ensure that all partners are active members of this process.

From dashboards created last year, we are using data to better understand local variations, to determine local and national actions and target interventions where there is greatest need.

Our approach to surge planning incorporates ongoing improvements and continues work to maximise capacity and improve flow through all parts of the system. It also utilises effective monitoring of enhanced data to bolster our understanding of the resilience of the system.

Key components of our approach towards a more resilient health and social care system and, in turn healthier communities:

- An approach that is whole system, prioritising prevention, improving system flow and embedding a home first approach.
- Leadership at all levels, both nationally and locally, supported by appropriate governance arrangements.
- Preparedness checklist for local systems.
- Community capacity and surge capacity planning.
- Continued use of and development of the data and dashboard to inform improved surge reporting and modelling work year-round.
- Winter vaccination programme including roll out of the new Respiratory Syncytial Virus (RSV) vaccination programme for older adults aged 75-80 and infant protection via maternal vaccination.
- Continued monitoring of performance of Primary Care system.
- Protecting planned care through increased use of day surgery units.
- Reducing the time people spend in hospital by delivering optimal discharge planning based on Centre for Sustainable Delivery (CfSD) evidence.
- Reducing delays through the delivery of our Hospital Occupancy and Delayed Discharge Action Plan and actions under our Joint Mission to Reduce Delayed Discharges.
- Working together, through our Joint Statement of Intent Commitment, to overhaul the current mechanism of eligibility criteria to ensure an approach to social care support that is based on human rights and needs, whilst also recognising that community waits for care and support and assessment are inextricably linked to challenges with workforce and finances.

- Supporting our vital workforce in both health and social care, as well as unpaid carers across Scotland.
- Supporting people to live well in the community, through the provision of high-quality care, in care homes and care at home services and through investment in care and support, including self-directed support and support for unpaid carers.

Learning from Last Winter

As in previous years, we undertook a comprehensive exercise to understand the lessons learned from last winter, which focused on the development, delivery, and governance of the published actions. This work has informed and shaped our planning this year.

We have met with valued partners from across the NHS, Local Authorities, Health and Social Care Partnerships (HSCPs), the third, independent and voluntary sectors to listen to their concerns and identify gaps in last year's winter plan. We have implemented many of the requested changes and will continue to work alongside those most affected by the plan, to make necessary improvements, so that our plan can best reflect the current context and support our system.

Local systems, and the individuals and organisations that work within it to deliver health and care to our most vulnerable individuals, worked hard to meet high levels of demand and ensure people received care when they needed it most. However, we know that complex challenges remain and there is still work to be done to ensure people can access the timely care they need in the appropriate setting.

Last winter and in previous winters, we have seen unacceptable waits for ambulances, assessments and care packages, long ambulance queues and delays in A&E departments, and hospitals more broadly. We have experienced high levels of hospital occupancy, delayed discharge and unmet need within our communities, as well as increased demand for GP appointments and for social care packages and assessment.

We know that all aspects of our health and social care system are interconnected. Increased pressure in one part of the system is not isolated but impacts more widely across the whole system. Increased occupancy within our hospitals for example can increase the individual's length of stay and impact on levels of delayed discharges. This also leads to poorer outcomes for individuals which in turn can have a knock on impact on the demand for social work assessment and, in particular if an individual has a prolonged hospital stay, the level of care they require when they do leave hospital. It is important to recognise the significant impact longer lengths of stay have on individuals, causing deterioration, reducing independence and in some cases resulting in life-changing decisions such as admission to institutional care.

We have also seen that these are not limited to the winter period with increased pressure on our health and social care system at all times of the year. This has, since the Covid-19 pandemic, regularly continued throughout the summer months and we have, this year, seen delayed discharges remain at peak levels long after they would normally begin to reduce. It is also important to note that Covid has not gone away, but simply added to the pressures experienced, at points this summer we have seen over 600 hospitalisations from Covid, Scotland wide. These pressures are only exacerbated by challenges with workforce availability, demographic and population issues, and budget constraints.

This all indicates that we will enter this winter with a health and social care system under more extreme pressure than ever before. This has provided the context for the development of this plan and the initiatives contained within.

Critically, the report highlighted that to be effective, planning for periods of surge should be a year-round and not limited to the winter months. That is why this year, we have a dedicated team responsible for working across the health and social care system to determine actions to be implemented and delivered throughout the year, to build resilience and capacity in our systems.

A Continued Approach

Despite these challenges, the feedback received did highlight several key strengths of the planning process in 2023/24. The improvements to the data available to local systems and new dashboards were highlighted as particular assets, which provided an overview of the performance of both the health and social care systems throughout winter. This also provided the Scottish Government and COSLA with key oversight data to identify where support could be most effectively targeted.

Actions driven by our Whole System Oversight and Planning Group such as our Delayed Discharge and Hospital Occupancy Action Plan were also welcomed, and this work has been embedded and built upon by the new Joint Mission to Reduce Delayed Discharges. Similarly, increased monitoring through the winter preparedness checklist and local self-assessments ensured partners were better informed and prepared than in previous years. The quarterly self-assessment returns from local systems provided a national overview of whole system discharge planning that required focus. Assurances were also provided by local systems in relation to service delivery, resourcing and business continuity over winter.

Given the pressures experienced within the system and the increasing levels of delayed discharges, there has been enhanced scrutiny and assurance of local areas progress in relation to their performance against national objectives, with a focus on supporting those local areas experiencing the most challenge. Over a third of areas now have delays per 100,000 which are below their pre-pandemic levels and many more are on track to deliver this goal by October. We will continue to work closely with local systems to maintain this positive progress and will target improvement activity in those areas that are struggling to replicate this trajectory. At the heart of these efforts is a collective need to improve the experience and outcomes of individuals who access health, social care and social work services across the entire patient journey.

Partners referenced the international recruitment pilot undertaken in social care as providing vital support for employers and critical learning. Although this has not been without its challenges with previous Home Office changes presenting barriers for the sector. Moving forward, the Scottish Government have committed to further funding which will enable the Centre for Workforce Supply Social Care (CWSS), in NHS Education for Scotland (NES) to continue to support Adult Social Care Organisations in Scotland in their efforts to recruitment internationally by continuing the universal support offered through the established networks¹².

We continue to build and develop upon lessons learned, maintaining the key benefits and approach to planning from previous years in the following key areas:

¹ [International recruitment into adult social care | Turas | NES](#)

² [Scottish Code of Practice for the international recruitment of health and social care personnel: March 2023 | Scottish Government](#)

Working in Partnership

To deliver on our commitment that people receive the right care, in the right place at the right times and have access to high quality services, we have continued to strengthen our joint governance and assurance mechanism between the Scottish Government and COSLA, working closely with Chief Executives from health boards, local authorities and Chief Officers represented through Health and Social Care Scotland.

We continue to work with local systems to support them to make necessary changes to drive forward improvement programmes such as the work of the CfSD around over-14-day hospital stays as well as the Delayed Discharge and Hospital Occupancy Action Plan, and to monitor the resulting impact. These programmes and actions are vital to free up capacity as we head towards a period of higher demand, ensuring people and families are seen to when they need it most.

The Collaborative Response and Assurance Group (CRAG), co-chaired by the Cabinet Secretary and COSLA Health and Social Care Spokesperson, provides assurance and escalation for joint decisions on the deployment of options that support the resilience of health and social care. This membership and frequency of the group has recently expanded to support increased activity under the joint mission to reduce delayed discharge, engaging system leaders from across health, social care and social work and supporting improvements in performance and practice around discharge.

The Whole System Oversight and Planning Group has made a significant contribution to tackling delayed discharge and supporting the health and social care system to be better prepared for surges, such as winter. Throughout the year they have supported planning for anticipated surges and peak leave periods, driven the Action Plan and promoted best practice in Discharge without Delay principles, such as setting a planned date of discharge. They continue to play a vital role as part of the expanded CRAG mechanism.

In order to progress the medium- and long-term improvements the work of the Whole System Strategic Improvement Group and the Joint Social Care and Social Work Workforce Taskforce are both driving change in the resilience of the social work and social care sector, working closely with our statutory, third sector and independent partners.

Local leaders and services have already begun their planning for winter and are maximising the capacity of systems to meet the increased pressures experienced over this period. We will continue to work closely with NHS Health Boards, Local Authorities and HSCPs to support them in this planning and preparedness activity, and to ensure those that require care and support – whether that be at home, in a community health setting or a GP practice, a hospital or a care home – are able to access it.

It is also vital that effective partnership working extends beyond our statutory partners to effectively involve our independent and third sector partners, who play a critical role in supporting people across Scotland. We will work to ensure that their

expertise, leadership and knowledge is valued, trusted and respected and that they are engaged in national and local planning and delivery in an open and transparent way. The contribution that they make should never be underestimated and the specialist support and advocacy they provide must be recognised within our response to surges.

Improved Data Collection and Reporting

Last year a whole systems dashboard was developed, in partnership between PHS, National Services Scotland (NSS) and Scottish Government, which has improved oversight and knowledge of health and social care. The dashboard is being used routinely for situational awareness and has been a key component of planning for periods of high demand. In addition, to support winter and surge planning. To further support local systems a Social Care Dashboard has also been developed which provides a more granular level of detail on various elements of social care. Work was undertaken and published on how these products were received and how to improve them for winter 2024/25³ with an aim to merge the two dashboards.

Recent changes to the TURAS Care Management have reduced the data burden on Care Homes, providing a picture of available beds, occupancy and the pausing of some duplicate data collections, standardising data on care homes within the Care Home data review framework.

Through the WSOPG, local areas have also been undertaking regular self-assessments against the key standards contained within the Delayed Discharge and Hospital Occupancy Action Plan, supporting whole-system benchmarking.

Winter Engagement

Critical to whole system surge planning is better engagement with systems, providers and key stakeholders. They can offer rich intelligence and insight to help shape the plan and actions based on lived experience and knowledge of what works well. We have strengthened stakeholder engagement and partnership working to ensure we incorporate that expertise into improvements for this year.

Winter Preparedness Checklist

The Winter Preparedness Checklist aligns with the priorities set out in this Winter Plan and covers four key areas against which we asked Health Boards and HSCPs to provide an assessment of preparedness for their local systems:

Section 1: Overview of Preparedness and Business Continuity

Section 2: Urgent and Unscheduled Health and Social Care, and Planned Care

Section 3: Primary Care, Mental Health and Social Care

Section 4: Health and Social Care Workforce and Staff Wellbeing

We will be using the outputs of this checklist along with the Hospital Occupancy and Delayed Discharge Action Plan self-assessment returns, dashboard data and other

³ [Near time data service: dashboard user engagement research findings | Scottish Government](#)

factors to create a holistic system assurance overview and provide targeted and tailored support to those areas identified as having scope to improve and increase resilience. This approach also encourages benchmarking across and within the system, and identification and sharing of best practice between areas.

Our Priorities for Winter 2024/25

We have continued to develop upon the priorities set out in last year's winter preparedness plan, to strengthen our approach to whole system planning and delivery. In keeping with our commitment that the focus of this plan is people, we have adjusted our priorities this year to reflect how people experience our health and social care system.

This approach recognises that pressures in one system area can have a knock-on effect on other parts of the system, and meaningful action should consider how services are interdependent on each other.

At the heart of our four priorities for winter, are three key principles which ensure we retain our focus on the individual. These are:

1. Person centred and person led care as embodied through the Getting it Right for Everyone Principles, which aim to ensure a personalised way to access care and support. Ensuring that people are at the centre of decisions that affect them.
2. Strong leadership and partnership working across the whole system.
3. Implementing local and national actions we know work to improve the patient journey, and ultimately which improve outcomes for individuals, such as Discharge Without Delay principles

The four winter planning priorities outlined follow a journey through the health and social care system.

- **Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Social care and support services, social work and Unpaid Carers, alongside other community-based health and social care services, play a vital role in supporting people to live well at home. Ensuring safe, effective person-centred care through an integrated and co-ordinated approach is critical year-round but particularly over winter. Health and social care professionals operate in numerous community settings, operated by public bodies, independent providers and third sector organisations. These professionals work with thousands of people across Scotland, helping them to stay well, flourish and live independent lives year-round and particularly in the winter period, reducing the pressure on our health and social care system and ensuring that individuals continue to receive the best possible care in challenging circumstances.

Primary care is the first point of contact with the NHS. This includes contact with community-based services provided by GPs, community nurses, dentists, dental nurses, optometrists, dispensing opticians, community pharmacy and general practice-based pharmacists and pharmacy technicians. Each week in Scotland there are around 680,000 General Practice consultations, with 25,000 people attending our hospital Emergency Departments.

Likewise, the Council social work department and community based organisations are often an individual's first point of contact for care and support whether as someone seeking additional support for themselves or as an unpaid carer. It is vital that we recognise the key role our partners play in enabling people and communities to live well through preventative, holistic, and place based support.

How we will jointly deliver this priority:

- Proactively support people at highest risk in our communities to keep well and prevent the need for hospital care, supporting the community services which deliver this critical work. This includes:
 - Supporting the health and social care professionals working in every care home and care at home service, who maintain the health and wellbeing of thousands of people across Scotland by taking forward activity under the Joint Social Services Taskforce (JSST) which has the most valuable impact on the social care and social work workforce in partnership with Scottish Care, NES, the Scottish Social Services Council (SSSC), Social Work Scotland, Coalition of Care and Support Providers in Scotland (CCPS) and unions.
 - Enabling the delivery of high quality, effective and personalised care in care homes across Scotland, with dedicated health and social care professionals providing a safe and nurturing environment. We ensure that the best care is provided through a range of improvement activity, and the Healthcare Framework. The Health and Social Care Standards set out what should be expected when using health, social care or

social work services in Scotland and these underpin the Care Inspectorates inspection frameworks⁴⁵⁶.

Providing excellent care for individuals in their own homes through dedicated care at home services, which provide care tailored to the needs of almost 90,000 people across Scotland⁷, enabling people to live as independently as possible in their own homes.

- Ensure there is clear communication at a national level that a care package may be - home care, either long term or to support reablement, or it could be a mix of home care; digital technology and aids and adaptations or in some situations, just digital or aids and adaptations.
- Supporting individuals to live their lives in ways that are meaningful to them, maintaining their own and their carers' health and wellbeing through self-directed support and support for unpaid carers COSLA and Scottish Government recently published the Self Directed Support (SDS) Improvement Plan to support progress of implementation of SDS so that people consistently experience choice and control over their care.
- The provision of free personal and nursing care payments to over 10,000 adults across Scotland⁸.
- Critical to this is the strong partnership working between Integration Authorities and local providers and third sector interface.
- Writing to all local areas in advance of winter to reassure them of the flexibility available in the statutory guidance, when considering the employment of a family member as personal assistant under SDS option 1. This will support local decision making and development of processes which will mitigate, manage or reduce risks when it is in the best interests of the supported person to employ a family member with Power of Attorney (POA) / guardianship as a personal assistant.
- Ensure that existing programmes of work being progressed by Digital Health and Care (DHAC) and COSLA are utilised fully to support system pressures, including
 - Maximising the benefits of the shared Alarm Receiving Centre (ARC) - the shared ARC is now live with several HSCPs and 7 more to be onboarded over the next few months. The shared ARC is a cloud-based common platform for ARCs across Scotland supports the required shift towards more proactive and preventative approaches to supporting citizens, including the integration of Telecare data to support assessment, anticipating need, and supporting early interventions. With standardised data, telecare providers can anticipate citizen needs and tailor interventions, accordingly, ensuring timely and targeted support.

⁴ [A quality framework for care homes for adults and older people | Care Inspectorate](#)

⁵ [Health and Social Care Standards: My support, my life | Scottish Government](#)

⁶ [Health and Care \(Staffing\) \(Scotland\) Act 2019 | Legislation UK Government](#)

⁷ [People requiring a social care assessment and care at home services | PHS](#)

⁸ [Free Personal and Nursing Care, Scotland, 2022-23 | Scottish Government](#)

- Use data more effectively to support early intervention using the Telecare Information Framework (TIF). Through the adoption of this data set, telecare service providers will gain access to valuable insights that support early intervention and preventive measures. By leveraging data analytics, providers can proactively identify individuals at risk and intervene promptly, ultimately improving outcomes and enhancing citizen wellbeing.
- Through the Mental Health and Wellbeing Strategy we will ensure we have the right activity in place to meet changing need this winter and in coming years, with a strong focus on prevention and early intervention, to allow people to access care in the most appropriate setting or pathway.
- Through the Mental Health and Wellbeing Delivery Plan, continue to build on work underway to improve unplanned and urgent mental health care, including for those in mental distress, by utilising a multi-agency response and alignment with the national rollout of the Distress Brief Intervention (DBI) programme and;
 - Continuing to invest in NHS 24's Mental Health Hub.
 - Support Boards providing access to a mental health clinician 24 hours a day, seven days a week.
 - Embed the Time, Space, Compassion principles.
 - Increase access to existing and developing services by developing a mental health unscheduled care resource pack by Autumn 2024.
 - Continue to increase awareness of available pathways into support and care through developing tailored messaging for specific population and equalities groups in 2024.
 - Continue to invest in the Enhanced Mental Health Pathway and promote partnership working to increase Police Scotland and Scottish Ambulance Service (SAS) access to local clinical support.
 - Take an evidenced based approach to improvement work to better understand how people are accessing and receiving unplanned mental health care, ensuring that improvements to unplanned and urgent care are underpinned by robust data, including person demographic data.
- Respond to recommendations by Her Majesty's Inspectorate of Constabulary in Scotland's (HMICS) thematic review of Policing and Mental Health published in Autumn 2023, and the subsequent Police Scotland actions on mental health.
 - Through the multi-agency Partnership Delivery Group (PDG) on mental health and policing established to drive forward activity aimed at improving outcomes for people in mental health need, as well as those experiencing distress or crisis, publish a Framework for Collaboration supporting partnership working at a local level for police, health, social work, social care services and across public and third sectors, in the Autumn, as well as a cross-sector Action Plan before the end of 2024, which will detail how long-term ambitions are to be achieved.
 - A national review of Psychiatric Emergency Plans by the Mental Health Unscheduled Care Network by November 2024, followed by the development of national guidance in 2025 to ensure reasonable consistency across 14 Health Boards.
- Maintain consistent engagement with Boards, sponsored bodies and key groups such as Primary Care leads, National Out of Hours (OOH) oversight

group, SAS and NHS 24 to continually monitor the performance of the Primary Care system through regular performance reporting on:

- GP capacity and resilience
- OOH availability
- SAS and NHS 24 performance

Report on-going performance to Ministers and highlight any issues through CRAG, escalating and taking any action as appropriate.

- Provide ongoing support through the Scottish Dental Access Initiative (SDAI) to facilitate the opening of new or expansion of existing General Dental Services (GDS) dental practices to register new NHS patients for care, by engaging with boards to understand local issues and facilitate local solutions, such as Public Dental Service (PDS) providing alternative care to patients who cannot access GDS.
- Ensure the Primary Care system is as resilient as possible heading into winter and that people are able to access the care they need, in their community, where appropriate. One such example is the SAS Integrated Clinical hub, which helps to direct patients to the most appropriate point of care, without automatically directing them to A&E.
- Build resilience in social care through the invaluable work of our Local Authority and Health and Social Care Partnership resilience leads and existing Resilience Partnerships to facilitate effective business continuity planning, emergency preparedness and development of our resilience infrastructure.
- Ensure that Community Pharmacy are able to deliver core services, including NHS Pharmacy First Scotland, both in and OOH.
 - Health Boards ensure that there is adequate provision of NHS Pharmaceutical Care services and support to local health care needs, including winter.
 - Health Boards and local contractor committees continuing to work collaboratively to address any pressures across local community pharmacy networks such as cluster working.
 - Community pharmacies continue to provide appointment free access to pharmacists and the wider pharmacy support team for advice and treatment for minor ailments and every day common clinical conditions.
 - Ensuring that patients continue to have access to the prescribed medicines and services such as NHS Pharmacy First and a range of Public Health Services.
- Work to embed the Getting It Right For Everyone (GIRFE) principles through our 'Team around the person' toolkit, which has been co-designed with partners and people with lived experience. This will support Health and Social Care professionals to provide holistic support to people, alongside the My Health, My Care, My Home healthcare framework for adults living in care homes⁹.

⁹ [Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government](#)

- DHPs are made by local authorities to eligible individuals where they need help with their rent or housing costs. Eligible individuals can find out how to apply by visiting mygov.scot or contacting their local authority.¹⁰

Protecting people through the delivery of vaccination programmes that reduce serious illness, hospitalisation and mortality.

Protecting people who may be most impacted by severe illness, hospitalisation or death from RSV, Covid-19 and flu, through vaccination, is a key means of reducing demand on our health and social care systems.

The new RSV programme, launched in August 2024, demonstrates the value of vaccination. This programme will be offered to pregnant women to protect babies and to older adults aged 75-80 RSV is the leading cause of emergency respiratory admissions to hospital in Scotland in infants, with 1,516 children aged under one hospitalised with the virus last year. There were also over 1,000 cases of RSV recorded in adults aged 75 and over in Scotland between October 2022 and September 2023, with more than half (535) having to spend time in hospital as a result. It is therefore anticipated that a successful programme will help to reduce these numbers.

We also want to see as many eligible people as possible protected from Covid-19 and flu this winter. Our eligible cohorts continue to be guided by independent advice from the Joint Committee on Vaccination and Immunisation (JCVI) who assess who is most at-risk from these viruses, and therefore would benefit from vaccination.

Our adult Flu and Covid-19 vaccination programme will launch for winter, with all those over the age of 65, residents in care homes for older adults and all those in a clinical risk group, eligible for both vaccines. Both vaccines will be offered at the same appointment for efficiency.

This winter, the JCVI does not advise an offer of Covid-19 vaccination for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression. However, they do say that Health and social care service providers may wish to consider whether vaccination provided as an occupational health programme is appropriate, and ahead of such considerations, health departments may choose to continue to extend an offer of Covid-19 vaccination to frontline health and social care workers and staff working in care homes for older adults in winter 2024. Under this flexibility, Scottish Government has decided to offer frontline health and social care workers, including all staff working in care homes for older adults, Covid-19 vaccination this winter. It's important that we do everything we can to ensure those who are eligible for the vaccine, including frontline staff, take it up if they wish. We will work with partners including Public Health Scotland to promote and encourage uptake.

¹⁰ [Access to public services in Scotland | Scottish Government](#)

Unpaid carers and household contacts of the immunosuppressed will remain eligible for flu vaccination this winter, but will not be offered Covid-19.

The primary aim of the national Covid-19 vaccination programme remains the prevention of severe illness (hospitalisations and deaths) arising from Covid-19. As currently available Covid-19 vaccines provide limited protection against mild and asymptomatic disease, the focus of the programme is on offering vaccination to those most likely to directly benefit from vaccination, particularly those with underlying health conditions that increase their risk of hospitalisation following infection.

This year's flu programme aims to protect those most at risk of severe illness, reduce transmission of the infection and support the resilience of the health and care system, particularly during the winter months. Alongside this, it will be important for us to continue to closely monitor rates of respiratory viruses including Covid-19 and provide infection prevention and control advice and guidance as required.

In addition to vaccination and infection prevention, social connections, exercise and meaningful activity are vital for the wellbeing and quality of life of everyone, but in particular those living in a care home. It therefore remains fundamentally important that people living in care homes remain connected to their loved ones even in infectious outbreak situations in line with PHS Covid-19 Guidance.

How we will jointly deliver this programme:

- Work with Boards to introduce the new year-round maternal RSV vaccination programme from 12 August 2024 to protect infants.
- Offer the flu vaccination to all school age children in Scotland, including secondary school pupils as part of the seasonal child flu programme.
- Promote child flu vaccination uptake, especially in children aged 2-5 years, to ensure they receive the earliest protection to help stop the virus spreading. To have maximum impact, early completion of vaccination amongst this group is essential.
- Work with Boards to vaccinate all cohorts as advised by JCVI as part of the seasonal flu and Covid-19 vaccination programme.
- Frontline health and social care workers will be eligible for both Covid-19 and flu vaccination, but we will work with PHS and Boards to assess a return to peer-to-peer flu vaccination delivery models in clinical settings.
- Boards will continue to offer frontline Health and Social Care Workers the opportunity to drop into any community clinic, without the need to book, but workers can also book via the online portal and the national vaccination helpline if they would prefer.
- Although frontline Health and Social Care Workers are eligible for both Covid-19 and flu this winter, they will be more active promotion of flu vaccination uptake in that group, as well as non-frontline NHS worker groups, to help build resilience within the health and social care system. Continuing to encourage high vaccination uptake for both Covid-19 and flu, within care homes and care at home providers specifically is vital.

- Focus on key messaging to encourage uptake of the winter vaccination programme, with a focus on the individual properties and benefits of each vaccine, to target vaccine hesitancy and inclusion:
 - There will be no national Flu Vaccine Covid Vaccine (FVCV) marketing campaign in winter 2024 and no paid for media or marketing activity
 - Instead, PHS Comms will develop an inhouse creative for a predominantly digital campaign for all eligible groups.
 - There will be specific focussed assets designed to reach those who support vaccination but are hesitant or are not prioritising getting vaccinated¹¹.
 - PHS will develop more clinical flu and Covid-19 messaging for the frontline Health and Social Care Worker group.
 - All PHS FVCV assets and toolkits will be distributed via established stakeholder networks.
 - There will be a PHS led seasonal child flu programme updated national marketing campaign - 'A Wee Skoosh'.
- Replenishing covid test stocks at regular intervals to meet projected demand. As a positive test is required to access Covid-19 treatments for those eligible, additional orders of new tests can be placed in line with demand.
- Continue to work with partners such as PHS, to ensure the delivery of a robust respiratory surveillance programme that quickly identifies signals or trends that are of concern and provide infection prevention and control advice and guidance as required.
- Continue to work with Executive Board Nurse Directors, and other professional leads, such as Chief Social Work Officers, Chief Officers and Care Homes to collaborate on the delivery of person-centred safe care and support to Improve the health and wellbeing of people living in care homes in line with the Healthcare framework for adults living in care homes.¹²
- Continue to work with local partners to support people living in care settings to remain connected to their loved ones.

¹¹ [Guidance for public health management of COVID-19 in the community | Public Health Scotland](#)

¹² [Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government](#)

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

For many, Emergency Departments may not be the best place for their healthcare needs and our Urgent and Unscheduled Care Collaborative improvement programme offers patients alternative routes to urgent care. The 'home first' approach is not only better for people but reduces pressure on acute and primary care services too. This includes maximising admission avoidance through initiatives such as reducing conveyance of people from care homes where it is clinically appropriate, expanding hospital at home services and discharge to assess. The principle of right care, right place, right time does not just apply to health care however, we know that it is also important to apply this principle to social care and social work assessments, as assessments are most effective when completed in a person's own home. Occasionally during period of exceptional demand, individuals with 'critical' or 'substantial' social care needs are prioritised for support, but we know it is also important for people with lower or moderate levels of risk to be signposted to lower level support.

Everyone in need of emergency mental health care must receive that support quickly, and wherever possible, close to home. People presenting with stress and/or distress are often conveyed to hospital when there can be community-based alternatives that support the patient as well as the system as a whole. This will also ensure that people seeking mental health support receive the right care, in the right place, at the right time, regardless of where, or what time of day they present – there should be no wrong door.

To ensure that people receive the most appropriate care and are empowered to support themselves and those they care for, the Scottish Government and HSCPs are continuing to deliver communications programmes to increase awareness of high-quality accessible healthcare information. A multi-agency communications group provides an expert forum to agree key messages and develop national and local communications plans to ensure the public is well informed.

How we will jointly deliver this priority:

- Continue to work with Healthcare Improvement Scotland and Boards to expand the Hospital at Home Older People's service to improve the resilience and efficiency of services that will enable people to be treated at home, where appropriate.
- Providing alternatives to hospital attendance and admission through the enhancement of local Flow Navigation Centres which provide virtual access to the A&E team to support patients to be seen in the right clinical care setting.
- Reduce ambulance turnaround times by improving front door processes and optimising services such as Flow Navigation Centres and the Integrated Clinical Hub which provide care for patients at or near home, reducing pressure on A&E departments.
- Produce a scoping report in summer 2024 on the feasibility of implementing an additional safe space as an alternative to people being conveyed to an

Emergency Department when in a mental health crisis and the use of Emergency Departments as a legal place of safety.

- Develop and optimise accessible and effective pathways and referral routes to enable OOH services to redirect as appropriate.

How we will support this plan with effective communications:

- Ensuring appropriate public messaging such as the NHS 24 winter messaging campaign as well as up to date information on NHS inform is delivered throughout the winter period so that people know how and where to access all primary care services.
- Increase awareness of the key sources of information that will support the public with their care needs, whether that information is delivered in person (for example, through social workers, care home and care at home providers, community pharmacists or local GPs), via the telephone (NHS 24 on 111 for physical or mental health concerns) or digitally (nhsinform.scot, the NHS 24 online app, Care Information Scotland or local council websites).¹³¹⁴
- Resources developed by Scottish Government, PHS and NHS 24 will be available online for any stakeholders to use through their own communications channels such as social media accounts, e-newsletters or in-venue signage to support local activation.
- Increase awareness of the role for Home First and delivery of services (such as Hospital at Home or assessments for longer-term care needs) at home through media relations, social media and operational communications.
- Collaborative working across Boards, Local Authorities, Primary Care Contractors, providers, carer centres and Partnerships to consistently redirect and signpost people to the appropriate service for their needs, whether through national, regional or local communications.

¹³ [Scottish health information you can trust | NHS inform](#)

¹⁴ [Home | Care Information Scotland](#)

Priority Three: Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

Both COSLA and Scottish Government recognise that actions and improvements to maximise capacity are best and most sustainably delivered in an integrated and co-ordinated way across the whole system. Local Authorities, Boards and Integration Authorities, together with the voluntary and independent sectors, and indeed with our communities, integral to the successful integration of health and social care to deliver better experiences and outcomes for the people who access services.

We recognise the challenge in increasing capacity across the system during periods of sustained pressure and are committed to working with all partners to do everything we can to support local systems to meet demand and deliver high quality services. We have maintained our national focus on addressing pressures across the whole system and reducing levels of delay from hospital, with enhanced oversight and assurance arrangements to ensure targeted support where systems need it most. Behind every delayed discharge, is a person who will not sleep in their own bed tonight. Critically our focus on these delays is centred around ensuring the best possible care for that individual.

Each delayed discharge has been clinically assessed, and a determination made that hospital is not the best place for them to receive the ongoing care that they may need. If a person is kept in hospital longer than clinically necessary, their outcomes and overall health will be affected.

There are many reasons a person's discharge from hospital can be delayed, from lack of discharge planning, awaiting an assessment, to difficulty in ensuring a suitable care package is in place, or to legal challenges that may be experienced where an individual does not have the capacity to make decisions for themselves. There is also significant variation across the country. Our new mission to reduce delayed discharge is focusing in on this variation, supporting local systems to improve their performance and ensuring that good practice is replicated to give each person the best experience possible. This also requires us to focus attention to the 6000 people awaiting a social care assessment, highlighting the significant challenge ahead in addressing levels of unmet need in our community – which inevitably impacts on levels of delay in hospital.

How we will jointly deliver this priority:

- Support the First Minister and COSLA's Joint Mission to Reduce Delayed Discharges:
 - Continue to deliver a whole system approach in improving system flow and reducing delays in services for mental health, learning disabilities and adults with incapacity.
 - Support people to live well in the community, only being admitted as an inpatient when necessary and discharged in a timely manner.

- Embed good practice discharge processes, such as the Discharge without Delay principles, as set out in the Hospital Occupancy and Delayed Discharge Action Plan.
- Deliver effective discharge planning for patients admitted to acute or community hospitals to protect established care at home packages, allowing discharge without further delay for assessment.
- As part of the CRAG, work in partnership with Health Boards, HSCPs, Local Authorities, the third sector and people with lived experience to reduce mental health, learning disability and adults with in-capacity delays and improve system flow. This will be delivered through a dedicated multi-agency working group, which will focus on deploying targeted improvement and performance support to local systems to reduce delays, as well as generating an evidence base regarding the medium and longer term interventions required to address systemic challenges. The group will also consider approaches to reducing inappropriate out of area placements identified through the Coming Home work.
- Continue to work with Health Boards to deliver improvement and implementation of key actions to ensure improved A&E performance. A focus on reducing length of stay over 14 days for non-delayed patients and increasing short stays less than 72 hours to improve occupancy and flow. This will be delivered through the work of CfSD, Urgent and Unscheduled Care Collaborative Programme, actions include:
 - Increased senior decision makers at front door, which will support prompt decision making.
 - Strengthening the patient discharge processes.
 - Discharge without Delay through daily, or twice daily where appropriate, ward-rounds with senior-decision-makers.
 - Daily multi-disciplinary team (MDT) board rounds with a plan for every patient, every day.
 - Whole-System MDT reviews of long-stay patients.
- Continue to make progress on delivery of commitments within the Joint Statement of Intent, with our shared aim continuing to be to improve the experience and outcomes of people who access social care support and those who work within the sector.
- Continue to drive forward wider system improvement through the Scottish Learning Improvement Framework, with joint political oversight through the Whole System Strategic Improvement Group.
- Monitor performance and delivery of social care response and improvement measures and provide assurance to Scottish Ministers and COSLA on the actions being progressed to improve local performance, our management of winter pressures and sector viability.
- Design and deliver a programme of improvement work targeted at embedding home first approaches in health and their intersection, in the short and medium-term.
- Involve people and their carers in decisions that relate to their care to enhance choice and control over their support. In hospital, this means engaging with the patient, their families, and carers in hospital discharge discussions to ensure their needs and wants are central to decision-making.

- Use of home-based assessments such as discharge to assess for all Home Support packages to ensure accurate person-centred assessments, in familiar and homely environments.

Protect planned care with a focus on continuing to reduce long waits.

Over the past few years, Boards have tried, where possible to protect planned care, however they sometimes have had to take the difficult decision to step down planned care in order to deliver emergency treatment. Given the impact this has had on waiting lists, and on patients themselves, we are committed to protecting planned care throughout this winter.

Long waits are regrettable, but we are determined to provide Health Boards with the support necessary to drive improvements and will continue to target resources to reduce waiting times, particularly for those waiting longest for treatment. In addition, we are working closely with Health Boards to implement alternative pathways and new models of care which will support patients to be seen more quickly and increase capacity and sustainability.

Despite an exceptionally challenging winter period last year, new outpatient activity was up by 2.9% in the quarter ending March 2024 when compared to the previous quarter, and inpatient/day-case activity for the quarter to March 2024 was the highest since the start of the pandemic; the 9th quarterly increase in a row with 63,900 patients seen.

We will continue to work closely with the Boards to maximise planned care capacity and where the majority of long waits in some specialities remain, ensure we continue to work hard to reduce these as quickly as possible.

How we will jointly deliver this priority:

- Strive to protect cancer care with a focus on continuing to prioritise new urgent suspicion of cancer patients and protect theatres for cancer operating.
- Work with Boards to maximise capacity, to reduce waits prior to winter 2024/25. Maximise capacity through regional and national working: Maximise theatre capacity including National Treatment Centres through expanded sessions in evenings and weekends.
- Support Boards, including through the National Elective Coordination Unit (NECU), to maximise clinical validation of waiting lists to identify, where appropriate, alternative forms of treatment.
- Continue to support Boards in the adoption of Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) to improve patient care and reduce waiting times by eliminating unnecessary face to face attendances.
- Deliver the actions contained in the Endoscopy and Urology Diagnostic Plan.
- Encourage the optimisation of digital solutions and standardise pre-operative assessment to reduce the need for unnecessary appointments and cancellations, thereby releasing capacity.
- Protect planned care through maximising the use of day surgery units including increasing the proportion of procedures converted to day case surgery.

Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Our highly skilled and committed workforce is the cornerstone of our response every winter. We understand the continued pressures that our health and social care workforce, including volunteers and unpaid carers, are performing under, now more than ever. In order to meet demand, we must continue to focus on supporting workforce capacity and retention of staff, unpaid carers, and our third sector partners, and ensuring that we support the wellbeing of staff through challenging periods of high demand. We are pursuing a range of different strategies to nurture the workforce in both health and social care over the long term. Within our health workforce, for example, this includes supporting the expansion of trainee doctor posts, to reflect the changing demands on our health and social care system. IMPACT have recently completed a literature review looking at what best supports wellbeing for personal assistants and their employers, this offers provide useful insight for future planning to support this key social care workforce.

The JSST was established to ensure that further meaningful progress can be made in partnership to address pressures, and with a focus on delivery of outcomes which relate to the adults', children's and the social work workforce. A key objective of the Taskforce is to identify collective and individual organisational actions required to address the challenges facing the professions through focusing on improvement opportunities across the workforce journey, and identifying where practical changes to practice, working across boundaries, can enable a step change in the delivery of integrated care and service delivery.

It is estimated that between 700,000 and 800,000 people provide unpaid care for a relative or friend at home and within other community or residential supports, and so we must also consider and respond to the wellbeing and support needs of Scotland's hugely valued unpaid carers, as well as enabling carers to participate in education, training or employment alongside their caring responsibilities, ensuring that carers are able to sustain their caring role with positive wellbeing. We must also continue to support the effective implementation of SDS for people who access support and their carers as the default approach to social care, ensuring people have choice and control over their care and support.

How we will jointly deliver this priority:

- Progressing workforce activity through the JSST, including development of paid college placement project which aims to develop and socialise a national paid college placement blueprint for adult social care employers such as Local Authorities, independent sector and third sector. It focuses on expanding successful practices to increase the availability of paid placements for adult social care students during their qualifications. The blueprint is currently being developed and will be implemented in future college academic sessions from 2025.
- Through Scottish Government funding to NES, fund the CWSS which supports Adult Social Care Organisations in Scotland in their efforts to recruit

internationally by establishing network platforms for sharing best practice, networking and discussion within the social care sector.

- Scottish Government is committed to working with the sector to look at options to improve rates of pay and terms and conditions for the social care workforce and we are currently working with stakeholders to develop sectoral bargaining for the sector to advance this. However, public finances are under unprecedented pressure, and we must balance the fiscal position while the demand for government support and intervention continues to rise.
- Supporting any retiring staff who wish to continue in employment suitable to them and to the service through the Retire and Return provisions outlined the NHS Scotland Retirement Policy.
- Supporting staff throughout their career, to manage demands on their time and energies at home as well as at work. The national 'Supporting Work Life Balance' workforce policies to provide staff with a range of flexible working options to help them to balance their lifestyle whilst maintaining and promoting the best possible service to our patients and service users. These include a Flexible Work Location and Flexible Work Pattern Policy.
- Encouraging Boards to promote part-time work opportunities to their health, social care and social work students, who can help to build short-term capacity as required.
- Our NHS Scotland Flexible work location and NHS Scotland Flexible work pattern policies provide staff with a range of flexible working options to help balance their lifestyle whilst maintaining and promoting the best possible service to patients and service users.
- Provide essential wellbeing support to staff across health, social care and social work suffering poor mental health through:
 - Availability of confidential mental health care and treatment for registered staff through the Workforce Specialist Service, as well as psychological therapies and interventions for all staff, supporting staff to treat anxiety, depression and improve issues like difficulty sleeping
 - Additionally the National Wellbeing Hub continues to offer a range of self-service resources for staff¹⁵.
 - Further, NHS 24 deliver the National Wellbeing helpline, offering a 24/7 compassionate listening service.

These wellbeing provisions provide important intervention options for staff suffering poor mental health, improving the likelihood of these staff returning to, or remaining in work for the longer term, and improving the quality of care they are able to provide.

- Ensure people who provide unpaid care are supported in their caring roles and supported to look after their own health and wellbeing alongside engaging in education, training and/or employment. We are implementing our National Carers Strategy to drive forward long-term changes to improve the lives of unpaid carers across Scotland. It sets out a cross-government approach to carers issues, including through social care, social security policies and supporting carers in employment and education.

¹⁵ [Home | National Wellbeing Hub](#)

- Supporting local carer centres and young carer services to build capacity and ensure all carers can access consistent and up-to-date information.
- We will work with stakeholders to improve the availability and range of short breaks.
- We will continue to work with local service commissioners, Shared Care Scotland and others to promote greater availability and choice of short break support in different areas.
- Continue to explore how volunteers can provide support in both discharge from hospital, in assisting people to attend appointments, and consider appropriate use of established local and national volunteer partnerships. We will also explore how the National Volunteering Hub can be best utilised to support the health and social care system to manage pressures over the winter period.

Additional Resources

- The Warmer Homes Scotland scheme, delivered by Warmworks, was re-launched on 02 October 2023 with more funding and help for households to receive a climate-friendly heating system. People can contact Home Energy Scotland to check their eligibility and receive advice on additional support. Applications are assessed by Home Energy Scotland (HES) against the eligibility criteria. For more information, visit the [Home Energy Scotland website](#) or telephone 0808 808 2282 (Monday to Friday 8am-8pm and Saturday 9am-5pm).
- The Scottish Government's [Cost Of Living website](#) has a range of resources including how to get in touch with your local council for help with energy and bills, and has specific advice for older people or those who are disabled, including links to support organisations and information about the benefits that they may be entitled to.
- The [Care Information Scotland website](#) summarises unpaid carers' rights to information, advice and support, alongside details of social work departments and local carer centres to find out more about what is available locally.
- [My Power of Attorney website](#) provides information on the importance of POA

Summary and Escalations

This Winter Preparedness Plan sets out the actions being implemented across the health and social care system in order to prepare for the increase in demand and pressure we expect to see over winter 2024/25. These actions are being adopted as part of a business as usual approach to local planning for surges in demand and complement local surge/escalation and capacity plans.

To support this, we have put in place a national governance system with strategic oversight across health and care to recognise and mitigate evolving risks (including system pressures) and maintain a flexible response covering whole-system winter pressures.

Working on a local basis, monitoring will continue, and health and care organisations will utilise their established governance and response structures.



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W W W . g o v . s c o t

Return Due: 16 October 2024

Appendix 2

WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

Board		Partnerships	Auto Populated
<i>Please select Health Board from drop down above</i>			
Board Chief Executive	Auto Populated	Chief Officers	Auto Populated
Number of integration partnerships	Auto Populated	Submitted by	<i>Please complete</i>
		Approved by	<i>Please complete</i>
		Date of approval	<i>Please complete</i>

SUMMARY DASHBOARD

#	Area	Progress	Status	Partial	No	Yes	n/a
1		0	Incomplete	0	0	0	0
2		0	Incomplete	0	0	0	0
3		0	Incomplete	0	0	0	0
4		0	Incomplete	0	0	0	0

Progress Status

Manual dropdown - use this box to track your progress

 Overall Status **Incomplete**
Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Overarching principles	1.1	There are sufficient mechanisms in place to support the collaboration and co-operation with other Boards and Partnerships in the delivery of health and care.			1
Overarching principles	1.2	Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. Primary Care practitioners, SAS, Scottish Prison Service, care at home and care home providers etc.). a) It is clear to all parties how plans will be delivered through joint mechanisms.			1
Overarching principles	1.3	Winter Planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision). a) Projected staffing levels in your acute wards and community hospital wards are sufficient for the winter period; if no, please provide further detail.			1
Resilience preparedness	1.4	Planning for winter reflects identification of surge capacity to ensure capacity is made across the health and care system to allow new emergency admissions to be accommodated.			1
Resilience preparedness	1.5	Business Continuity Management arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including: a) NHS Scotland Standards for Organisational Resilience 2018. b) Preparing For Emergencies: Guidance for Health Boards in Scotland.			1
Resilience preparedness	1.6	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2022/23 in addition to concurrent risks. Resilience Teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity planning.			1
Resilience preparedness	1.7	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.			1
Resilience preparedness	1.8	Business continuity plans include response(s) if a clinical system outage occurs and the steps required to ensure continuity of services.			1
Communications	1.9	Local communication plans: A review has been undertaken of communication channels to ensure that key messages about winter planning are clearly and consistently delivered to all parties, involved. This includes : a) Key partner communication protocols b) OOH information including four day festive period c) Surgery hours & access arrangements General practices contingency plans for respiratory disease outbreaks d) Signposting to Scottish Government assistance for households struggling to meet their energy bills. e) Service-linked communications issued, whether online or printed format, include content or text highlighting where public can access information on which service is right for which medical need, such as nhsinform.scot/right-care			1
Step up / Step down care	1.10	Boards and HSCPs can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and work towards building sustainability for the future.			1

Section 2

Progress Status

Manual dropdown - use this box to track your progress

Overall Status	Incomplete
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Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Urgent & Unscheduled Care	2.1	To ensure Right Care is provided in the Right Place, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker as well as the option of appointments via Near Me.			1
Urgent & Unscheduled Care	2.2	Effective communication protocols are in place to support whole-system situational awareness of emerging pressures. Monitoring of key indicators across the system forms the basis of huddle discussions. This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system.			1
Urgent & Unscheduled Care	2.3	Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles) including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, setting Planned Date of Discharge and using this to predict capacity and demand for the next day. a) There is a Home First / Transition Team in place to support hospital discharge and Discharge to Assess; please provide further detail.			1
Urgent & Unscheduled Care	2.4	Emergency Physician in Charge (EPIC), Flow Co-ordinator roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED and take responsibility for co-ordinating community support.			1
Urgent & Unscheduled Care	2.5	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Out-patient Parental Antibiotic Therapy (OPAT); and supported by appropriate digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual/remote Monitoring.			1
Urgent & Unscheduled Care	2.6	Boards and Partnerships have effective organisation of care across between primary and secondary care so that patients receive high-quality care and the best use is made of clinical time and resources in both settings. This could be through a mechanism such as an Interface Group.			1
Urgent & Unscheduled Care	2.7	Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities.			1
Urgent & Unscheduled Care	2.8	Boards and HSCPs have additional festive arrangements, over the four-day public holiday, planned in collaboration with partner organisations such as Local authorities, Police Scotland, SAS and the local Voluntary Sector and in line with recommendations from the Four Day Public Holiday Review.			1
Urgent & Unscheduled Care	2.9	Patients identified as being at high risk of admission from both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.			1

Urgent & Unscheduled Care	2.10	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take a lead on having these care planning conversations depending on the persons circumstances.			1
Urgent & Unscheduled Care	2.11	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.			1
Urgent & Unscheduled Care	2.12	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those who are living with frailty should be given the opportunity to have an anticipatory or future care plan.			1
Urgent & Unscheduled Care	2.13	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. Remote consultations via phone or Near Me video consultation should be available.			1
Urgent & Unscheduled Care	2.14	For Health Boards with Major Trauma Centres (Grampian, GGC, Lothian, Tayside), to incorporate into their winter surge plans, assurance of sufficient safe staffing on MTCs (both adult and paediatric) to ensure Scottish Trauma Network MTCs will continue to deliver high quality, integrated, multi-speciality care to severely injured patients. Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing.			1
Urgent & Unscheduled Care	2.15	Where admission is necessary, ensure there is a mechanism and/or agreements in place with primary care and secondary care clinicians to minimise delays in pathway, and avoid multiple discussions that can lead to delays; recognising that in periods of increased demand, general practice may not have the functional capacity to follow the usual processes such as pathways for admission.			1
Planned Care	2.16	Plans are in place to maintain activity over winter for planned care, including outpatients and inpatient / daycase, diagnostics, imaging and cancer, with plans considering the impact of increased unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – if Health Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.			1
Planned Care	2.17	Health Boards are considering opportunities to maximise capacity through Pooled Lists - locally for high volume specialties and pooled lists regionally / nationally for those patients waiting the longest.			1
Planned Care	2.18	Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation.			1
Planned Care	2.19	For those Health Boards with National Treatment Centres (NTCs), plans are in place to enhance and maximise use of the NTCs through winter and beyond.			1
Planned Care	2.20	Discharge: close partnership working is in place, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels.			1
Digital assets	2.21	Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity.			1

Section 3

Progress Status

Manual dropdown - use this box to track your progress

Overall Status	Incomplete
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Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Primary Care	3.1	Plans are in place to support General Practice (and where necessary other independent contractors) to manage provision of core General Medical Services (and sustainability more widely) over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open (or provide General Medical Services) due to staffing or other reasons. Health Boards and HSCPs should ensure that where services are reduced or unavailable they support the practice with communications to patients including alternative arrangements.			1
Primary Care	3.2	Maximising Multi-Disciplinary Teams (MDTs) Plans explicitly reference the use of MDTs within OOH services; indicate where increased use of MDTs are in place. This includes increasing capacity of senior clinical and non- clinical leadership, use of multidisciplinary teams and availability of professional-to-professional advice across acute and community.			1
Primary Care	3.3	Executive level overview and oversight for Out of Hours (OOH) A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given its essential role as a “front door” service			1
Primary Care	3.4	Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience. The plan puts Primary Care OOH within the context of winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation centres (FNCs), or equivalent.			1
Primary Care	3.5	NHS Board Directors of Dentistry engage with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period			1
Primary Care	3.6	Provision of OOH dental services Plans reference provision of dental services; services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases, i.e. trauma, uncontrolled bleeding and increasing swelling.			1
Primary Care	3.7	Working with mental health services HSCPs should have clear arrangements in place to enable access to mental health crisis teams/services 24/7, including availability of professional to professional advice for out of hours services, particularly during the festive period			1
Primary Care	3.8	Increased level of professional-to-professional advice Boards and HSCPs have increased, where possible, the availability of professional to professional advice across acute and the community to ensure the patient receives right care in the right place at the right time.			1

Primary Care	3.9	Working with social care OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite, community alarm services and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.			1
Primary Care	3.10	Winter readiness plans consider the needs of those living with a mental health, learning disability, neurodiverse or dementia diagnosis, including the needs of carers.			1
Primary Care	3.11	Plans to ensure appropriate staffing levels include consideration of mental health services and the need to maintain support for service provision and patient rehabilitation (such as suspension of detention), including for forensic mental health patients.			1
Primary Care	3.12	The discharge partnership working plans include consideration of those requiring mental health supports and/or being discharged from a mental health setting, including the unique support package needs of those leaving forensic inpatient settings or with complex care needs.			1
Primary Care	3.13	Plans ensure continued access to dementia diagnosis services for both inpatients and those in the community, ensuring people have care and treatment appropriate to their needs and any potential dementia-related issues are recognised and addressed.			1
Primary Care	3.14	Plans are in place to ensure data is available to monitor the performance and capacity of primary care and mental health services throughout the winter.			1
Prisons	3.15	Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care.			1
Social Care	3.16	Care at home assurance boards and care home assurance arrangements are in place to ensure all risks in care provision are recorded and appropriate mitigating actions are put in place.			1
Social Care	3.17	Capacity to deliver key public protection functions is in place e.g. child and adult protection, MAPPA (Multi Agency Public Protections Arrangements)			1

Section 4

Progress Status

Manual dropdown - use this box to track your progress

Overall Status	Incomplete
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Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Workforce	4.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these). Work undertaken with local college and HEI student workforce to offer holiday shifts and regular part time contracts can be evidenced.			1
Workforce	4.2	Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention. For Boards, this is including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so.			1
Workforce	4.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications. For HSCPs, this includes sufficient social work staff and others associated with discharge planning.			1
Workforce	4.4	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established local and national partnerships. Investment in and funding of local voluntary and third sector organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.			1
Workforce	4.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.			1
Workforce	4.6	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL(2022)35.pdf (scot.nhs.uk). Staff are fully aware of the contingency plan.			1

Seasonal outbreak	4.7	<p>COVID-19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing</p> <p>All patient-facing (i.e. “frontline”) Health and Social Care Staff (including Primary Care independent contractor staff) and ALL NHS workers have easy and convenient access to the seasonal flu vaccine and that:</p> <p>a) staff are able to drop in to any community clinic without needing to make an appointment</p> <p>b) peer to peer vaccination for flu is facilitated, where practicable, to bring the vaccine as close to the place of work for staff as possible.</p> <p>c) information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline and that they can drop in to any clinic without needing to book.</p> <p>d) Information and guidance / promotional materials are provided to staff on the benefits of vaccination for both themselves, their colleagues and their patients.</p> <p>(Full details on the programme can be found in the annual flu CMO letter.)</p>			1
Seasonal outbreak	4.8	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.			1
Seasonal outbreak	4.9	Adequate resources are in place to manage all potential increases in Covid-19 including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Debriefs should be undertaken following significant outbreaks or end of season outbreaks to identify lessons and ensure system modifications to reduce the risk of future outbreaks			1
Seasonal outbreak	4.10	To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs.			1
Seasonal outbreak	4.11	Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings			1

Meeting: NHS Lothian Board

Meeting date: 10 October 2024

Title: Princess Alexandra Eye Pavilion Update

Responsible Executive: Jim Crombie, Deputy Chief Executive

Report Author: Chris Drake, Business Manager (Executive Office)

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input checked="" type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other	<input type="checkbox"/>

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

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input checked="" type="checkbox"/>		

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

2 Report summary

2.1 Situation

The Princess Alexandra Eye Pavilion (PAEP) requires urgent remedial repair works on some of the services to the building. For the repair work to be conducted the building must be fully vacated. The likely timescale for remedial work, and therefore closure, is six months commencing end of October 2024.

A Short Life Working Group (SLWG) chaired by Deputy Chief Executive has been established to manage and coordinate the NHSL response. The group has 3 overarching objectives:

- **To maintain a safe environment/provision of care to patients.**
- **To optimise access for patients to OP & IP Day Case services during period of PAEP closure.**
- **To maintain focus on, safe environment for our staff and on their wellbeing.**

2.2 Background

Overview of the formation of the Resilience SLWG:

- The initial incident (burst and leaking service pipes) was reported to senior management late Wednesday 11 September 2024.
- A SLWG was immediately established to assess the situation. The group met for the first time on the morning of 12 September 2024.
- The membership of the meeting includes representation from the following Service Areas:
 - Deputy Chief Executive Office
 - Acute Services
 - Estates & Facilities
 - Communications
 - Capital Planning
 - Infection Prevention and Control
 - Microbiology
 - Site Director
 - eHealth Records
 - Employee/Staffside
 - Resilience
 - Health & Safety
 - Human Resources

2.3 Assessment

Following a site visit and evaluation requested by the Deputy Chief Executive, both IPCT and Microbiology clinicians advised the building could remain in use until contractors were mobilised and migration plans were in place.

PAEP will close on 25 October 2024, for an estimated six months to enable contractors to undertake urgent and extensive work.

This will inevitably have an impact on service delivery and all patient appointments which were scheduled to take place from 28 October 2024 onwards will now be moved to other NHS Lothian facilities.

The Board should understand the significant disruption to our patients and to our staff in enabling the migration of services and appointments to multiple new locations across NHS Lothian.

2.3.1 Remedial Works Required

The NHS Lothian Estates & Facilities Department has identified a failure of drainage systems within the PAEP building, following detailed evaluation by external contractors. They have advised that the works required are complex. They confirmed that the works will be invasive, including the disturbance and clearing of asbestos across the whole building and therefore the building should be completely vacated.

A Short Life Working Group (SLWG) has been formed, chaired by the Deputy Chief Executive, to oversee rectification works and manage the ongoing impact of the clinical decant within the wider Acute Services function. The PAEP facility is now scheduled to close to patients on 25 October 2024 for a period of six months to allow contractors access to the building to carry out the repairs.

The PAEP building has been considered at the end of its useful life as a clinical facility for some time and was due for replacement. However, on 19 December 2023, following the announcement of the 2024-25 Budget, the Scottish Government issued a letter to NHS Board Chief Executives which, along with a letter from the Director General of NHS Scotland to NHS Lothian, effectively brought a halt to major capital developments across Lothian. These included the major strategic projects – Edinburgh Cancer Centre (ECC), National Treatment Centre (NTC) and PAEP – and impacted across the capital programme, as it stated that no additional capital funding would be available, unless projects were already under construction, beyond NHSL's formula allocation of £25m.

The cancellation of the capital programme resulted in continued service risk due to the continued use of assets at the end of their planned lifecycle, necessitating works to keep those facilities in a suitable condition for clinical activities to continue.

Three distinct areas require immediate rectification in PAEP to allow the building to reopen:

- Replacement of drainage stacks.
 - Removal of asbestos in the service risers to facilitate works.
- Repairs to medical gas systems including works to scrubbers, manifolds and theatre hoses.
- Replacement of the front door.

The works to reopen the PAEP facility are limited to emergency repairs only. Further survey reports are being prepared and will detail costs for longer term options.

The contractor reports note costs for these emergency works in the region of £1.45M.

2.3.2 Operational Impact

2.3.2.1 Scope

Ophthalmology is the largest outpatient specialty in Lothian, with approximately 6,000 appointments per month out of PAEP. In addition, PAEP offers three operating theatres for inpatients and day case patients, which sees approximately 135 patients per week. Most of

these cases are day cases but there is a cohort of patients who require an overnight stay. In addition, medical corneal infections require longer term admission and are resource intensive. Ophthalmology is a specialty which is heavily dependent on physical space to permit the optimal flow of patients between multiple diagnostic testing and multi-disciplinary inputs to accurately diagnose and treat patients.

Identifying locations that can accommodate patient throughput, staff and specialist equipment has been a significant logistical challenge. Due to the nature of Ophthalmic services, it is essential to co-locate certain services to enable access to appropriate diagnostics, clinical teams, and treatment facilities. There is a requirement to house specialist equipment, which is not ordinarily available in generic clinic spaces, and environmental considerations are essential for certain services for infection control purposes.

The Ophthalmology Clinical Management Team have worked tirelessly with colleagues from across the organisation to appraise potential locations to decant services to, reporting daily to the PAEP Acute Planning Group.

2.3.2.2 Geographic Relocation of Service Provision

Following an extensive options appraisal, which has ruled out the possibility of any single location to decant services to, it has been deemed necessary to split the service across multiple locations, and realign patient flow accordingly.

Services will be split across the Lauriston Building, Royal Hospital for Children and Young People (RHCYP), and the Department of Clinical Neurosciences (DCN) in Edinburgh; St John's Hospital (SJH) in Livingston; and the East Lothian Community Hospital (ELCH) in Haddington. This configuration offers the best opportunity to co-locate essential services in an appropriate footprint, whilst accommodating the patient footfall from across Lothian in locations that will minimise the impact of travel on patients and their families.

In addition, PAEP houses a Medical Records Library which holds 182,000 case notes. 32,000 of these are paediatric notes, which will be relocated to the RHCYP. The remaining notes will move across to a space identified in Lauriston Building, which will also host the Medical Secretariat.

2.3.2.3 Performance Impact (Decant Period)

In order to facilitate an orderly decant of services, PAEP will close to patients on 25 October 2024, and there will be an agreed two-week period where essential equipment, patient notes, and clinical teams can be moved to the locations outlined above. There will be significantly reduced outpatient activity over this time with the aim of being able to offer migrated Ophthalmology services at the new locations by 11 November 2024. There should be minimal impact to Ophthalmology services already delivered in locations outwith PAEP during this period.

There are a number of services that are time critical, and for which continual operation will be essential. Plans are being rapidly developed to enable a seamless transition for Acute Referral Clinics, Emergency Theatres, and IVT services.

Other services currently occupying space to be used by Ophthalmology may also need to reduce activity during this period to permit migration to new locations. The details are being worked through and the impact minimised where possible.

Ophthalmology services will see the loss of two weeks of outpatient activity affecting around 2,300 patients over that period. DC and IP activity will also be impacted on and currently some 300

patients would be treated in this two week period at PAEP. Mitigations, including use of the Golden Jubilee Hospital (GJH), 'mutual aid' and 'additional to core sessions' are being evaluated for rapid deployment if available and affordable.

We are completing our work to establish capacity that can be delivered in these new locations and more detailed impact analysis for both wait times and numbers waiting will be updated verbally at the Board meeting. The capacity analysis will take account of multiple factors including: room/theatre capacity, staffing cohort after wide service distribution, and start and finish times linked to staff travel to these new locations.

2.3.2.4 Performance Impact (Post Decant Period)

The quantum of the impact on service delivery following the closure of the PAEP and distribution of service provision is estimated to affect:

- c.6,000 outpatient appointments per month
- c.500 inpatient & day cases per month

There will also be a knock-on impact on other outpatient services that will relocate to facilitate Ophthalmology, including Orthopaedics at Lauriston (c.1,000 patients per month); and Diabetes and Endocrinology at St John's Hospital (c.1,600 patients per month). This detail is to be worked through, though it is hoped that alternative locations can be quickly sourced to deliver these services, and that clinic utilisation can be improved to mitigate elements of this impact.

In terms of inpatients & day cases, we will move from 27 surgical sessions per week at PAEP to 20 at SJH, as we move from three operating theatres to two.

Plans are being developed to mitigate this impact by maximising utilisation, including seeking volunteers for evening and weekend working; and filling gaps on lists with low complexity cataracts. This is likely to lead to a reduction in performance of cataract-only lists, as we reconfigure lists to work within the new estate and maximise available capacity.

2.3.3 Financial Impact

Finance are working with the operational and project teams to assess potential capital and revenue costs associated with the decant of services from the PAEP. The potential implications cover capital costs – both to address the urgent issues identified within PAEP and potentially to upgrade accommodation to allow decant – as well as additional revenue costs to support logistics, decant, staff travel, eHealth and other costs associated with the move. While cost certainty is difficult to provide, initial high-level estimates indicate a potential cost in excess of £3M.

The current best estimate of cost breakdown is: capital costs at £1.85M, and revenue costs of a further £1.86M. As we move into a phase of detailed planning, all costs associated with the movement of services are being captured and this estimate will be refined.

Scottish Government have, this week, indicated additional capital funding to support these emergency repairs and discussions continue regarding revenue support.

2.3.4 Communication & Engagement

There are a significant number of stakeholders affected by the movement of PAEP services, and every endeavour has been taken to ensure that those impacted and interested are kept up to date with our plans.

Affected patients will be contacted directly by a number of channels, including phone calls, letters and through accessible contact. This will continue throughout, to ensure that services remain accessible.

We have worked in tandem with Partnership colleagues to maintain a dialogue with PAEP staff and address concerns as they emerge. Their cooperation continues to be invaluable to this process.

We have also begun discussions with Scottish Ambulance Service, noting the considerable impact these pathway changes are likely to have on Patient Transport Services.

The Cabinet Secretary, and a number of local MSPs were hosted by the Deputy Chief Executive for a visit to PAEP and Lauriston on 27 September 2024. This was followed by The Deputy Chief Executive's attendance at single issue Roundtable Event at the Scottish Parliament on 4 October 2024, with MSPs and a number of individual and group stakeholders.

2.4 Recommendation

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

Information contained within this report was accurate at the time of writing, 4 October 2024.

Meeting: NHS Lothian Board

Meeting date: 10 October 2024

Title: NHS Lothian August 2024 Financial Position and Year End Forecast

Responsible Executive: Craig Marriott, Director of Finance

Report Author: Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other - Financial Reporting	<input checked="" type="checkbox"/>

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

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input type="checkbox"/>
Children & Young People	<input type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input type="checkbox"/>	Workforce (supply or wellbeing)	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Unscheduled Care	<input type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

This aligns to the following NHS Scotland quality ambition(s):

Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

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 financial position as at August 2024 and an update on the Quarter 1 forecast outturn position for NHS Lothian.

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 five months and the Quarter 1 Review which was reported to and considered at the Finance & Resources Committee on the 21st August 2024.

2.3 Assessment

As at Month 5, the reported financial position for NHS Lothian is a year to date overspend of £15.1m. The financial position is comprised of an operational overspend of £24m, offset by the release of corporate reserves flexibility of £8.9m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 5 Summary Financial Performance

	Month 5 Variance from Budget £000
Pay	4,484
Non Pays	(35,063)
Income	6,501
Operational Position	(24,078)
Corporate Reserves Flexibility	8,935
Total Variance	(15,143)

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 31st August 2024

The key areas of pressure continue the trend from the previous financial year with Medical and Dental pay budgets reporting a £6.2m overspend for the first 5 month of the year. Medical pay remains an area of concern with a continuation of rotas requiring locum cover and the increased costs of non-compliant rotas with their subsequent pay protection. Non-pay budgets report a £35.4m overspend with Drug costs being £9.6m overspent, Prescribing £7.6m overspent and Medical Supplies £11.6m overspent. The non-pay budget pressures are impacted procurement contracts being renewed and also the 0% funding uplift this year. 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 5 Variance from Budget £000
Medical & Dental	(6,183)
Nursing	7,059
Administrative Services	383
Support Services	(669)
Other Therapeutic	1,783
Other Pay	2,111
Total Pay	4,484
Drugs	(9,623)
Medical Supplies	(11,550)
Property Costs	(4,868)
Administration Costs	(3,511)
Other Non-Pay	1,223
Pharmaceuticals	(7,555)
Other FHS	446
Total Non-pay	(35,438)
Income	6,501
Other	(730)
Profit/loss On Disposal	1,104
Operational Position	(24,078)
Corporate Reserves Flexibility	8,935
Total Variance	(15,143)

August 2024 was the fourth 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). August payments relate to June transitional allowances, totalling £1.2m in month and £4.9m year to date and are 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 £4.9m of funding has been included in the position to match the costs to date.

Financial Forecast Position - Quarter 1 Review 2024/25

The Quarter 1 forecast has been reported to the Finance & Resources Committee during August 2024. This process extrapolated the month 3 year to date performance, contrasting this with the estimates contained within the Financial Plan with a gap of £49.9m approved at the April Board meeting. At that point, several financial improvement actions were identified to support achievement of financial balance, taking the gap to £39m with that figure being submitted to the Scottish Government and other proposals being reviewed. The Pause and Assess Capacity Workstream in Scheduled Care has made some savings and now forms part of the current financial position and the forecast position.

In addition, the Scottish Government have confirmed a further tranche of New Medicines Funding, therefore a further £7.5m benefit has been accounted for in the latest forecast update. Given these updates, the original Financial Plan gap of £39m has been revised to reflect their impact, giving a restated comparison figure of £21.7m and shown in Table 3 below.

Table 3 – Restated Financial Plan Forecast

	April Financial Plan 2024/25 Variance £000	Restated Financial Plan 2024/25 Variance £000
Total Financial Outlook Gap	(49,887)	(49,887)
<i>Opportunities identified</i>		
Pause & Assess Capacity - Scheduled Care	8,600	8,600
NSD Risk Share	2,400	2,400
Financial Plan submission to Scottish Government	(38,887)	(38,887)
<i>Other proposals</i>		
Pause & Assess Capacity	9,700	9,700
Asset Sales	tbc	tbc
Revised Financial Outlook Gap	(29,187)	(29,187)
Notification of Additional Funding 2024/25		
New Medicines Funding	0	7,500
Restated Financial Outlook Gap	(29,187)	(21,687)

The Quarter 1 forecast output is reporting an estimated financial gap of **£31.8m**, including Workstream savings and the additional New Medicines Funding along with the identification of additional flexibility now confirmed and available to offset the overall deterioration in the operational position.

Table 4 below shows the latest forecast compared to the restated Financial Plan to highlight the overall movement which is approximately £10.2m worse than estimate.

Appendix 3 shows the breakdown of the plan and comparison to the Financial Plan by Directorate.

Table 4 – Quarter 1 Forecast compared to Restated Financial Plan

	Restated Financial Plan Forecast £000	Q1 Forecast Variance £000	Movement from Restated Financial Plan £000
Operational Position	(42,338)	(59,775)	(17,437)
Total Corporate Reserves Flexibility	20,651	27,878	7,227
NHS Lothian Forecast Position	(21,687)	(31,897)	(10,210)

There are a number of areas contributing to the movement from the Financial Plan, including an increase in the Acute forecast outturn position, non-delivery of efficiency savings and some Workstream plans still to be worked through.

The Quarter 1 Performance Review meetings with individual Business Units have begun and are due to conclude October 2024. The focus of the meetings will be to identify and discuss the main areas for challenge in supporting achievement of overall organisational financial targets. Where additional pressures have come to light or there has been deviation from the assumptions made in the Financial Plan, correcting or mitigating actions may be required to bring the position back in line with original plan and ultimately to break-even.

Financial Recovery Plans (FRPs)

For July, at a summary level and against £15.7m of planned Business Unit Financial Recovery Plan savings, £17.1m has been recorded as delivered, representing a small over-achievement against target of £1.4m. Table 3 shows the delivery against Business Unit.

Table 3 – Financial Recovery Plans (FRPs)

	Identified Plans £000	Planned April - July £000	Achieved April - July £000	Shortfall April - July £000	CY Forecast @ M04 £000	CY Projected Shortfall £000
Acute Services Division	23,195	6,245	6,941	697	21,719	(1,477)
Corporate Services	6,137	2,674	2,985	311	6,114	(22)
East Lothian HSCP	4,294	1,287	959	(328)	3,596	(698)
Edinburgh HSCP	4,854	1,130	1,765	635	4,854	0
Midlothian HSCP	3,453	1,031	998	(33)	3,014	(439)
West Lothian HSCP	4,141	1,167	1,656	489	4,054	(87)
Facilities	3,702	792	660	(132)	3,753	51
REAS	3,311	1,104	872	(231)	2,667	(644)
Directorate Of Primary Care	953	318	328	10	953	0
Income/Healthcare Purchases	388	0	0	0	388	0
Grand Total	54,428	15,746	17,164	1,417	51,112	(3,316)

Despite good progress to date, one of the key contributing factors to the projected outturn deviating from plan is the shortfall in projected Financial Recovery Plan savings delivery at year end against plans identified. Based on the latest estimates, a shortfall of **£3.3m** is currently forecast as noted above.

The detailed breakdown of FRP Savings or workstreams' cost reduction initiatives will be reported routinely to the relevant workstream programme group and to the Financial Oversight Board (FOB) for governance and support in relation to those schemes at variance with planned delivery.

Given the expenditure position at month 5, 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.

Next Steps

As reported to Finance & Resource Committee in order to reduce the overspend, bring the projected outturn closer to the required breakeven target, and to clarify the steps to achieving a break-even position for 2024/25, the following actions and issues are key to progress:

- Robust Quarterly Review Meetings to understand movements and identify corrective actions at a business unit level;
- Focus on Workstream plans supporting both the Efficiency and Cost reduction programmes, and report through FOB and FIG and up to CMT;
- Review National 15 Box Grid Opportunities and ensure all opportunities for further efficiency;
- Development of further “hand-brake” options to reduce spend with a short term focus, whilst continuing to build a programme of recurring cost reduction in parallel;
- Further work with finance colleagues nationally relating to other technical accounting opportunities to enhance financial flexibility;
- Confirmation of the level of pay award for this year, and the associated funding therein;
- Full assessment of the cost implications of Agenda for Change pay reform.

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 5 financial position was reported in September 2024.

- Corporate Management Team, 24 September 2024

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the financial position to the end of August 2024 reporting a £15.1m overspend.
- **Awareness** - For Members to note the 2024/25 Quarter 1 Forecast of £31.8m.
- **Assurance** – The Committee is asked to agree and accept that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2024/25, based on assumptions around additional funding.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31st August 2024
- Appendix 2, NHS Lothian Summary by Operational Unit to 31st August 2024
- Appendix 3, NHS Lothian Detailed Quarter 1 Forecast Outturn by Directorate

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st August 2024

Description	Annual Budget £000	YTD Budget £000	YTD Actuals £000	YTD Variance £000
Medical & Dental	364,480	153,103	159,286	(6,183)
Nursing	632,210	266,125	259,066	7,059
Administrative Services	188,489	73,079	72,696	383
Allied Health Professionals	115,900	48,802	47,304	1,498
Health Science Services	54,247	22,972	22,721	251
Management	7,630	3,140	2,820	320
Support Services	98,721	40,517	41,186	(669)
Medical & Dental Support	18,134	7,634	7,300	334
Other Therapeutic	67,788	28,401	26,617	1,783
Personal & Social Care	3,432	1,303	1,041	262
Other Pay	(3,202)	(3,421)	(3,828)	407
Emergency Services	0	0	14	(14)
Vacancy Factor	(2,498)	(947)	0	(947)
Pay	1,545,331	640,709	636,224	4,484
Drugs	140,429	61,855	71,478	(9,623)
Medical Supplies	93,478	42,922	54,472	(11,550)
Maintenance Costs	6,366	2,808	3,706	(899)
Property Costs	57,759	22,666	27,534	(4,868)
Equipment Costs	34,849	12,401	14,332	(1,931)
Transport Costs	8,312	3,793	4,968	(1,175)
Administration Costs	238,425	46,065	49,576	(3,511)
Ancillary Costs	11,786	4,757	7,197	(2,440)
Other	3,283	(9,686)	(12,268)	2,581
Service Agreement Patient Service	40,376	18,594	17,250	1,343
Savings Target Non-pay	8,244	3,921	0	3,921
Resource Transfer/LA Payments	122,576	59,763	59,942	(179)
Non-pay	765,882	269,859	298,187	(28,329)
Premises	0	0	1	(1)
Additional Services	0	0	1	(1)
Gms2 Expenditure	163,033	66,173	66,059	113
NCL Expenditure	813	339	7	332
Other Primary Care Expenditure	87	36	34	3
Pharmaceuticals	166,058	68,269	75,824	(7,555)
Primary Care	329,990	134,817	141,926	(7,109)
Other	(19)	(8)	722	(730)
Income	(371,315)	(173,113)	(179,614)	6,501
Extraordinary Items	0	0	(1,104)	1,104
Operational Position	2,269,869	872,263	896,341	(24,078)
Corporate Reserves Flexibility	8,935	8,935	0	8,935
Total Variance	2,278,804	881,198	896,341	(15,143)

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st August 2024

Month 5 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	(6,167)	75	34	(11)	(73)	337	(477)	186	(38)	0	(49)	0	(6,183)	0	(6,183)
Nursing	1,397	1,521	2,530	292	1,386	185	(15)	(173)	14	(1)	(77)	0	7,059	0	7,059
Administrative Services	791	235	335	(145)	214	(281)	25	(226)	(206)	0	(360)	0	383	0	383
Allied Health Professionals	45	240	484	130	208	339	56	(11)	26	(0)	(18)	0	1,498	0	1,498
Health Science Services	188	0	173	0	6	(25)	(8)	(67)	(5)	0	(11)	0	251	0	251
Management	(92)	30	37	(3)	1	46	4	204	86	0	7	0	320	0	320
Support Services	26	0	79	73	2	(41)	121	179	(1,109)	(0)	0	0	(669)	0	(669)
Medical & Dental Support	(100)	10	12	0	0	361	13	37	0	0	0	0	334	0	334
Other Therapeutic	50	190	364	(26)	242	(49)	230	728	(9)	0	63	0	1,783	0	1,783
Personal & Social Care	17	41	36	0	0	15	(20)	178	0	(0)	(5)	0	262	0	262
Other Pay	(2)	0	11	9	(0)	19	3	42	0	0	323	0	407	0	407
Emergency Services	0	0	0	0	0	0	0	0	(14)	(0)	0	0	(14)	0	(14)
Vacancy Factor	(0)	0	(965)	0	0	18	0	0	0	0	0	0	(947)	0	(947)
Pay	(3,846)	2,342	3,129	321	1,986	923	(68)	1,077	(1,253)	(1)	(127)	0	4,484	0	4,484
Drugs	(7,920)	(217)	(297)	(93)	(56)	(571)	(349)	190	(3)	(308)	0	0	(9,623)	0	(9,623)
Medical Supplies	(9,586)	(312)	(763)	(256)	(255)	16	(37)	(142)	(214)	(0)	(0)	0	(11,550)	0	(11,550)
Maintenance Costs	(322)	(27)	(25)	(11)	(39)	4	(33)	(133)	(313)	0	0	0	(899)	0	(899)
Property Costs	(42)	(6)	(25)	112	(17)	(32)	(10)	(43)	(4,806)	0	0	0	(4,868)	0	(4,868)
Equipment Costs	(1,207)	(311)	(231)	(17)	(137)	93	(55)	(148)	97	(3)	(12)	0	(1,931)	0	(1,931)
Transport Costs	(326)	(226)	(155)	(71)	(11)	4	(117)	42	(282)	8	(1)	(41)	(1,175)	0	(1,175)
Administration Costs	(524)	91	(111)	239	(82)	135	(17)	(1,147)	(308)	(1,602)	(199)	12	(3,511)	0	(3,511)
Ancillary Costs	(277)	(23)	(4)	3	(2)	(7)	(42)	(649)	(1,439)	0	0	0	(2,440)	0	(2,440)
Other	2,577	(1)	(3)	(0)	(1)	(0)	0	(101)	110	0	0	0	2,581	0	2,581
Service Agreement Patient Serv	1,087	(34)	(33)	(1)	(114)	3	671	43	(11)	0	0	(267)	1,343	0	1,343
Savings Target Non-pay	(39)	0	0	0	0	0	0	965	0	2,995	0	0	3,921	0	3,921
Resource Trf + L/a Payments	(36)	(10)	(12)	(92)	3	0	(2)	(0)	(29)	0	0	0	(179)	0	(179)
Non-pay	(16,614)	(1,076)	(1,659)	(188)	(710)	(354)	9	(1,122)	(7,197)	1,091	(212)	(296)	(28,329)	0	(28,329)
Premises	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)
Additional Services	0	0	0	0	0	0	0	0	(1)	0	0	0	(1)	0	(1)
Gms2 Expenditure	(2)	(45)	9	(53)	215	27	(7)	(2)	(28)	0	0	0	113	0	113
Ncl Expenditure	0	0	0	0	0	332	0	0	0	0	0	0	332	0	332
Other Primary Care Expenditure	3	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Pharmaceuticals	0	(947)	(2,996)	(894)	(1,691)	(1,012)	0	0	(14)	0	0	0	(7,555)	0	(7,555)
Primary Care	(0)	(993)	(2,987)	(947)	(1,476)	(653)	(7)	(2)	(43)	0	0	0	(7,109)	0	(7,109)
Other	0	0	(8)	0	0	0	0	0	(411)	0	0	(311)	(730)	0	(730)
Income	2,753	12	(84)	8	10	21	(1)	698	426	(16)	338	2,335	6,501	0	6,501
Extraordinary Items	0	0	0	0	0	0	0	0	0	1,104	0	0	1,104	0	1,104
Operational Position	(17,706)	285	(1,609)	(806)	(190)	(63)	(66)	651	(8,478)	2,177	0	1,728	(24,078)	0	(24,078)
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	8,935	8,935
Total Variance	(17,706)	285	(1,609)	(806)	(190)	(63)	(66)	651	(8,478)	2,177	0	1,728	(24,078)	8,935	(15,143)

Appendix 3 - NHS Lothian Detailed Quarter 1 Forecast 2024/25 Outturn by Directorate

	Restated Financial Plan Forecast £000	Q1 Forecast Variance £000	Movement £000
Acute Services Division	(30,418)	(40,930)	(10,512)
REAS	1,305	(1,115)	(2,420)
Edinburgh Partnership	(368)	(1,540)	(1,172)
East Lothian Partnership	3,010	1,130	(1,881)
Directorate of Primary Care	(384)	(777)	(393)
Midlothian Partnership	258	(1,500)	(1,758)
West Lothian Partnership	1,553	660	(893)
Facilities	(19,827)	(18,917)	910
Corporate Services	2,360	2,067	(293)
Income/Associated Healthcare Purchases	2,997	2,545	(452)
Research & Teaching	0	1	1
Strategic Services	(2,824)	(1,399)	1,426
Operational Position	(42,338)	(59,775)	(17,437)
Total Corporate Reserves Flexibility	20,651	27,878	7,227
NHS Lothian Forecast Position	(21,687)	(31,897)	(10,210)

Meeting: NHS Lothian Board
Meeting date: 10 October 2024
Title: Performance Report
Responsible Executive: Jim Crombie, Deputy Chief Executive
Report Author: Wendy Reid, Head of Performance & Business Unit

1 Purpose

This report is presented for:

Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input checked="" type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input checked="" type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other	<input type="checkbox"/>

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

Improving Population Health	<input checked="" type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

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 – Aug - 2024	On track – Q2 – 24/25
Scheduled Care Inpatients/Day cases	Not Met – Aug - 2024	On track – Q2 – 24/25
8 Key Diagnostic Tests - Endoscopy	Not Met – Aug - 2024	Off plan – Q2 – 24/25
8 Key Diagnostic Tests - Radiology	Not Met – Aug - 2024	Off plan – Q2 – 24/25
31-Day Cancer Performance	Not Met – July - 2024	On track – Q2 – 24/25
62-Day Cancer Performance	Not Met – July - 2024	Off plan – Q2 – 24/25
Accident and Emergency 4 Hour Performance	Not Met – Aug - 2024	Not Met – Aug - 2024
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – July - 2024	N/A
Early Access to Antenatal Services	Met – July - 2024	N/A
Primary Care <i>General Practice Activity Measures</i>	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – Aug - 2024	Met – Aug - 2024
CAMHS Waiting Times Performance	Not Met – Aug - 2024	Not Met – Aug - 2024
Smoking Cessation Performance	Not Met – Q3 – 2023/24	N/A

Princess Alexandra Eye Pavilion (PAEP)

After careful consideration we have made the difficult but necessary decision to temporarily transfer all services currently delivered from PAEP to allow essential repair work to be undertaken. This is necessary to ensure the safety of our staff and patients.

At the time of drafting this report, the plan is to use facilities across NHS Lothian to accommodate PAEP services while the building is unoccupied. Transfer of PAEP services within the constraints of our current estate is complex and will inevitably impact services in other locations. Service teams are currently working through the logistics and knock-on implications of these plans at the moment and as soon as we can confirm locations with patients due to be seen from 28 October, we will communicate this widely and directly with affected patients.

Patient and staff safety are at the forefront of our decision making and this temporary closure is not a decision we have taken lightly. Our teams are working hard to minimise disruption and to ensure patients continue to be seen and treated throughout this period. Once suitable facilities have been identified, we will have a better understanding of any impact on waiting times for Ophthalmology services in NHS Lothian. We have engaged with national teams to ensure NHS Lothian is exploring all viable options within the resources we have available to us.

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 Patient Experience Strategic Plan Annual Report is available from the 17 September 2024 meeting.

2.3.2 Workforce

The most recent workforce report is available from Staff Governance Committee in July 2024. The next report will be available in October 2024.

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/>

2.3.3 Financial

There has been no confirmation of additional 'Winter Funding' nationally for 2024/25 to support flow and unscheduled care; this may impact service performance in late 2024/25.

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 Deputy Chief Executive Office the week of 23 September 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

October 2024/25

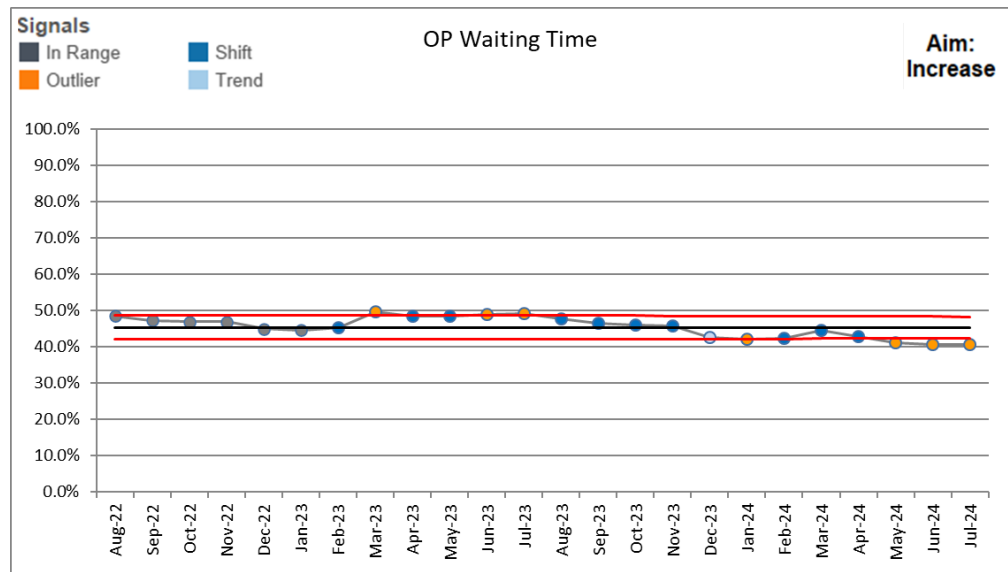
Overview 2024-25 NHS Lothian Board Indicators

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	40.7% (Aug24)	N/A	Limited – national standard	40.5% (Jun-24)	40.9% (Jun-24)	95%
Treatment Time Guarantee (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	61.2% (Aug24)	N/A	Limited – national standard	60.3% (Jun-24)	58.4% (Jun-24)	100%
8 Key Diagnostic Tests - Endoscopy (ADP measure)	5185 – Access to Treatment	<i>Please see individual slide for breakdown.</i>					
8 Key Diagnostic Tests - Radiology (ADP measure)	5185 – Access to Treatment	<i>Please see individual slide for breakdown.</i>					
31 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	94.3% (July 24)	93.6% (Q2 24/25)	Limited – national standard	94.1% (Q1 24/25)	95.5% (Q1 24/25)	95%
62 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	71.1% (July 24)	81% (Q2 24/25)	Limited – national standard	74.70% (Q1 24/25)	73.24% (Q1 24/25)	95%
Accident and Emergency 4 Hour (Local Delivery Plan (LDP) Standard)	5186 – 4 Hours Emergency Access	61% (Aug 24)	65.7% (Aug24)	Limited – national standard	65.8% (July 24)	69.6% (July 24)	95%
Delayed Discharges	3726 – Hospital Bed Occupancy	303 (average)	N/A	Limited	283 of 1,961 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)	-	91.3%	N/A	Significant – national standard	90%	-	80%
Primary Care <i>General Practice Activity Measures</i>	3829 - Sustainability of Model of General Practice	<i>Please see individual slide for breakdown.</i>					
Psychological Therapies Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	82.8% (Aug24)	80.3% (Aug24)	Moderate assurance – trajectory by end 2024/25	83.7% (June 24)	80.4% (June 24)	90%
CAMHS Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	69.6% (Aug24)	76.1% (Aug24)	Limited assurance - trajectory by end 2024/25	64.4% (June 24)	85.1% (June 24)	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:	July/Aug 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)



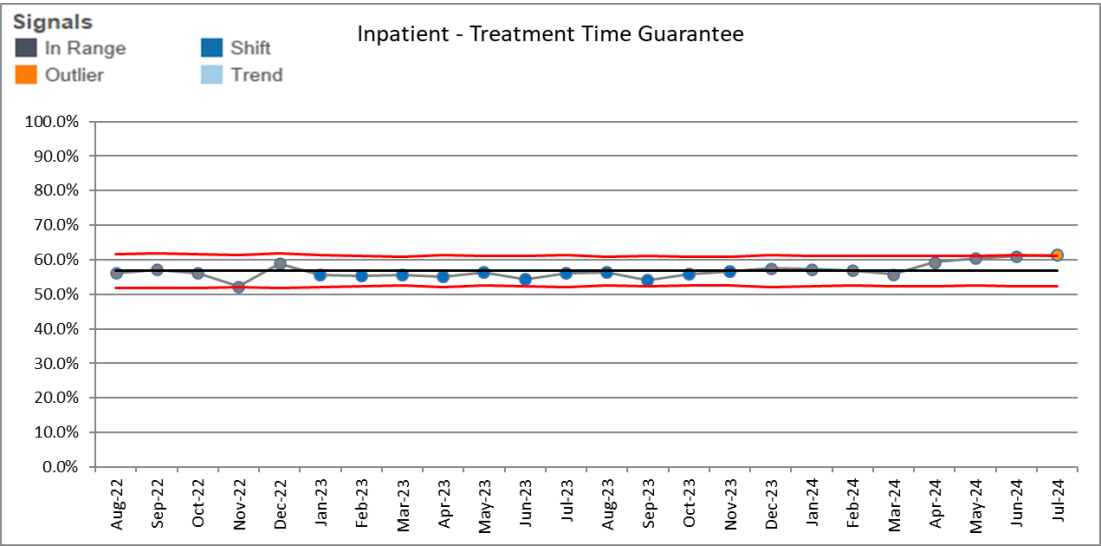
KPI	Latest Performance (Aug-24)	ADP Trajectory (Sept-24)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June-24)
Total List Size	93,943	114,970	132,940	NHSL accounted for 16.4% of Scotland
Waits > 52 weeks	13,149	18,604	39,534	NHSL accounted for 18.9% of Scotland
Waits > 78 weeks	3,105	7,158	16,273	NHSL accounted for 20.1% of Scotland
Waits > 104 weeks	337	1,073	7,152	NHSL accounted for 5.9% 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)	40.7%	N/A	N/A	40.9% (Scotland average)

Summary	Actions	Assurance
<p>Activity: Activity delivered in August was -7.0% below plan (1.5% above in Jul); -0.1% for the year to date.</p> <p>Additions: Additions to the waiting list are -1.8% lower for the year to date than last year but there has been an increase in urgent and suspicion of cancer referrals in certain specialties including Plastic Surgery, Orthopaedics, Neurology, ENT and Gynaecology.</p> <p>Long waits: All long wait areas (over 52, 78 & 104 weeks) are currently delivering better than ADP trajectory. As predicted though, the waiting list is increasing and is currently at 95,285.</p>	<ul style="list-style-type: none"> The activity being delivered through additional Scottish Government funding continues to be closely monitored. The Outpatient Redesign Programme is almost complete and is now focussing on benefits realisation and embedding and increasing the use of the functionality delivered, such as patient focussed booking and patient initiated follow up. The Outpatient Delivery Group continues to drive performance against the agreed KPIs such as reducing DNAs, active triaging and virtual appointments. 	<p>Limited assurance.</p> <p>Monitoring processes are in place through local Delivery Groups and a series of internal reports.</p>

Scheduled Care - Treatment Time Guarantee

Responsible Director(s):	Chief of Acute Services	Reporting Period:	July/Aug 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)



KPI	Latest Performance (Aug-24)	ADP Trajectory (Sept-24)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June-24)
Total List Size	23,862	29,654	30,096	NHSL accounted for 15.9% of Scotland
Waits > 52 weeks	6,665	7,872	8,234	NHSL accounted for 17.7% of Scotland
Waits > 78 weeks	2,366	3,258	3,426	NHSL accounted for 13.7% of Scotland
Waits > 104 weeks	473	662	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)	61.2%	N/A	N/A	58.4% Scotland average

Summary	Actions	Assurance
<p>Activity: Activity delivered in August was –14.4% below plan but is 2.9% above plan for the year to date.</p> <p>Additions: Additions to the waiting list are –13.5% lower for the year to date than last year, and –11.% lower than projected for this year.</p> <p>Long waits: All long wait areas (over 52, 78 & 104 weeks) are currently delivering on the agreed ADP trajectory. The number of patients waiting over 52 weeks and over 78 weeks are challenged in some specialties and this is under close review.</p>	<ul style="list-style-type: none"> • Close review of performance of specialties against individual trajectories. • Discussions are ongoing to maximise utilisation of available capacity at Fife NTC and Golden Jubilee Hospital for both Orthopaedics and Ophthalmology. • Some activity is being delivered with additional funding from Scottish Government and this is being closely monitored. • The Inpatient Daycase Delivery group continues to drive performance against agreed KPIs including theatre utilisation and same day cancellations. 	<p>Limited assurance.</p> <p>Monitoring processes are in place through local Delivery Groups and a series of internal reports.</p>

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	Aug 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 (Aug 2024)	ADP Trajectory (Sept 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 2024)
Total List Size	5562	4851	8808	NHSL accounted for 14.7% of Scotland
Waits > 6 weeks	3794	4193	8374	NHSL accounted for 15.5% of Scotland
Waits > 26 weeks	1652	2420	5435	NHSL accounted for 13.1% of Scotland
Waits > 52 weeks	293	536	2178	NHSL accounted for 7.7% of Scotland
% waits within 6 weeks	31.8%	N/A	N/A	40% (Scotland average)

Summary	Actions	Assurance
<ul style="list-style-type: none"> The total waiting list size is above original projections but those patients waiting over 6, 26 and 52 weeks are currently better than trajectory. Patients referred with a priority of Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients are being prioritised. Urgent Suspicion of Cancer referrals are approximately 60% of all new referrals. 	<ul style="list-style-type: none"> Active clinical referral triage (ACRT) is in place with close review of all referrals Ringfencing of capacity in place for urgent and high-risk surveillance patients. Some additional funding was received from the Scottish Government, and this is being used to deliver additional weekend sessions and options for further waiting list validation are being considered. Daily monitoring in place for review and flex available capacity 	Limited assurance

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	Reporting Period:	August 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 (Aug 2024)	ADP Trajectory (Sep 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 2024)
Total List Size	17,098	14990	19490	NHSL accounted for 17.4% of Scotland
Waits > 6 weeks	10,075	7575	11075	NHSL accounted for 19.1% of Scotland
Waits > 26 weeks	359	1850	5350	NHSL accounted for 7.1% of Scotland
Waits > 52 weeks	0	0	0	NHSL accounted for 30.7% of Scotland (90 of 362)
% waits within 6 weeks	59%	N/A	N/A	56.1% Scotland average

Summary	Actions	Assurance
<p>Areas of note</p> <ul style="list-style-type: none"> CT – 15 cases over 26 weeks MRI – 310 cases over 26 weeks General US – 34 cases over 26 weeks <p>Ultrasound WL growth has slowed, in part due to limited additional capacity provided by locum Sonographers.</p> <p>Patients identified at >26-week wait are a direct consequence of prolonged reduced activity from January 2024 onwards.</p> <p>Patient booking for routine appts continues to be targeted at longest waits as per clinical prioritisation.</p>	<p>CT position maintained with access to GJNH used for general CT and to maintain specialist CT such as Cardiac CT (Note: GJNH capacity variable and is allocated dynamically to boards with longest waits). Maintaining this provision should see a return to trajectory at the end of Q3 2024/25.</p> <p>MRI position supported by continued use of NHS FV National Treatment Centre, GJNH and Mobile MRI (Midlothian Community Hospital) - circa 500 scans per month until at least March 2025. Maintaining this provision should see a return to trajectory at the end of Q3 2024/25.</p> <p>Sonography position supported by:</p> <ul style="list-style-type: none"> Scottish Government funding for two locum staff provided capacity from w/c 8th July (two full days p/w each – provided additional 280 scans in July and 400-500 in August (awaiting data verification). This will continue through October or until funding allocation is used. Ongoing recruitment to increase Sonographer workforce, including recently approved backfill of 1 WTE sonographer to allow RWW implementation without loss of capacity. 	<ul style="list-style-type: none"> Level of assurance against delivery – limited. Total list size just over trajectory (<1%) and is an improved position against Q1. Return to trajectories is expected by the end of Q3 if all actions continue to be supported. Monitoring/mechanism in place to proactively review on a weekly basis.

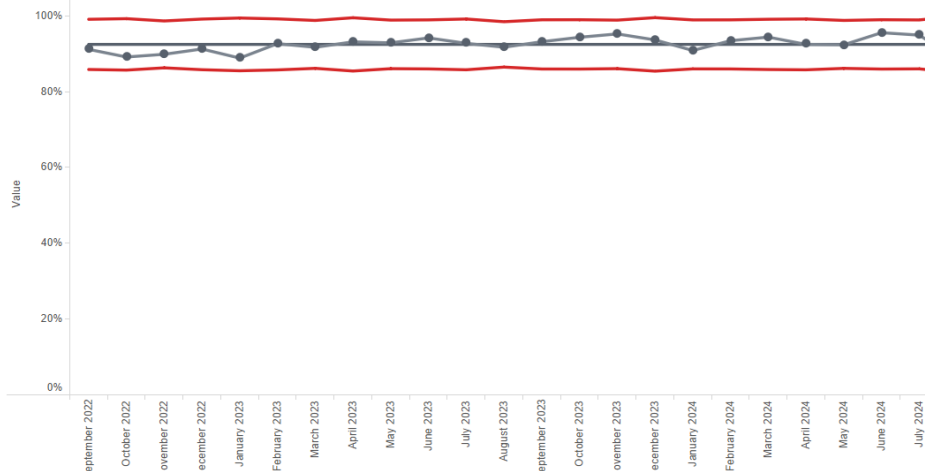
Scheduled Care – 31-Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	July 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 (July 2024)	ADP Trajectory (Q2 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q1 2024/25)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.3%	93.6%	93.4%	95.5% 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
<p>In July 2024 NHS Lothian treated 403 patients on 31-day pathways, of which 380 made their treatment target date. Of the 23 breaches there were:</p> <ul style="list-style-type: none"> - 14 Urology - 5 Colorectal - 3 Lung - 1 Breast <p>Areas of note and drivers for this:</p> <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> • NHSL Urology service is linking with NHS GG&C around having their Surgeons come to Lothian to treat patients here. • Optimisation workstreams in place for Breast and Colorectal to reduce waits to surgery. 	<ul style="list-style-type: none"> • Level of assurance against delivery by end March 2025: Limited • Target met twice in last 12 months. Current backlog of 71 confirmed breaches. Will require minimal breaches in other tumour sites to meet 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.

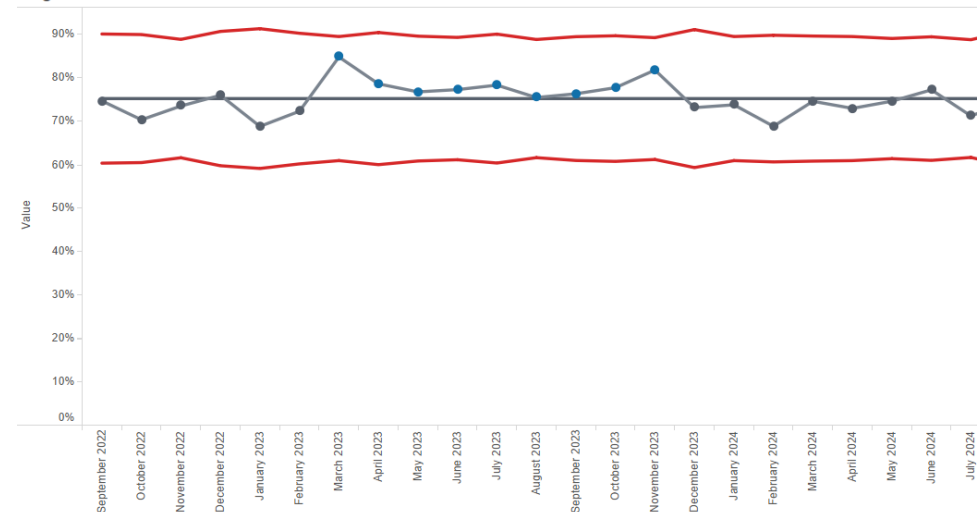


Scheduled Care – 62-Day Cancer Waiting Times

Responsible Director(s):	Chief of Acute Services	Reporting Period:	July 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)

Cancer 62 Day
Target: 95% - Aim: Increase



KPI	Latest Performance (July 2024)	ADP Trajectory (Q2 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (Q1 2024/25)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	71.1%	81.0%	79.3%	73.2% 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
<p>In July 2024 NHS Lothian treated 263 patients on 62-day pathways, of which 187 made their treatment target date. Of the 76 breaches there were 50 Urology, 16 Colorectal, 3 Upper GI, 2 Lymphoma, 2 Lung, 1 Cervical, 1 Breast, and 1 Ovarian.</p> <p>Areas of note and drivers for this:</p> <ul style="list-style-type: none"> Urology Prostate diagnostic pathway currently has long waits at most pathway stages (Biopsy, OPD clinics, MRI, Oncology clinic). Endoscopy backlogs impacting Colorectal diagnostic pathway. 	<ul style="list-style-type: none"> Increased internal Nursing 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. Additional MRI Prostate lists running on weekends (funded by Scottish Government until October 2024). 	<ul style="list-style-type: none"> Level of assurance against delivery by end March 2025: Limited Consistently not meeting 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.

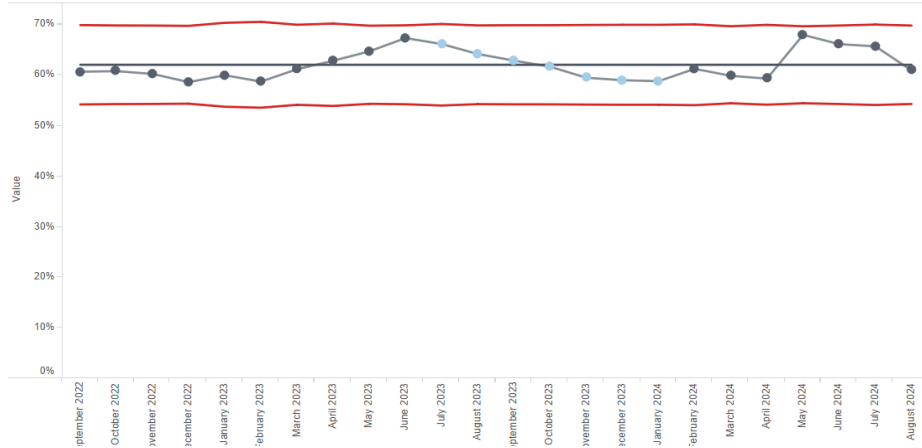
Unscheduled Care – 4-hour A&E Performance

Responsible Director(s):	Chief of Acute Services, Unscheduled Care Programme Director, HSCP Chiefs	Reporting Period:	July-August 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)

Signals ■ In Range ■ Trend

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



KPI	Latest Performance (August-2024)	Trajectory (August-2024)	Trajectory Forecast (October-2024)	National Benchmarking (July-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)	61%	65.7%	71%	69.6% (11 of 14 Boards)
RHCYP	92.4%	93.5%	94%	N/A
RIE	47.7%	56.2%	65%	
SJH	60%	65%	65%	
WGH	64.2%	64%	65%	

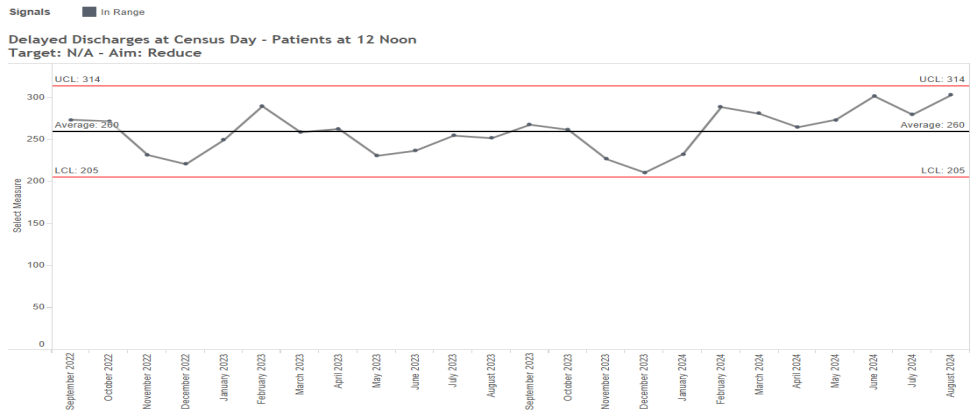
Summary	Actions	Assurance
<p>Performance</p> <ul style="list-style-type: none"> The average 4-hr EAS performance for the period is 61%. Non-admitted flow performance consistently exceeds 70%—peaking at 79% on some days. Admitted flow continues to show only minor improvement, indicating ongoing difficulties in managing inpatient flow. <p>Areas of note and drivers for performance</p> <ul style="list-style-type: none"> Performance remained challenging over the reporting period due to increased bed occupancy and presentations at the sites. Work is ongoing to evaluate the RIE test of change that focused on non-admitted performance and develop sustainable delivery of the improved performance seen in the last reporting period. 	<ul style="list-style-type: none"> The RIE EAS Programme Board continues to oversee performance improvement programs through the 4 Workstreams - Discharge Forum, Emergency Department, Safe Effective Patient Flow and Pathways All Discharge related initiatives are now managed by the Discharge Forum and contribute towards improving patient flow throughout the hospital Initiatives aimed at reducing admissions, such as the Rapid Assessment Care Unit (RACU) and Hospital at Home, are performing well. Direct GP referrals to these services are increasing Following a recent workshop to realign priorities for unscheduled care, a revised governance and project programme has been developed. The first meeting of the newly established Interface Care Programme Board is scheduled for September 2024. The Board will provide collective leadership to optimise and embed Lothian's Interface Care Service. To assist the navigation of patient flow through NHS Lothian and the four Health and Social Care Partnership, a new Navigation Programme Board has been established. The board will lead on strengthening a sustainable Flow Navigation Centre/ Single Point of Contact delivery model. The first meeting was held in early September 2024. 	<ul style="list-style-type: none"> Over the past year, RACU at Western General Hospital managed 19,783 patients, diverting them from the Emergency Department. The number of Outpatient Parenteral Antimicrobial Therapy (OPAT) and Respiratory patients managed via alternative pathways remains consistently high. Hospital at Home services saved 3,408 bed days in July, compared to 3,107 in the first quarter of 2024 and 2,723 in July 2023. At Western General Hospital (WGH), the discharge rate has increased, and bed occupancy due to delayed patients has decreased. St. John's Hospital (SJH) has reported a positive impact on average LoS through working on DWD reflecting sustained improvement. <p>Assurance: The current work underway and correlating data indicates the improving trend towards achieving the Corporate Objective for 24/25 to achieve 85% non-admitted EAS Performance.</p> <p>Limited Assurance: The ability to deliver the mitigation plan to the full extent required to effect the necessary change remains a challenge. Ongoing difficulties in managing flow is a contributing factor.</p>



Unscheduled Care – Delayed Discharges

Responsible Director(s):	Unscheduled Care Programme Director, HSCP Chiefs, Chief of Acute Service	Reporting Period:	July-August 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):



KPI	Latest Performance (Aug-2024)	Trajectory (2024/25)	National Benchmarking (July-2024)
Total Delayed Discharge (Lothian)	303 – August 2024	N/A	283 of 1,961 delays in Scotland (14.4%)
Delays at monthly census point per 100,000 18+ East Lothian HSCP	29.0 – August 2024	34.6 total delays per 100,000 adults	-
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	42.2 – August 2024		-
Delays at monthly census point per 100,000 18+ Midlothian HSCP	32.6 – August 2024		-
Delays at monthly census point per 100,000 18+ West Lothian HSCP	39.0 – August 2024		-

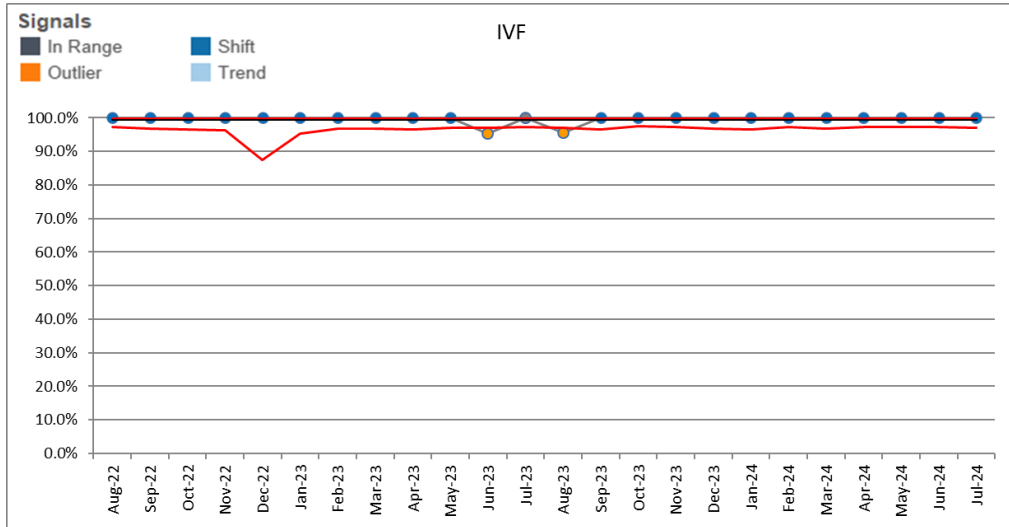
Summary	Actions
<p>Edinburgh Health and Social Care Partnership (EHSCP): Key Challenges: internal care home capacity; move to NCH rate; closure of community beds; short term reduction in social work capacity due to organisation change; financial pressures.</p> <p>West Lothian HSCP: Key Challenges: Increase in delayed discharges due to lack of care home places, especially for dementia care.</p> <p>East Lothian HSCP: Key Challenges: Deteriorated discharge position, local care home restrictions, closure of inpatient beds and care homes.</p> <p>Midlothian HSCP: Key Challenges: Delays due to lack of care home beds, increasing population.</p>	<p>Edinburgh Health and Social Care Partnership (EHSCP): Mitigating Actions: Move to right sized inhouse reablement function; enhancement of care home brokerage, include care hub platform; expansion of early supported discharge and Hospital at Home to mitigate against ward closures; Discharge without Delay; Package of Care (POC) reviews.</p> <p>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. Developing enhanced intermediate care provision to extend supports for people to remain at home for longer.</p> <p>East Lothian: Mitigating Actions: Continuous monitoring of bed occupancy and discharge figures, expanded In-Reach team at Royal Infirmary of Edinburgh adding in flow team. East Lothian Care at Home Huddle continues and has allowed greater capacity. In the last week we have extended the in-reach focus to WGH, as noted that if in reach and flow can identify early and case-manage we can reduce LOS. Monitoring ourselves against CRAG data - Low risk.</p> <p>Midlothian HSCP: Mitigating Actions: whilst Midlothian HSCP have demonstrated a sustained reduction in delays numbers over the last month moving from moderate action to low in performance at CRAG we continue to experience issue with lack of available Care Home beds and an increasing population. A Delays Improvement Plan is in place to mitigate for this. our review of Home first services is ongoing as one of our transformational project plans.</p>

Assurance
<p>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.</p> <p>Limited assurance can be given however in relation to;</p> <ul style="list-style-type: none"> 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:	July 2024
Data Source:	PHS and Internal Management	Linked Corporate Risk(s):	N/A

IVF Waiting Times Performance (Local Delivery Plan (LDP) Standard):



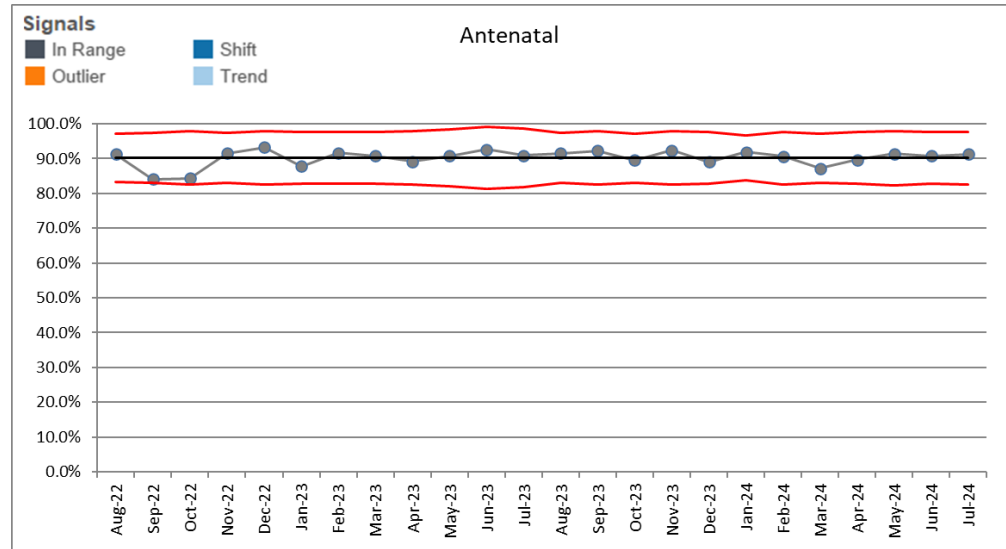
KPI	Latest Performance (July – 2024)	National Standard/Target	National Benchmarking (Q1 2024/25)
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	90%	100% Scotland average

Summary	Actions	Assurance
<p>Summary: 100% performance vs national average of 100%, and target of 90%.</p> <p>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. No patient has breached the 12-month target since August 2023.</p>	<p>Monitoring is ongoing via monthly reporting; however, no current actions are in place or outstanding.</p>	<p>Significant</p> <p>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.</p>

Fertility & Pregnancy– Antenatal Access

Responsible Director(s):	Chief of Acute Services	Reporting Period:	July 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 July 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: 86.05% SIMD 2: 96.00% SIMD 3: 91.47% SIMD 4: 94.34% SIMD 5: 92.05% Overall 91.3% in July-24*	SIMD 1: 86.5% SIMD 5: 94.9%

Summary	Actions	Assurance
<p>Summary: 91% performance vs target of ≥ 80%.</p> <p>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.</p>	<p>Ongoing monitoring of booking is in place and any unexpected changes are discussed by the Service Management team.</p> <p>No current actions are outstanding.</p>	<p>Significant</p> <p>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.</p>

Primary Care

Responsible Director(s):	Director Primary Care	Reporting Period:	August 2024
Data Source:	DataLoch & Adastr	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 19 August 2024, there were an estimated 100,169 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 19 August 2024 LUCS managed 2,173 patient consultations. This is below the weekly mean of 2,520, although within normal variation, and is in line with seasonal fluctuations in demand.
Closed practice lists	4 practices (out of 116) have closed lists to new patients. The maximum number of closed lists has been 8 within the last 12 months.

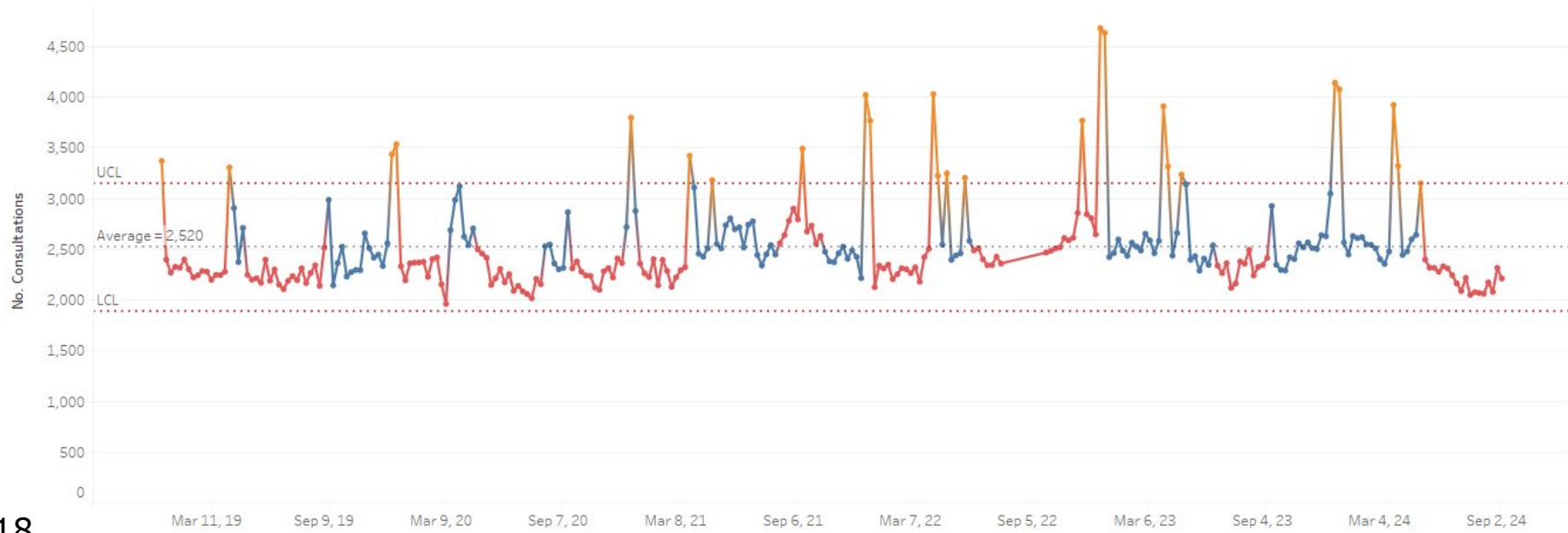
Summary	Notes
<p>Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) direct patient activity (all clinical staff) across Lothian based upon a sample of 66 practices where data reporting is robust.</p> <p>Chart B provides the Lothian GP Out-of-Hours (LUCS) activity.</p> <p>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.</p> <p>Activity levels are largely stable and within normal variation.</p>	<p>Direct encounters are defined as a direct contact with a patient by any member of the general practice clinical multi-disciplinary team: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. Records entered by admin staff are excluded. 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.</p>

Primary Care (2)

Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) weekly direct patient activity (all clinical staff) across Lothian



Chart B provides the Lothian GP Out-of-Hours (LUCS) weekly service activity

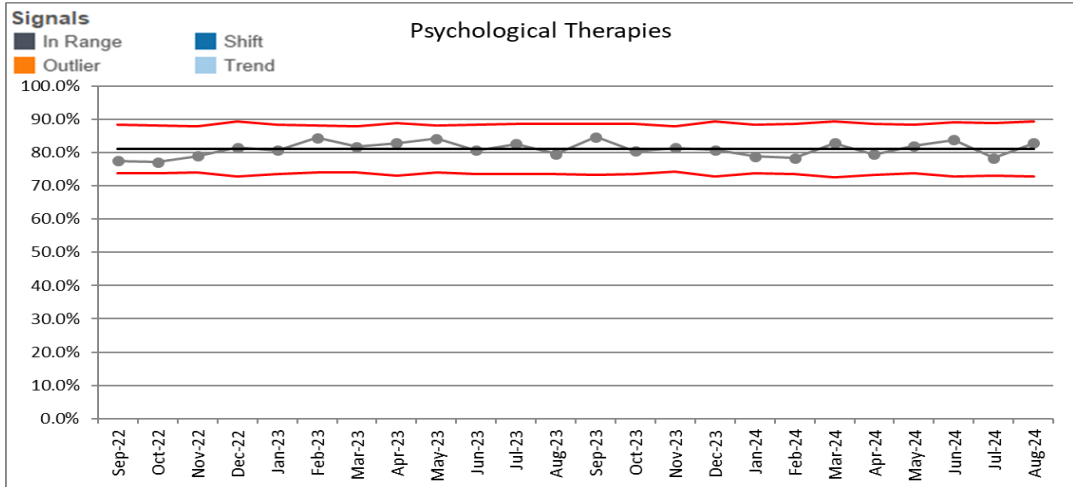


NOTES:
 There was an outage of the clinical management system (Adastra) over August to September 2022. Data for that period is not available in this format.

Mental Health– Psychological Therapies

Responsible Director(s):	REAS Services Director	Reporting Period:	July-August 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)



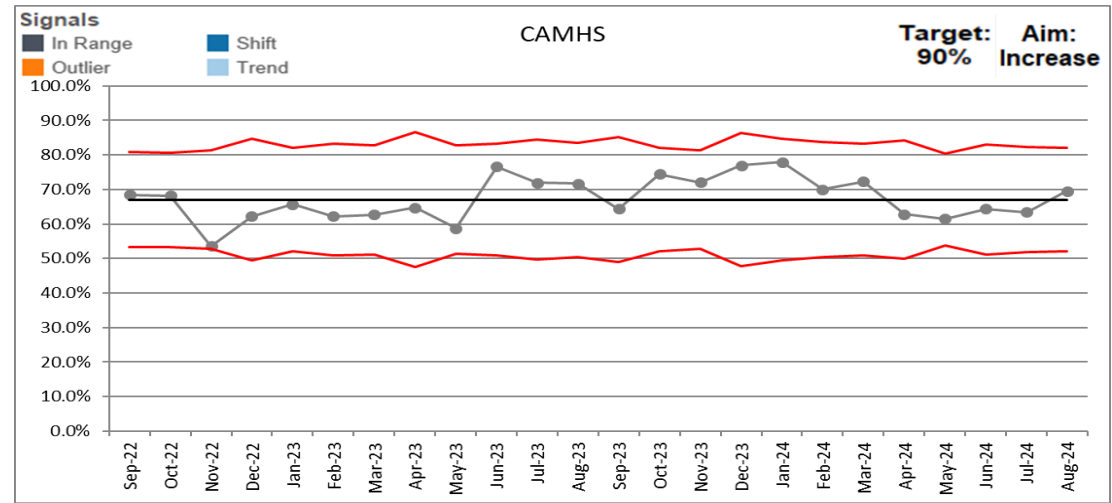
KPI	Latest Performance (Aug 24)	Trajectory (Aug 24)	Trajectory Forecast (end March 2025)	National Benchmarking (June 2024)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	82.8%	80.3%	82%	80.4% Scotland average
Total Waits	4143	2408	2364	NHSL accounted for 15.6% of Scotland
Waits > 52 weeks	90	62	32	Lothian accounted for 5% of Scotland

Summary	Actions	Assurance
<p>Across Lothian, the percentage of patients commencing treatment within 18 weeks has fluctuated this quarter due to staff leave over the summer. However, it remains at 82.8%, compared to 81.9% in the previous quarter (May 24). This overall increase in the LDP standard, alongside a slight rise in the longest waiting times, reflects the current workforce configuration. In the largest AMH teams, individuals requiring less complex interventions are being seen close to the 18-week mark, while those needing a clinician with higher expertise are experiencing longer waits.</p> <p>Performance remains above the national average.</p> <p>We anticipate a reduced workforce to ensure financial balance within the fiscal year. Consequently, some current vacancies have not been filled, and we expect further capacity reductions in the coming months. This will impact performance against the standard.</p>	<p>There is a requirement to reorganise staffing to fit within the current financial envelope.</p> <p>Plans in place to ensure accuracy of reporting for services where there has been identified errors.</p> <p>Ongoing individual job planning and case management will provide assurance around the use of capacity available. New monthly case reports will improve these discussions with individual staff.</p>	<p>We anticipate that we will not meet the LDP standard within the next five years due to current capacity and projected financial impact.</p> <p>The national target is for 90% of patients to start treatment within 18 weeks; however, our average remains around 80%.</p> <p>The Psychology SMT conducts ongoing monthly reviews of performance across all services to identify areas needing additional support or facing challenges, and to understand their impact on the broader Lothian picture.</p> <p>Currently moderate assurance that current plans in place to continue to improve waiting times but more slowly than originally predicted.</p>

Mental Health – CAMHS

Responsible Director(s):	REAS Services Director	Reporting Period:	July-August 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 (Aug 24)	Trajectory (Aug 24)	Trajectory Forecast (end March 2025)	National Benchmarking (at June 2024)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	69.6%	76.1%	77.9%	85.1% Scotland average
Total Waits	1694	1380	1591	Lothian accounted for 37% of Scotland
Waits > 52 weeks	19	68	61	Lothian accounted for 22% of Scotland

Summary

Across all CAMHS Lothian, the overall performance for the LDP standard is at 63% (end July position); This is a static positions from April 2024 there continues to be a focus on allocating longest waiting patients. Overall, there were a total of 1,749 patients waiting at end July – this is a decrease from June with 1,856 patients waiting. At the end of July, there were 1,116 (63.80%) patients waiting <18 weeks – a decrease from 1,251(67.40%) patients waiting <18 weeks in June.

At end of July, 633 patients were waiting >18 weeks, with 26 patients waiting > 52 weeks. This is a slight increase compared to June with 605 patients waiting > 18 weeks and 25 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 26 at the end of July 2024, a decrease from 28 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.

Actions

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.

Ongoing monitoring and review of financial position.

Assurance

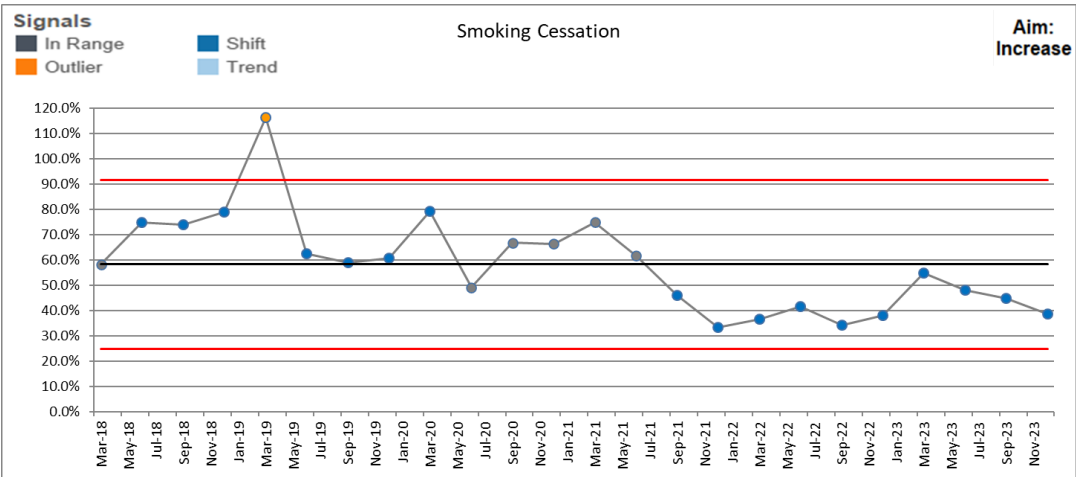
It is currently anticipated that the target will not be met, driven by staffing levels which have been impacted by reduced funding. This will affect service wait times performance.

The current assurance level for CAMHS is **limited assurance**.

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)



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
<p>QYW performance targets are modelled 50:50 between Specialist community/acute quits and Community Pharmacy quits.</p> <p>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.</p> <p>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.</p>	<p>Pharmacy Assist Team is providing training sessions for community pharmacy staff -- need to increase uptake.</p> <p>Preparing for reintroduction – most likely some time in 2025 – of Varenicline as a stop smoking prescription drug. This treatment (known as Champix) was withdrawn in 2021 but safety concerns have been allayed and a generic drug will soon be available.</p> <p>Additional support for Edinburgh QYW team to improve performance.</p> <p>2024-25 mid-year performance review underway.</p>	<ul style="list-style-type: none"> 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.

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)
- SMT (Senior Management 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)

Meeting: NHS Lothian Board
Meeting date: 10 October 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	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Discussion	<input checked="" type="checkbox"/>	Awareness	<input type="checkbox"/>

This report relates to:

Annual Delivery Plan	<input type="checkbox"/>	Local policy	<input type="checkbox"/>
Emerging issue	<input type="checkbox"/>	NHS / IJB Strategy or Direction	<input type="checkbox"/>
Government policy or directive	<input type="checkbox"/>	Performance / service delivery	<input type="checkbox"/>
Legal requirement	<input type="checkbox"/>	Other – corporate risk	<input checked="" type="checkbox"/>

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

Improving Population Health	<input type="checkbox"/>	Scheduled Care	<input checked="" type="checkbox"/>
Children & Young People	<input checked="" type="checkbox"/>	Finance (revenue or capital)	<input checked="" type="checkbox"/>
Mental Health, Illness & Wellbeing	<input checked="" type="checkbox"/>	Workforce (supply or wellbeing)	<input checked="" type="checkbox"/>
Primary Care	<input checked="" type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Unscheduled Care	<input checked="" type="checkbox"/>	Environmental Sustainability	<input type="checkbox"/>

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

Safe	<input checked="" type="checkbox"/>	Effective	<input type="checkbox"/>
Person-Centred	<input type="checkbox"/>		

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 review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Board members are asked to:

- 2.1.1 Review the July/August 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in Appendix 1. Note that the relevant linked corporate objective has been added to the table.
- 2.1.2 Note that an internal audit of the corporate risk register process has been carried out and the final report is awaited. Any recommendations for changes will be considered by the CMT meeting in the first instance and brought to a future Board meeting where required.
- 2.1.3 Note that CMT members have agreed to the development a standard methodology to set target risk gradings for all corporate risks.
- 2.1.4 Agree a minor revision to the descriptor for **risk 1076 – Healthcare associated infection (HAI)** as described in this paper.
- 2.1.5 Approve the removal of **risk 3829 - Sustainability of Model of General Practice** from the CRR as detailed in 2.3.4 below.

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 Any new or materially worsening risks will be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.2.5 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.

2.3 Assessment

- 2.3.1 Following discussion as part of the internal audit of the corporate risk register process, several recommendations are likely to be made, including setting of target risk gradings. This is recognised as good practice and recommended by internal audit as part of risk management but has not been applied to all risks on the corporate risk register. CMT members have agreed to develop a standard methodology to set target risk gradings for all corporate risks. It is important that a consistent approach is taken, recognising that full mitigation of corporate risks will rarely be within control of NHS Lothian and therefore target risk gradings need to be agreed within the overall risk appetite of the Board.
- 2.3.2 Links to the corporate objectives which were agreed by the Board in April 2024 have now been updated for each risk and noted in the risk assurance table (appendix 1). However, there are four exceptions, which do not relate to an individual objective, but underpin the quality and safety of delivery of services throughout NHS Lothian.
- 2.3.3 Board members are asked to note a minor revision to the descriptor for **risk 1076 – Healthcare associated infection (HAI)** as set out below, which now identifies the causes of the risk more clearly. Further work is being undertaken to develop and strengthen the risk mitigation plan with a focus on embedding governance and assurance lines across the organisation. An internal audit on HAI governance and assurance is about to commence and will support this effort.

Revised description

There is a risk of patients developing a preventable infection while receiving healthcare as a result of:

- sub-optimal clinical practice
- exposure to healthcare environmental hazards
- patient to patient or staff to patient transmission
- due to inadequate or inconsistent implementation and monitoring of HAI prevention and control measures, leading to potential harm and poor experience for both staff and patients

2.3.4 Board members are asked to approve the removal of **risk 3829 - Sustainability of Model of General Practice** from the CRR, following CMT agreement to regrade the risk from high (12) to medium (9), based on an assessment of a number of objective measures that have indicated the risk level across the whole of Lothian has reduced. Furthermore, it was agreed that the risk is de-escalated but will remain on each of the HSCP and corporate primary care directorate risk registers. Although some challenges remain, particularly around funding to fully deliver Primary care improvement plans and increased costs for practices for facilities management services, there are mitigations in place, and as part of the dynamic risk assessment process the risk will be regularly reviewed and can be escalated back to the CRR as required. Healthcare Governance Committee also considered a detailed paper at their meeting on 24 September 2024 and supported this recommendation.

2.3.5 Summary of risk profile

An overview of changes to the CRR over the last 2 calendar years is provided in Table 1 below.

Table 1

Risk Title	Board Meetings 2022-2024												
	Jun-22	Aug-22	Oct-22	Dec-22	Feb-23	Apr-23	Jun-23	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24
3600 - Finance	20	20	25	25	25	25	25	25	25	25	25	25	25
5186 - 4 Hours Emergency Access Target	20	16	20	20	20	25	25	25	25	25	25	25	25
3726 - Hospital Bed Occupancy	20	15	20	20	20	25	25	25	25	25	25	25	25
5185 - Access to Treatment	20	20	20	20	20	25	25	25	25	25	25	25	25
5510 - REH Bed Occupancy					25	25	25	25	25	25	25	25	25
5784 - Low Secure Accommodation												20	15
5785 - High Secure Female Accommodation												12	12
5388 - HSDU Capacity		20	20	20	20	20	20	20	20	20	20	20	20
3828 - Nursing Workforce	20	20	20	20	20	20	20	20	20	20	20	20	12
5737 - Royal Infirmary of Edinburgh Fire Safety										20	20	25	25
1076 - Healthcare Acquired Infection	16	16	16	16	16	16	16	16	16	16	16	16	16
5189 - RIE Facilities	15	15	15	15	15	15	15	15	15	15	15	15	15
3455 - Violence & Aggression	15	15	15	15	15	15	15	15	15	15	15	15	15
3328 - Roadways/Traffic Management	12	12	12	12	12	12	12	12	12	12	12	12	12
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	12	12	12	12	12
5322 - Cyber Security	12	12	12	12	12	12	12	12	12	12	12	12	12
3829 - Sustainability of General Practice	12	12	12	12	12	12	12	12	12	12	12	12	12

2.3.6 Quality/ Patient Care

The CRR includes risks to quality and patient care and risk mitigation plans will positively impact on quality of care.

2.3.7 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.

2.3.8 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.

2.3.9 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.

2.3.10 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.

2.3.11 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.

2.3.12 Route to the Meeting

In line with agreed process, discussions are held with executive leads to provide updates on risks which are then considered by the CMT who make recommendations to the Board. Following Board review, the updated CRR is shared with Audit and Risk and Healthcare Governance Committees to provide context for discussions at their meetings.

- Corporate management team 24 September 2024
- Audit & risk committee 18 November 2024
- Healthcare governance committee 19 November 2024

2.4 Recommendation

Decision – Board members are asked to:

- Approve removal of **risk 3829 - Sustainability of Model of General Practice** from the CRR
- Agree a minor revision to the descriptor for **risk 1076 – Healthcare associated infection (HAI)**

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	<p>Finance</p> <p>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.</p> <p>Executive Lead: Craig Marriott</p> <p>Corporate objective: Revenue</p>	<p><u>Finance & Resources Committee</u></p> <p>November 2020</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p>March 2021</p> <ul style="list-style-type: none"> ▪ Accepted following levels of assurance: <ul style="list-style-type: none"> ○ Significant: NHS Lothian ability to deliver a breakeven position in 2020/21. ○ Limited: delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22. <p>January 2022</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p>August 2022</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p>March 2023</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p>March 2024</p> <ul style="list-style-type: none"> ▪ Limited assurance accepted. <p><i>Next to be presented March 2025</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> • 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	
		<p>July/August 2024</p> <ul style="list-style-type: none"> • Concluded quarter 1 forecast and anticipate a further deterioration of £10m with the outcome expected of £32 m deficit • Discussions taking place with Financial Improvement Group (FIG), Financial oversight board (FOB), CMT to identify handbrake turns to improve financial position • Ongoing discussions with Scot gov on the tension between financial and service performance • DoFs are working with Scot Gov to review other national mitigation actions • Information still awaited re pay awards and implications for further funding pressures 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 25	Very High 25
5186	<p>4 Hours Emergency Access Target</p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Unscheduled care</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.</p> <p>November 2020</p> <ul style="list-style-type: none"> • Accepted following levels of assurance: <ul style="list-style-type: none"> ○ Moderate: Winter plan which includes 4-hour performance in RIE ED. ○ Significant: 4-Hr Emergency Access Target to March 2021. <p>May 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>November 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>July 2024</p> <ul style="list-style-type: none"> • Limited assurance accepted <p><i>Next to be presented November 2024</i></p> <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <p>June 2021</p> <ul style="list-style-type: none"> • Board downgraded risk from very high to high. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<p>December 2021</p> <ul style="list-style-type: none"> • Board upgraded risk from high to very high. • No specific levels of assurance proposed or agreed. <p>September 2022</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>May 2023</p> <ul style="list-style-type: none"> • Limited assurance <p>November 2023</p> <ul style="list-style-type: none"> • Limited assurance: <p><i>Next to be presented November 2024</i></p> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> • 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. <p>July/August 2024</p> <ul style="list-style-type: none"> ▪ There have been notable improvements in admitted flow when comparing 2023/24 winter to the previous year. This is evidenced when comparing sites nationally and ranking them in terms of admitted flow performance. The target for non-admitted 4-hour performance in 2024/25 is 85%; latest performance is circa 76% for NHS Lothian.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> ▪ The Emergency Access Standard (EAS) project board continues to oversee implementation of the recommendations made in the external review report commissioned. 25 of the 29 recommendations made by the RIE external review report have now been implemented; the remaining are in progress. Progress has been reported at HCG in July 2024. ▪ There has been an improved performance for long waits within the emergency departments, however these remain high (including nationally). ▪ The average 4-hour performance for NHS Lothian (all patients) is 66.1% in June 2024. Over the last circa 6 weeks the 4-hr performance at the RIE has been around 55%. ▪ Recent feedback from Centre for Sustainable Delivery (CfSD) on NHS Lothian’s USC LSDF plans has been encouraging – it was acknowledged that the plan includes almost all of the recommendations made by the national team. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 25	Very High 25
3726	<p>Hospital Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian’s capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Unscheduled care</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.</p> <p>September 2020</p> <ul style="list-style-type: none"> • Moderate assurance <p>November 2020</p> <ul style="list-style-type: none"> • Accepted following levels of assurance: <ul style="list-style-type: none"> ○ Moderate: Winter plan, which includes timely discharge. ○ Significant: Delayed Discharges to March 2021. <p>September 2022</p> <ul style="list-style-type: none"> • Moderate assurance, except for EHSCP which was limited. <p>May 2023</p> <ul style="list-style-type: none"> • Limited assurance <p>November 2023</p> <ul style="list-style-type: none"> • Limited assurance: <p>July 2024</p> <ul style="list-style-type: none"> • Limited assurance accepted 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<p><i>Next to be presented November 2024</i></p> <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <p>June 2021</p> <ul style="list-style-type: none"> • Board agreed to downgrade risk from very high to high. <p>April 2022</p> <ul style="list-style-type: none"> • Board re-framed risk (previously timely discharge) with grading very high (20). <p>September 2022</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>May 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p><i>Next to be presented November 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> ▪ 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>July/August 2024</p> <ul style="list-style-type: none"> ▪ Bed occupancy rates continue to exceed 85% in all sites in April 2024. ▪ Average number of delayed discharges across NHS Lothian sites in June was 306. A new 'target rate' of delays has been assigned to each HSCP to achieve by October 2024. This is being closely monitored and supported in a whole system approach. ▪ Recent feedback from CfSD on NHS Lothian 's USC LSDF plans has been encouraging – it was acknowledged that the plan includes almost all of the recommendations made by the national team. ▪ The three adult acute sites are commencing Length of Stay improvement programmes with the aim of reducing downstream bed occupancy levels to improve flow. ▪ Work undertaken as part of Early Supported Discharge services has had initial significant impact on hospital bed occupancy at the RIE. ▪ Edinburgh City HSCP has consistently decreased OBD occurrences within RIE throughout 2022/23 and 2023/24 through implementation of "Home First/Discharge Without Delay". The new RIE ED frailty team has notably contributed to this positive outcome. ▪ Daily bed occupancy reports are now shared with HSCP partners detailing each HSCP usage of their "commissioned bed base". 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 25	Very High 25
3829	<p>Sustainability of Model of General Practice</p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient</p>	<p><u>Healthcare Governance Committee</u></p> <p>July 2020</p> <ul style="list-style-type: none"> • 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. <p>May 2022</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>September 2022</p> <ul style="list-style-type: none"> • Moderate assurance except EHSCP which was limited. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p> <p>Corporate objective: Primary Care</p>	<p>May 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>September 2023</p> <ul style="list-style-type: none"> Moderate assurance accepted, except for Edinburgh which was limited. <p>September 2024</p> <ul style="list-style-type: none"> moderate assurance accepted for 4 HSCP annual reports and LUCS annual report. <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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 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. <p>July/August 2024</p> <ul style="list-style-type: none"> Challenges with FM cost recovery plan continue; however, processes are clearer and communication with practices has improved. Cost pressure on practices remain, but to date no practices have indicated this is leading to them being required to return their GMS contract. Good applications for new contracts in recent months and improving workforce supply picture. Further 2c (directly managed) practices to be advertised over 24/25. New premises will open in Maybury in early 2025, and in Liberton in 2026 which is significant progress in the current capital constrained environment. PCIP trackers have been submitted, and PCIP demonstrator site project which is SG funded has begun in SE Edinburgh. However, PCIP is under-resourced to deliver on full aims of 2018 contract. Recommendation to remove this risk from the CRR on basis of current status and to de-escalate to the corporate Primary Care directorate risk register and the four HSCP risk registers with a grading of to medium 9 (likelihood possible, impact moderate)

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 12	High 12
5185	<p>Access to Treatment</p> <p>There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients.</p> <p>New risk created from previous risks 3211 & 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Scheduled care</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care.</p> <p>November 2020</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>December 2020</p> <ul style="list-style-type: none"> The Board accepted limited assurance. <p>January 2021</p> <ul style="list-style-type: none"> Assurance level deferred in relation to CAMHs with request to bring back further detail in 6 months. <p>March 2021</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>May 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>October 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>May 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented November 2024</i></p> <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <p>October 2020</p> <ul style="list-style-type: none"> Board accepted limited assurance. <p>September 2022</p> <ul style="list-style-type: none"> Paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. <p>November 2022</p> <ul style="list-style-type: none"> 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<p>May 2023</p> <ul style="list-style-type: none"> Limited assurance provided to HGC on performance aspects of this risk. <p>November 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>May 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented November 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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 possible. NHS Lothian bids for Gyneae and Diagnostics have been approved so far, with work underway on further bids. <p>July/August 2024</p> <ul style="list-style-type: none"> Reporting of performance against waiting time standards is included in the Public Board Performance paper at every meeting for information. Performance will be impacted by financial constraints, both capital and revenue, with impact and mitigations included in the Annual Delivery Plan 2024/25 (ADP). This plan was approved by the Scottish Government in Q1 2024 and details specific service and specialty level trajectories for this financial year. NHS Lothian received £7.5m (NRAC share of overall £50m nationally). GJNH 2024/25 capacity allocations have been confirmed; 2,589 Ophthalmology See & treat. 1832 Treat only across Orthopaedics, Plastics, GS, Colorectal.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • A further £30m has been identified nationally to support activity delivered in Quarters 1 and 2 2024/25 - NHS Lothian have been allocated £1.6m. A further £70m is anticipated for Quarters 3 and 4, with timing and process for allocation to be confirmed. • NHS Lothian received confirmation of £1.6m to support cancer waiting times as per last year. • £2m of Detect Cancer Earlier (DCE) non-recurring revenue funding is available nationally to support local implementation of the National lung cancer and head and neck cancer optimal diagnostic pathways in 2024/25. NHS Lothian bids are in development for submission in July 2024. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 25	Very High 25
5388	<p>HSDU Capacity</p> <p>There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk approved by Board June 2022.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Capital</p>	<p><u>Finance and Resources Committee</u></p> <p>October 2022</p> <ul style="list-style-type: none"> • Submitted for assurance but not considered due to re-prioritisation of agenda. <p>December 2022</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>March 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>August 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. • Verbal update provided in October 2023. <p>December 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>March 2024</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p><i>Next to be presented August 2024</i></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> ▪ 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). <p>July/August 2024</p> <ul style="list-style-type: none"> • Re-provision project remains on hold and will do for the foreseeable future. • The Chief Executive and Director of Finance have raised the matter of HSDU funding and resilience with Scottish Government contacts at the NHS Lothian Spring Engagement session in July 2024. • 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. • A paper is in development outlining the most recent asset review of critical infrastructure due for completion by end August 2024 and presentation to the Estates & Facilities SMT and HSDU Risk Mitigation Group. • The paper will articulate those assets now beyond lifecycle and will detail proposed 5-year investment requirements in order to ensure the HSDU has stable critical infrastructure. It is believed that most of these systems are under the responsibility of the PFI provider and, as such, impact to BLM priorities will be minimal. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
3828	<p>Nursing Workforce</p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Alison MacDonald</p> <p>Corporate objective: Workforce</p>	<p><u>Staff Governance Committee</u></p> <p>July 2020</p> <ul style="list-style-type: none"> • 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. <p>October 2020</p> <ul style="list-style-type: none"> • Verbal update provided no new level of assurance agreed. <p>December 2020</p> <ul style="list-style-type: none"> • 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. <p>May 2021</p> <ul style="list-style-type: none"> • Staff Governance accepted grading reduced from very high to high. • Follow up paper to go to September 2021 Board. <p>December 2021</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>March 2022</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>June 2022</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>October 2022</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>February 2023</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>July 2023</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>December 2023</p> <ul style="list-style-type: none"> • Moderate assurance accepted.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>May 2024</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p><i>Next to be presented Oct 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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) <p>July/August 2024</p> <ul style="list-style-type: none"> Still on track with circa 700 new starts in coming months Current vacancy gap is 5.9%, compared to 9.3% in the same period 2023. The target is 5% and we are on track to reduce further to around 3% Oct/Nov New starts in the 1st quarter April – June 2024: 318 ; leavers 321, again an improvement on previous years Additional non-registered staff continue to be recruited through trainee band 3 scheme. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 20	High 12
5020	<p>Water Safety and Quality</p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020</p> <ul style="list-style-type: none"> Limited assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk approved by Board 12 August 2020.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p>	<p>May 2021</p> <ul style="list-style-type: none"> Limited assurance was agreed by the NHS Lothian H&S committee. <p>March 2022</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>July 2022</p> <ul style="list-style-type: none"> Limited assurance accepted. Verbal update provided to October 2022 Staff Governance Committee <p>December 2022</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>May 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>11th October 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>March 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>July 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented December 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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. <p>July/August 2024</p> <ul style="list-style-type: none"> It has been agreed to review and update the original risk description, which was predominantly focused on the recovery from the COVID pandemic and third-party premises. Re-drafted risk will be agreed by the NHS Lothian Water Safety Group, Estates & Facilities SMT prior to presentation to CMT to recommend to the Board during 2024/25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 'Adequacy of Controls' agreed by SGC to be 'Satisfactory' (previously weak) 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 12	High 12
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) Water quality and management of water systems (flushing, temperature control, periodic testing) Window safety and maintenance Fire Safety <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p>New risk approved by Board June 2021.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: RIE</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> New risk approved by Board June 2021. Paper due to go to F&R August 2022. <p>October 2022</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>August 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>February 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>June 2024</p> <ul style="list-style-type: none"> Paper submitted but not considered due to re-prioritisation of agenda. <p><i>Next to be presented August 2024</i></p>	<p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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). <p>July/August 2024</p> <ul style="list-style-type: none"> A wider review of this risk is underway with the potential of an updated risk description required in order to accurately reflect the current position and key areas of focus following significant scoping and investigation carried out thus far.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Regarding the infrastructure factors impacting this risk, there are elements that require escalation and further works agreed. This is being addressed through the appropriate governance channels. For example, discussions are progressing with the PFI regarding a heads of terms agreement which would explicitly define NHSL's role in the decisions taken relating to infrastructure spend. A resulting Service Level Agreement is anticipated in 2024/25. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 15	High 15
3455	<p>Violence & Aggression</p> <p>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 experience, with potential prosecutions, and fines for health and safety breaches.</p> <p>Executive Lead: Alison MacDonald</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020</p> <ul style="list-style-type: none"> Accepted following levels of assurance: <ul style="list-style-type: none"> Moderate assurance: processes in place. Limited assurance: implementation of required actions. <p>December 2020</p> <ul style="list-style-type: none"> Accepted following levels of assurance: <ul style="list-style-type: none"> Moderate assurance: processes in place. Limited assurance: implementation of required actions, specifically on the use and provision of personal alarms. <p>May 2021</p> <ul style="list-style-type: none"> Accepted following levels of assurance: <ul style="list-style-type: none"> Limited assurance: progress of actions to mitigate this risk. Moderate Assurance in terms of current staff safety. <p>December 2021</p> <ul style="list-style-type: none"> Limited assurance accepted based on the internal audit findings. <p>March 2022</p> <ul style="list-style-type: none"> Verbal update provided to Staff Governance. <p>June 2022</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>October 2022</p> <ul style="list-style-type: none"> Limited assurance accepted overall, however for component parts set out in the risk mitigation plan: <ul style="list-style-type: none"> Policy development – Medium assurance 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<ul style="list-style-type: none"> ○ Purple pack – Medium assurance ○ Training – Limited assurance ○ Lone working- Moderate assurance ○ Roles and Responsibilities – Limited assurance ○ Data/assurance – Moderate assurance. <p>December 2022</p> <ul style="list-style-type: none"> • Verbal update. <p>February 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted overall. <p>July 2023</p> <ul style="list-style-type: none"> • Limited assurance accepted as training strategy not yet in place, however, positive feedback from members recognising significant work. Remaining workstreams received moderate assurance. <p>October 2023</p> <ul style="list-style-type: none"> • Verbal update. <p>December 2023</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>May 2024</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p><i>Next to be presented October 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> ▪ 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. <p>July/August</p> <ul style="list-style-type: none"> • Q1 risk assessments carried out in line with requirements of the revised purple pack risk assessment and being reviewed by the V&A programme board. • Training needs analysis has been carried out across whole organisation • Training strategy is being implemented including 'training the trainers'

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • 10 specific trainers are in place to ensure all bank staff are appropriately trained • Pooled budget is now in place for lone working devices to circulate unused (spare) equipment to increase flexibility and cost effectiveness • Measurement evaluation framework is under development and aim to present to August H&S committee • Q1 risk assessments carried out in line with requirements of the revised purple pack risk assessment and being reviewed by the V&A programme board • Training needs analysis has been carried out across whole organisation. • Training strategy is being implemented including 'training the trainers.' • 10 specific trainers are in place to ensure all bank staff are appropriately trained. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 15	High 15
3328	<p>Roadways/Traffic Management</p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020</p> <ul style="list-style-type: none"> • Limited assurance accepted. <p>December 2020</p> <ul style="list-style-type: none"> • Accepted following levels of assurance: <ul style="list-style-type: none"> ○ Limited assurance: safe traffic management at acute, East, and Midlothian sites. ○ Moderate assurance: REH and community sites. <p>June 2021 Board</p> <ul style="list-style-type: none"> • Governance and Management remain the same as does grading and adequacy of controls. <p>March 2022</p> <ul style="list-style-type: none"> • Accepted following levels of assurance: • Moderate – Astley Ainslie hospital, East and Midlothian premises • Limited – Little France site, REH, WGH, St John's <p>July 2022</p> <ul style="list-style-type: none"> • Limited assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>December 2022</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>May 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>October 2023</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>March 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>July 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented December 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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 & 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). <p>July/August 2024</p> <ul style="list-style-type: none"> A review has been commissioned with the Corporate Health & Safety Team to consider the current assessment of risk, in relation to a system wide context of risk grading at Board level. An update on this is expected in September 2024 for Staff Governance Committee in autumn 2024. 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
1076	<p>Healthcare Associated Infection</p> <p>There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment, and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Alison MacDonald</p> <p>Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</p>	<p><u>Healthcare Governance Committee</u></p> <p>January 2021</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>March 2021</p> <ul style="list-style-type: none"> Moderate assurance accepted overall, limited on ventilation systems in RIE theatres. <p>May 2021</p> <ul style="list-style-type: none"> Moderate assurance against plans in place to deliver the standards. <p>July 2021 and January 22</p> <ul style="list-style-type: none"> Moderate assurance against plans in place to deliver the standards. <p>August 2021</p> <ul style="list-style-type: none"> Board received the HAI annual report and metrics continued to be monitored through the Board performance report. <p>March 2022</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>July 2022</p> <ul style="list-style-type: none"> 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. <p>May 2023</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>October 2023</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>May 2024</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p><i>Next to be presented October 2024</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>July/August 2024</p> <ul style="list-style-type: none"> • SG have not yet advised targets for 2024/25. Although there has been no formal instruction to do so, we continue to monitor rates and report by exception if out with current control limits. • ECB, SAB and CDI targets were not met for 2023/24, however, overall performance was better than or similar to other boards of comparable size and complexity. • Risk description updated for consideration by CMT • Work continues to develop and strengthen the risk mitigation plan with a focus on embedding governance and assurance lines across the organisation • Internal audit on HAI governance and assurance is about to commence and will support this effort 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 16	High 16
5322	<p>Cyber Security</p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p> <p>New risk approved by Board February 2022.</p> <p>Executive Lead: Tracey Gillies</p> <p>Corporate objective: Digital</p>	<p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> • Paper now planned to go to F&R May 2022 and for Board discussion May 2022. • Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. <p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> • Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk. <p>April 2023</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p>June 2024</p> <ul style="list-style-type: none"> • Moderate assurance accepted. <p><u>Board</u></p> <p>August 2023</p> <ul style="list-style-type: none"> • Private Board accepted moderate assurance. <p><i>Next to be presented October 2024</i></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> Risk mitigation plan to be presented to June ARC, acknowledging that the results of the NISR audit will not be known at that time. <p>July/August 2024</p> <ul style="list-style-type: none"> NISR audit compliance confirmed as 97% which is a significant achievement. Noting that NISR audit compliance is in relation to our policy and procedures and does not negate the need for continuous diligence, security monitoring and improvement, in conjunction with potential disaster recovery planning. The risk remains high due to current circumstance and type of breaches other organisations are experiencing (mainly initiated by phishing etc) which require continuous raising awareness amongst staff. It is recognised that there is a requirement to use nationally provided and externally hosted systems, therefore reliance on their cyber security arrangements e.g. in relation to the global impact of the recent “CrowdStrike” patching issue, no internal NHSL systems were affected, only our externally hosted BT call centres, and eRostering 	
	Risk Grading:	CMT April 2024	CMT June 2024
		High 12	High 12
5510	<p>Royal Edinburgh Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> A local operational group is in place with membership from REAS and the HSCPs. Performance and plans are reviewed every 2 weeks at REAS SMT. Assurance paper going to January 2023 Healthcare Governance Committee. Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. Mitigation plans will be presented to January 2024 meeting for assurance. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk approved by Board December 2022.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Mental health, illness and wellbeing</p>	<p>January 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented January 2025</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> Work continues to progress, particularly with Edinburgh Health and social care partnership but occupancy remains high with contingency beds still open daily. <p>July/August 2024</p> <ul style="list-style-type: none"> Capacity remains a significant concern across REH with no reduction in overall occupancy. Full pathway review has started with Dementia pathway and multi-stakeholder engagement. This will expand across all pathways over coming months. Outputs from bed modelling work will be used throughout. 	
	Risk Grading:	<p>CMT April 2024</p> <p style="background-color: red; color: white; text-align: center;">Very High 25</p>	<p>CMT June 2024</p> <p style="background-color: red; color: white; text-align: center;">Very High 25</p>
5737	<p>Royal Infirmary of Edinburgh Fire Safety</p> <p>Two components:</p> <ol style="list-style-type: none"> 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. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary 	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> Update due February 2024 <p>March 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p>July 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented December 2024</i></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>of Edinburgh (RIE) following the recent identification of risks and issues.</p> <p>This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to services/facilities where remedial work is identified and finally serious reputational damage.</p> <p>In the unlikely event of a fire, this may lead to an extreme risk of harm to patients, staff, and the general public, along with the potential for prosecution under the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006.</p> <p>New risk approved by Board December 2023.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: RIE</p>	<p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> • 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. <p>July/August 2024</p> <ul style="list-style-type: none"> • All actions which are the responsibility of NHS Lothian continue to be progressed and updated and are detailed in the risk mitigation paper which will be consider by the Staff Governance Committee on 31 July 2024 for assurance. • Confirmation now received from SFRS that they have formally withdrawn the Enforcement Notice issued in relation to the former NHS Lothian Chief Executive, due to retirement. The remaining enforcement notices issued to NHS Lothian remain in place. • The Facilities Management company contracted by the PFI Provider have since had their Enforcement Notice formally withdrawn by SFRS. • A Fire Strategy Development and Implementation Group (FSDIG) has been initiated. The core remit of this group is to develop and implement a holistic strategy for addressing fire improvement works within the available remaining Lifecycle budget. • Collaborative approach to actioning the SFRS enforcement notice requirements continues. SFRS now invited to attend the Monthly Project Board. • The SFRS enforcement notice SLWG continues to meet on a fortnightly basis to report on progress. A weekly update tracker is circulated to Hospital Management, which details progress against all actions identified in the enforcement notice. 	
	Risk Grading:	CMT April 2024 Very High 20	CMT June 2024 Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5784	<p>Inappropriate and Inadequate Low Secure Accommodation in the Estate</p> <p>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.</p> <p>*New risk approved by CMT March 2024.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Mental health, illness and wellbeing</p>	<p>Healthcare Governance Committee</p> <p>*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.</p> <p>May 2024</p> <ul style="list-style-type: none"> Limited assurance accepted <p>July 2024</p> <ul style="list-style-type: none"> Moderate assurance accepted. <p>Next to be presented January 2025</p>	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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. <p>July/August 2024</p> <ul style="list-style-type: none"> Lack of capital funding from Scottish Government continues Remains on prioritisation list for NHS Lothian capital prioritisation, however, SG are responsible for the capital funding required to complete the business case development Block booking contract in place with Ayr Clinic and Surehaven for three years from 1st July 2024 	
	Risk Grading:	CMT April 2024	CMT June 2024
		Very High 20	High 15

Datix ID	Risk Title & Description	Committee Assurance Review Date
5785	<p>Absence of Female High Secure Accommodation in the Estate There is a risk that female patients who require high secure accommodation will be inappropriately placed because there is a lack of female high secure accommodation in Scotland. This could potentially lead to harm to patients themselves, other patients, and staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.</p> <p>*New risk approved by CMT March 2024.</p> <p>Executive Lead: Jim Crombie</p> <p>Corporate objective: Mental health, illness and wellbeing</p>	<p><u>Healthcare Governance Committee</u> *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.</p> <p>May 2024</p> <ul style="list-style-type: none"> Limited assurance accepted <p>July 2024</p> <ul style="list-style-type: none"> Limited assurance accepted. <p><i>Next to be presented January 2025</i></p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p>May 2024</p> <ul style="list-style-type: none"> 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. <p>July/August 2024</p> <ul style="list-style-type: none"> This is a National programme with State Hospital Chief Executive leading Note that the responsibility for delivery of female high secure care sits with Scottish Government and the mitigations in place for both untried and convicted woman are the responsibility of NHS Lothian Current arrangements to provide beds if required with Rampton (England) continue.

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	Risk Grading:	CMT April 2024	CMT June 2024
		High 12	High 12