NHS Lothian Board

Wed 04 December 2024, 10:30 - 13:00

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

Agenda

10:30 - 10:33
3 min

1. Welcome

Verbal *John Connaghan*

10:33 - 10:34
1 min

2. Apologies for Absence

Verbal *John Connaghan*

10:34 - 10:35
1 min

3. Declaration of Interests

Verbal *John Connaghan*

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

Please notify changes to loth.corporategovernanceteam@nhs.scot

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

Items for Approval or Noting

10:35 - 10:40
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *John Connaghan*

4.1. Minutes of Previous Board Meeting - 10 October 2024

For Approval *John Connaghan*

4.1 NHS Lothian Board Minutes - 10 October 2024.pdf (8 pages)

4.2. Finance & Resources Committee Minutes - 21 August 2024

For Noting *Martin Connor*

4.2 Finance and Resources Committee Minutes - 21 August 2024.pdf (6 pages)

4.3. Healthcare Governance Committee Minutes - 17 September & 22 October 2024

For Noting *Andrew Cogan*

4.3a Healthcare Governance Committee Minutes - 17 September 2024.pdf (5 pages)
4.3b Healthcare Governance Committee Minutes - 22 October 2024.pdf (4 pages)

4.4. Audit & Risk Committee Minutes - 19 August 2024

For Noting *Jonathan Blazeby*

4.4 Audit and Risk Committee Minutes - 19 August 2024.pdf (6 pages)

4.5. Staff Governance Committee Minutes - 31 July 2024

4.5 Staff Goverrnance Committee Minutes- 31 July 2024.pdf (10 pages)

4.6. West Lothian Integration Joint Board Minutes - 08 August & 17 September 2024

For Noting *Martin Connor*

4.6a West Lothian IJB Minutes 08 August 2024.pdf (6 pages)
4.6b West Lothian IJB Minutes - 17 September 2024.pdf (9 pages)

4.7. East Lothian Integration Joint Board Minutes - 26 September 2024

For Noting *Shamin Akhtar*

4.7 East Lothian IJB Minutes - 26 September 2024.pdf (6 pages)

4.8. Edinburgh Integration Joint Board Minutes - 24 September 2024

For Noting *Katharina Kasper*

4.8 Edinburgh IJB Minutes - 24 September 2024.pdf (4 pages)

4.9. Midlothian Integration Joint Board Minutes - 22 August 2024

For Noting *Val de Souza*

4.9 Midlothian IJB Minutes - 22 August 2024.pdf (15 pages)

4.10. Health & Care (Staffing) (Scotland) Act 2019 – Quarter 2 Board Compliance Report

For Noting *Alison Macdonald*

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

4.10 Health and Care (Staffing) (Scotland) Act 2019, Qtr 2 Compliance Report .pdf (4 pages)
4.10 Appendix 1 - Health and Care (Staffing) (Scotland) Act 2019 Qtr 2 Compliance Report (Inc Appx 1-4).pdf (27 pages)

4.11. National Whistleblowing Standards – Quarter 2 2024/25 Performance Report

For Noting *Janis Butler*

4.11 National Whistleblowing Standards – Quarter 2 2024-25 Performance Report (Inc. Appendix 1).pdf (14 pages)

4.12. Drug Related Deaths Annual Report 2023

For Noting *Dona Milne*

4.12 Drug Related Deaths Annual Report 2023 (Inc. Appendix).pdf (39 pages)

4.13. Appointment of Members to Committees & Integration Joint Boards

For Approval *Darren Thompson*

4.13 Appointment of Members to Committees & Integration Joint Boards (December 2024 - Final).pdf (4 pages)

4.14. NHS Lothian Board and Committee Dates 2025/26 & 2026/27

For Approval *Darren Thompson*

4.14 NHS Lothian Board and Committee Dates 2025-26 & 2026-27.pdf (8 pages)

Items for Discussion

10:40 - 10:50
10 min

5. Board Chair's Report - December 2024

Verbal *John Connaghan*

10:50 - 11:00
10 min

6. Chief Executive's Report - December 2024

Discussion *Caroline Hiscox*

- 6. Board Chief Executive's Report 2024-12-04 final.pdf (6 pages)

11:00 - 11:05
5 min

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

Verbal *John Connaghan*

11:05 - 11:10
5 min

8. NHS Lothian Annual Review 2023-24 - Outcome

Discussion *John Connaghan*

- 8. NHS Lothian Annual Review 2023-24 - Outcome.pdf (12 pages)

11:10 - 11:30
20 min

9. NHS Lothian Board Assurance Framework Proposal

Discussion *Caroline Hiscox*

- 9. Board Assurance Framework Proposal for Board.pdf (15 pages)

11:30 - 11:40
10 min

10. Corporate Objectives and LSDF Mid-Year Review

Discussion *Colin Briggs*

- 10. Board Corporate Objectives December 2024.pdf (4 pages)
- 10. Appendix 1 - Highlights and Challenges in Corporate Objectives.pdf (6 pages)
- 10. Appendix 2 - Detailed Corporate Objectives Progress Information.pdf (57 pages)

11:40 - 11:55
15 min

11. NHS Lothian October 2024 Financial Position

Discussion *Craig Marriott*

- 11. NHS Lothian October 2024 Financial Position (4 December 2024 Board).pdf (7 pages)

11:55 - 12:05
10 min

BREAK

12:05 - 12:15
10 min

12. Child Poverty Action Activity

Discussion *Dona Milne*

- 12. NHS Lothian Child Poverty Activity - 4 December 2024 Board Paper.pdf (9 pages)

12:15 - 12:45
30 min

13. NHS Lothian Board Performance Paper

Discussion *Jim Crombie*

- 13. Board Paper Performance Update (Dec 24 Final).pdf (4 pages)
- 13. Appendix 1 - Public Board Performance Update (Dec 24 Final).pdf (18 pages)

12:45 - 12:55
10 min

14. Corporate Risk Register

Discussion *Tracey Gillies*

- 14. Corporate Risk Register Paper - Board 4 December 2024 (Final).pdf (4 pages)
- 14. Appendix 1 - Risk Assurance Table - Board 4 December 2024.pdf (29 pages)
- 14. Appendix 2 - Risk Management Internal Audit Report - Board 4 December 2024.pdf (19 pages)

12:55 - 12:57
2 min

15. Any Other Business

Verbal *John Connaghan*

12:57 - 12:59
2 min

16. Reflections on the Meeting

Verbal *John Connaghan*

12:59 - 13:00
1 min

17. 2025 Meeting Dates

For Noting *John Connaghan*

- **05 February 2025**
- **16 April 2025**
- **25 June 2025 (10.30am start - Annual Accounts)**
- **13 August 2025**
- **08 October 2025**
- **03 December 2025 (10.30am start)**

LOTHIAN NHS BOARD **4.1**

Minutes of the meeting of Lothian NHS Board held at 09.30am on Thursday 10 October 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; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill (from 9.50am); Mr A. Cogan; Mr M. Connor; Ms V. de Souza; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Prof A. Khan; Mr P. Knight; Prof. L. Marson; and Cllr D. Milligan.

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 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 P. Togher (Chief Officer, Edinburgh IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Mr P. Allenby (Non-Executive Board Member); Mrs K. Kasper (Non-Executive Board Member); Ms K. Macdonald (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Mr J. Crombie (Deputy Chief Executive) and Ms M. Barrow (Chief Officer, Midlothian IJB).

43. Welcome & Declaration of Interests

43.1 The Chair welcomed members, colleagues, and observers to the Board meeting.

43.2 The Chair asked members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING

44. Items proposed for Approval or Noting without further discussion

44.1 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.

44.2 Minutes of Previous Board Meeting held on 14 August 2024 – Minutes were approved.

44.3 Finance & Resources Committee Minutes – 05 June 2024 – Minutes were noted.

44.4 Healthcare Governance Committee Minutes – 23 July 2024 – Minutes were noted.

44.5 Audit & Risk Committee Minutes – 17 June 2024 – Minutes were noted.

44.6 West Lothian Integration Joint Board Minutes – 25 June 2024 – Minutes were noted.

44.7 East Lothian Integration Joint Board Minutes – 27 June 2024 – Minutes were noted.

44.8 Edinburgh Integration Joint Board Minutes – 17 June & 20 August 2024 – Minutes were noted.

44.9 Midlothian Integration Joint Board Minutes – 20 June 2024 – Minutes were noted.

44.10 Pharmacy Practices Committee Outcomes - Quarter 2 2024/25 – Report was noted.

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

- 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.
- The removal of Kirsty MacDonald as a non-executive member of the Remuneration Committee.

ITEMS FOR DISCUSSION

45. Board Chair's Report – October 2024

45.1 The Chair highlighted the following:

- **NHS Lothian Annual Ministerial Review Feedback -** The Chair reported that he had undertaken a high-level presentation on structure, resilience, recovery, and renewal at the Public Annual Review session. The presentation had also outlined progress with the Lothian Strategic Development Framework and had acknowledged the resilience demonstrated by all staff throughout the Covid pandemic as well as the contributions made by leaders within the system.

  Board members sought feedback from the Annual Review's Patient and Carers session. The Executive Nurse Director reflected that feedback provided by some patients and carers was critical of care provided and would be challenging to respond to, due to its historic nature given that events occurred some years previously. However, NHS Lothian would take the learning from these examples on board. In future reviews, the Board would work more closely with Healthcare Improvement Scotland (HIS) to ensure greater support for representatives and to better understand in advance the issues being presented. She confirmed that representatives who raised issues during the recent session were being contacted to arrange follow-up discussions.

  The Chief Executive confirmed that the Corporate Management Team would consider lessons learned from the Annual Review, in order to improve future event planning. Board members' reflections would be sought to inform this exercise and a final brief report would be shared once available.

  The Board noted the update and recognised that a formal report provided by the Scottish Government would be shared with members once it was available.

- **Board Development Session on Digital** – The Board noted that this session would be arranged for the afternoon of 4 December, following the Board meeting. A diary invite had been circulated with details of the programme to follow.

- **Chair's Appraisal –** The Chair highlighted that as part of his formal appraisal, some colleagues would be asked to complete a 360-feedback review. Invites would be issued to participants in due course.

46. Chief Executive's Report – October 2024

46.1 The Chief Executive introduced her report, highlighting the key items within this. She explained that the revised format of the report was intended to communicate to the Board any current challenges or emerging issues not otherwise on the agenda and to help frame its subsequent discussions.

46.2 The Board noted the Chief Executive's Report and discussed the following areas:

- **Celebrating Success Awards** – Members noted the necessity of hosting the 2024 event virtually but sought to understand if a return to face-to-face delivery was being considered for future events. The Director of Human Resources & Organisational Development explained that potential options to allow this to return to an in-person event were being explored but were subject to the ability to cover the additional costs, which had arisen because the event was treated by HMRC as an in-kind staff benefit. The Chair reflected on a recent visit to the NHS Lothian Transplant Unit, from which there had been a number of staff award nominations, and the fact that this was an annual event that staff clearly looked forward to.

- **Mental Welfare Commission Report – Melville Young People's Mental Health Unit** – Members sought and received reassurance that a response and action plan would be presented to the Healthcare Governance Committee later in October.

- **Agenda for Change** – The Board acknowledged the significant work that was ongoing within NHS Lothian to implement changes arising from the Reduced Working Week (RWW) and the Band 5/6 Nursing Review. It was noted that there were challenges in delivering the RWW without compromising the delivery of care, particularly in the current financial context and the due to the ongoing need to comply with safe staffing legislation. Members welcomed the insightful and important decision, arising from the efforts of the national trade unions, to arrange the smoothing of the back pay for the 2024/25 pay award for lower paid staff on universal credit.

- **Independent Investigation of the National Health Service in England (Lord Darzi Report)** – Members noted the key factor highlighted by Lord Darzi of a shortfall in historic capital spending and its impacts upon the NHS in England. It was noted that a paper on this item would be prepared for discussion at the next Strategy, Planning and Performance Committee meeting.

- **Blueprint for Good Governance – Board Assurance Framework** – The Chair reflected on recent conversations around this proposal and noted that a more detailed update would be presented to the Board in December.

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

47.1 The Healthcare Governance Committee (HGC) had received a Year-1 Progress Report of the Patient Experience Strategy in September. The original Strategy had been approved by the Board in April 2023.

47.2 The Finance and Resources Committee (FRC) had considered a business case in September, intended to address the significant fragility of the Regional Infectious Diseases Unit (RIDU). The Board noted the operational impacts of managing this risk, which included a reduced number of elderly patient beds in Ward 74. It was acknowledged that information on this impact had previously been circulated to the Board in the form of papers presented to the Edinburgh IJB.

47.3 The FRC had also discussed the ongoing fragility of the Hospital Sterilisation and Decontamination Unit (HSDU), which had both local and national impacts. This remained at the top of the Board's list of capital investment priorities but could not be addressed until capital funding was made available by the Scottish Government.

47.4 The Chair of the Staff Governance Committee (SGC) reported on an excellent Leadership event held by NHS Lothian at the end of September, with over 150 staff attending for the full day. Feedback from the event would be reported to the Staff Management and Experience Board.

48. NHS Lothian Winter Planning

48.1 The Director of Strategic Planning highlighted ongoing winter planning arrangements within NHS Lothian and provided an update on the Scottish Government's national Winter Preparedness Plan which had been published on 24 September.

48.2 The Board noted that further detail on winter planning would come to the Strategy, Planning and Performance Committee meeting in November before returning to the December Board meeting. The Director of Strategic Planning explained that previously the Board would have received the Scottish Government's questionnaire to complete and return prior to the national plan being published. However, as previously outlined to the Board, NHS Lothian had adopted a business continuity surge approach to planning as this was now a year-round approach, not just winter.

48.3 There was discussion on the Board's ability to cope with surges and the Chief Executive confirmed that although there had been discussion at the Corporate Management Team, there remained work to be done to move to a higher level of assurance around planning.

48.4 The Board recognised that a particular challenge for this year was the lack of beds to accommodate surges, with all beds being open all year round, as well as a lack of workforce availability, particularly in the social care side. There were further impacts due to the constraints on additional revenue and capital funding.

48.5 The Board sought to understand if the Scottish Government's decision to cease paid media and marketing and focus on digital-only campaigns might impact the ability to communicate sufficiently on winter planning. The Director of Communications confirmed that NHS Lothian had been informed of this decision and would be addressing any resulting gap by securing as much free editorial space as possible.

48.6 Members considered the importance of planning decisions by Integration Joint Boards (IJBs) and their impact on the wider system. The Chief Officer for East Lothian IJB explained that all IJBs were engaged in weekly Collaborative Response and Assurance Group (CRAG) meetings with the Scottish Government, where there was significant interrogation of the delayed discharge position. At a local level, bed capacity across all four IJBs was being continually monitored, with updates reported regularly to the Corporate Management Team (CMT).

48.7 The Board welcomed the collaborative winter planning approach being taken within Lothian and noted that the self-assessment checklist received from the Scottish Government would be completed and scrutinised via the Corporate Management Team. Thereafter, this would be circulated to members, for information.

49. Princess Alexandra Eye Pavilion Update

49.1 The Chief Executive introduced the report, acknowledging the leadership exercised by the Deputy Chief Executive in overseeing the significant resilience planning work, which was ongoing. She also acknowledged the work and leadership demonstrated by other senior management colleagues and the staff within the Princess Alexandra Eye Pavilion (PAEP) in responding to and managing the current incident.

49.2 The Board noted that, following an incident of burst and leaking water pipes in the PAEP, first reported to senior management on 11 September 2024, the need for urgent and extensive remedial works to the building had been identified. It had subsequently been confirmed that the building would need to be fully vacated and closed to allow these remedial works to be undertaken.

49.3 The PAEP would therefore close on 25 October 2024 to accommodate the remedial works required. The expected timeline for completion of the works was six months, including the recommissioning and reopening of the building. The Chief Executive made clear that the estimated timescale was based on the results of current surveys. This timescale also accommodated for the fact that the recommissioning process for buildings following remedial works was often challenging, particularly in the case of older buildings or those that had reached the end of their useful life. The timescale did not account for any additional issues that might be discovered once works began and more extensive investigations were conducted.

49.4 The Board noted that the currently estimated overall cost of this work was £3M, including the costs of decanting from the building and delivering the capital works required. This estimate would be refined as planning progressed and the costs of distributing services elsewhere within NHS Lothian became clearer. At this stage, the Board had received a commitment from the Scottish Government to fund both the capital and revenue costs of this work.

49.5 An extensive communications plan was underway and a number of discussions with key stakeholders, including relevant third sector organisations and MPs/MSPs, had already been held. The Chair would be writing to the Cabinet Secretary shortly to provide a full update and offer further assurance. Affected patients would be contacted and updated through a range of channels.

49.6 At present, there was a clear focus on maintaining the delivery of patient care within other parts of Lothian, as far as possible. The Chief Executive explained that mutual aid was being sought from other health boards, specifically for a period of two weeks at the start of the works and decant stage and for two weeks at the final recommissioning stage. Discussions were also being sought about potentially bringing forward NHS Lothian's allocation of future capacity for cataract operations from the Golden Jubilee Hospital.

49.7 The Chief Officer for Acute Services described the resilience planning process underway to ensure the optimal and safe provision of care for PAEP patients and to maintain a safe working environment for staff. Daily meetings were being held and key principles underpinning the planning process included the desire to maintain the cohesion of clinical teams and adhere to existing job plans. Work was beginning with the Digital Team to establish a critical path supporting appointment booking and access to patient records. Significant consideration was also being given to both staff and patient travel and transport impacts, accounting for revised outpatient and theatre schedules. Staff engagement was a core part

of the planning process, and detailed FAQs were being developed and updated on an ongoing basis. Engagement with third sector organisations was seen as essential, particularly to support communications with patients and public. A website hub had been established to host key information.

49.8 Members sought reassurance that communications were being prepared specifically for primary care colleagues and community optometrists. It was confirmed that work was in hand to communicate the situation to both. The NHS Lothian Area Clinical Forum had also recently discussed the works and the Lothian Area Optical Committee had been involved to ensure adequate clinical engagement.

49.9 Members also sought reassurance that the planned works would not create any additional environmental risks, such as from the disturbance of asbestos materials or the increased risk of legionella. It was confirmed that expert contractors were being used to ensure that any asbestos risk was managed, and that running water would be maintained throughout the works to mitigate any legionella risk. The Chief Executive stated that she was satisfied that there had been no increased environmental risks leading up to the identification of the current issues.

49.10 The Board noted the update provided.

50. NHS Lothian August 2024 Financial Position and Year End Forecast

50.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position as at August 2024 and gave an update on the Quarter 1 forecast outturn position.

50.2 The Director of Finance outlined the ongoing financial recovery plans, noting a current scheduled position of £51M against the £54M target.

50.3 The Board noted progress around efficiency and other workstreams such as asset sales and corporate controls. There had also been a recent choices workshop held to refocus the financial position for 2025/26, the outputs of the workshop would be taken back through the Corporate Management Team.

50.4 The Director of Finance explained that the intention for 2025/26 would be to start the year with a balanced financial plan and then flush out all the things that have to be done through engagement with the Board, Corporate Management Team, and Scottish Government. It was noted that some of this work would lead into an Authorising Environment. The Chair suggested that this new approach would benefit from further discussion at the Strategy Planning & Performance Committee.

50.5 Potential impacts from the October UK budget were also mentioned. The Director of Finance clarified that not much had been heard about this but the first conversation with Scottish Government was always around the ability to breakeven. There were positive ongoing conversations with UK government in terms of funding of pay awards and flexibility on capital.

50.6 The Board accepted the following recommendation within the paper:

- **Awareness** – Noted the financial position to the end of August 2024 reporting a year-to-date overspend of £15.1m.
- **Awareness** – Noted the Quarter 1 Forecast projects a financial gap of £31.8m for 2024/25.
- **Assurance** – Agreed and accepted that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2024/25, based on assumptions around additional funding.

51. NHS Lothian Board Performance Report

51.1 The Chief Executive presented the Board Performance report, drawing the Board's attention noting the ongoing challenges around emergent issues such as the eye pavilion and the impact this would have on performance.

51.2 The Chief Officer for Acute Services provided an update on the current performance position against national trajectories and Annual Delivery Plan commitments. There was discussion on the work around planned care managed through the Scheduled Care Delivery Board; Cancer performance (62-day pathway) and pressures within Urology. Work was ongoing with the Medical Director and other boards to address the issues around capacity. In relation to diagnostic tests the long waits within Endoscopy were noted and any impacts of this was being monitored.

51.3 The Chief Officer for Acute Services confirmed that the Emergency Department Standard Operating Procedure was now in its implementation phase following sign off in August 2024. There remained pressure across all sites, attendances were not significantly increased but there were many other variables that impacted performance, such as peaks in demand from patients attending requiring mental health services.

51.4 Engagement with clinical teams remained ongoing to ensure good clinical care for patients and the unscheduled care programme continued, looking at attendance avoidance, admission avoidance and outpatient length of stay. The Board noted that elements of the output from the outpatient redesign programme would be brought to a future Strategy Planning & Performance Committee.

51.5 There was discussion on any impact on additional nurses as part of the reduced working week. It was noted that there was no impact currently being seen. The Director of HR&OD confirmed that no hours were being reduced until the impact could be fully understood and at the moment staff effected were being paid a transitional allowance ahead of any reductions. The Board recognised that this was not a challenge unique to NHS Lothian.

51.6 The Chief Executive provided a short update around the Scottish Government direction of travel in relation to planning at both local and population level. The Board noted the establishment of a new group called the NHS Scotland Executive Leadership Group, which had held its first meeting. This group was co-chaired by the Director General and the Chair of the Board Chief Executives' Group. The intention of the group would be to have more effective national working into each Board to deliver services in the best way possible. There was a workshop scheduled for November 2024 where Board Chairs and Chief Executives in the east would consider future opportunities and any update would come back to the Strategy Planning & Performance Committee.

51.7 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.

52. Corporate Risk Register

52.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register and outlined the proposal to remove risk 3829 and a minor revision to risk 1076. The Board noted the internal risk process, and ongoing discussions within the Corporate Management Team around the estates and facilities operational risk which would be presented to the Board as appropriate.

52.2 The Board agreed the recommendations within the paper:

- To approve removal of **risk 3829 - Sustainability of Model of General Practice**. This position around this risk remained stable currently, but this would remain under monitoring through the HSCPs' risk registers and could be brought back in future should the situation change.

- To agree a minor revision to the descriptor for **risk 1076 – Healthcare Associated Infection (HAI)**, which now identified the causes of the risk more clearly. Further work was being undertaken to develop and strengthen the associated risk mitigation plan with a focus on embedding governance and assurance lines across the organisation. An internal audit on HAI governance and assurance was about to commence and would support this effort.

53. Any Other Business

53.1 There was no other business.

54. Reflections on the Meeting

54.1 The Chair noted the discussions in particular around finance and the eye pavilion. Members were asked to contact colleagues offline if they wished to discuss any items further.

55. Date of Next Board Meeting

- Wednesday 04 December 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 21 August 2024 via Microsoft Teams.

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

In attendance: Ms M. Campbell, Director of Estates and Facilities; Ms D. Carmichael, Special Projects and Assurance Associate Director, Capital Planning; Mr J. Crombie, Deputy Chief Executive; Mr B. Barron, PPP Programme Director (item 11.3); Ms T. Gillies, Medical Director; Dr J. Hopton, Sustainability Programme Director, Facilities; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes); Mr C. Stirling, Hospital Director, Western General Hospital (item 11.2); Mr D. Thompson, Board Secretary.

Apologies: Ms M. Carr, Chief Officer, Acute Services; Prof. C. Hiscox, Chief Executive; Ms A. MacDonald, 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.

10. Committee Business

10.1 Minutes and Actions from Previous Meeting (5 June 2024)

10.1.1 Members accepted the minutes from the meeting held on 5 June 2024 as a correct record.

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

11. Capital

11.1 Property and Asset Management Investment Programme

11.1.1 Ms Carmichael presented the previously circulated paper. At the previous meeting there had been discussion about asking for a pause of transfer of GP practice premises to NHS Lothian. With the example of the Liberton High School premises lease described in the paper, Members suggested that GP practices could be transferred to another organisation and then leased by NHS Lothian to free up capital. Mr Marriott advised that on the Liberton example had been arranged by

Public Health and that the Council had agreed to the lease of the premises as NHS Lothian could not afford to do buy it back, and NHS Lothian had secured good terms. The transfer of GP practice assets to NHS Lothian was slowing as the capital was not available for buy back.

11.1.2 The master planning described in the paper was designed to complement the implementation of the Lothian Strategic Development Framework.

11.1.3 In answer to a question about whether the retender of the Lauriston Pharmacy was still a priority in the current financial situation, Ms Carmichael advised that once surveys and backlog maintenance was completed in September there would be better knowledge of the value compared to the current cost.

11.1.4 Work had been done internally on business continuity priorities. The Scottish Government was asking for a submission on this but NHS Lothian did not have the capacity or resource to put a team in place to do this work again when it was not expected to result in any further capital funding; this had been communicated with the Scottish Government.

11.1.5 It was noted that there were a number of possibilities and opportunities regarding new GP practice buildings in new housing estates including shared premises with other Council facilities, and developer contributions through the Council, although these were a small proportion of the funding needed for the project.

11.1.6 The capital planning team was liaising with the Integration Joint Boards to update their priority lists and this would be included in the Lothian Strategic Development Framework.

11.1.7 The Liberton Hospital risk had been moved from low to medium. Work was ongoing with Edinburgh Integration Joint Board on the project plan which was due to be complete in March 2025.

11.1.8 Members accepted the recommendations laid out in the paper.

11.2 <u>Regional Infectious Diseases Unit – Initial Agreement</u>

11.2.1 The chair welcomed Mr Stirling to the meeting and he presented the previously circulated paper. It was noted that due to the current state of the building and the roof it would cost more to remain in situ than to move the unit as planned. The top floor would move while the administration team would remain for the time being on the ground floor but the building needed to be emptied and decommissioned as soon as possible. This would split the clinical and administration teams. This had been trialed during the Covid restrictions and ways of managing team cohesion were being considered. Another case for the move of the administration team would be brought to the Committee once this had been developed.

11.2.2 The Infectious Diseases provision would also be moving to a frailty model with less admission. This was in keeping with the strategic direction and had the support of the clinical teams.

11.2.3 Mr Marriott noted that a previous business case had identified that £65 million would be needed for reprovision of the Infectious Diseases Unit. The resource to move the unit instead would have to be committed, but this would come from the formulary resource allocation which was also needed for other important risks, for instance fire safety, Hospital Sterilisation and Decontamination Unit, Eye Pavilion and Cancer Centre.

11.2.4 Mr Crombie advised that there has continuous interaction with the Scottish Government about the capital funding situation and the risks involved, including through the Finance Directors, the Board Chief Executive Group and the MSP Group. They were aware of the situation with the infectious diseases unit.

11.2.5 Members accepted the recommendations laid out in the paper and accepted the proposed move.

11.3 Design, Build, Finance and Maintain Estate Review

11.3.1 The chair welcomed Mr Barron to the meeting and he presented the previously circulated paper on the private provider estate.

11.3.2 It could be demonstrated that some PFI/PPP providers performed better than others by tracking achievement of maintenance jobs, but these could not be directly compared as there were differences in the contracts. The newer contracts were more refined and allowed for an easier relationship with the Board, but there could still be improvements around the hand back of the contract.

11.3.3 Members accepted the recommendations laid out in the paper.

11.4 Track and Trace Implementation

11.4.1 Dr Hopton presented the previously circulated paper. Members acknowledged the success of this project in using digital innovation to improve processes and meet challenges. The system improved compliance and efficiency of the service and had expected financial benefits by identifying equipment that was not being used. It was suggested that a similar approach could be useful in other areas.

11.4.2 Dr Hopton advised that tracking was in place in the Hospital Sterilisation and Decontamination Unit but not yet linked to theatre booking. This would be put in place once required staff training had been completed.

11.4.3 This project was not conceived as an invest to save innovation, but was a necessary replacement for an existing tracking system. Cost benefits were not yet being tracked but work would be done on this once the project was complete. There would also be consideration of how usage and benefits could be extended elsewhere in the Board.

11.4.4 Members accepted the recommendations laid out in the paper.

11.5 Hospital Sterilisation and Decontamination Unit Risk

11.5.1 Ms Campbell presented the previously circulated paper. She advised that since the paper had been submitted, the steam generators were no longer working and the temporary boiler was being used.

11.5.2 It was noted that there was only one private provider in Scotland for decontamination available in the event of lack of capacity in health boards. All Boards in Scotland had them as their contingency but there was not sufficient capacity there if more than one Board needed to use them. Use of the private provider also led to delays as surgical instruments had to be transported to Liverpool for processing with a three day turn around time. Until a national resolution for decontamination was identified, these problems would be likely to continue.

11.5.3 The temporary boiler now being used took 24 hours to get up and running which affected productivity by 50% but did not affect theatre lists as critical kit was immediately prioritised with close working with the theatre teams.

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

11.6 Royal Infirmary of Edinburgh Facilities Risk

11.6.1 Ms Campbell gave a verbal update. Work was currently in progress at the Royal Infirmary. The transition team was in post and working on investigating the details of all the critical systems, including fire. The next steps were to get prioritised work agreed with the PFI provider, and this would be aligned with the risk assessment process. There was no proposal to change the risk grading at this stage, but this could be reviewed once the investigation was complete.

11.6.2 Members requested a formal update once more information was available. **JC**

12. Revenue

12.1 Financial Position and Year End Forecast

12.1.1 Mr McCreadie presented the previously circulated paper. In response to a question about how assurance could be improved on how recurring and non recurring efficiency savings would be made, Mr McCreadie advised that the Lothian Strategic Development Framework set out the work being done and work was ongoing with the teams on the 3% and 4% savings plans. There needed to be consideration of how the non recurrent 4% savings plan could be made recurrent.

12.1.2 Mr Marriott advised that the savings could not be made without making radical changes to reduce the cost of providing services, including stopping services. Not all areas were within the health board's control, for instance staff pay and funded services. This had to be part of a Scotland wide reform agenda lead by the Scottish Government.

12.1.3 Mr Crombie advised that a £12 million saving in workforce reduction had been identified and further savings in back room processes, digitisation and energy technology were being analysed, but there was limited capital for invest to save projects.

12.1.4 It was agreed that incremental updates on efficiency projects being considered or in progress would be given at future Strategic Planning and Finance and Resources Committees. Mr Crombie also agreed to consider whether there could be another forum for discussing strategic questions with the Non Executive board members. It was noted that there was no comprehensive plan to deliver the deficit except what had been shared with Non Executive Board Members at the Board and Committees. **JC**

12.1.5 Members suggested that there should be consideration of how the need for support for making difficult decisions about reducing services could be raised with the Scottish Government in as many forums of possible, including the Annual Review. Mr Marriott noted that some suggestions had been made to the Scottish Government which they were not willing to support, but this may change in the future.

12.1.6 The cost of the Agenda for Change staff pay reform was not yet known until this had been agreed. Costs were being seen on the reduction in hours of the working week. The Scottish Government had allocated some money for this but it was not clear at this stage whether this was enough.

12.1.7 The importance of the long term savings possible from invest to save sustainability projects was noted. It was agreed that means of improving non executive members' understanding of how this type of project could improve the situation and how they could be supported would be discussed at the Strategic Planning Committee and with the Board Chair. **AMcCa**

12.1.8 Members accepted the recommendations laid out in the paper and accepted limited assurance. They noted that the Scottish Government policy and political context limited the health board's scope to make the required savings without further support.

13. Scottish Hospitals Inquiry

13.1 Scottish Hospitals Inquiry Update

13.1.1 Mr Marriott presented the previously circulated paper. The main work for NHS Lothian in contributing to the Inquiry was now complete. Mr Marriott agreed to share details of the legal and staff costs of the Inquiry that were not funded by the Scottish Government as part of the final report.

13.1.2 Members accepted the recommendations laid out in the paper.

14. Sustainability

14.1 Climate Emergency and Sustainability Update

14.1.1 Dr Hopton presented the previously circulated paper. It was noted that as Mr McCann's term as Board Member was ending, Mr Gordon would take on the role of sustainability champion for the Board.

14.1.2 It was noted that with the constant addition to requirements for the sustainability development framework it would be difficult to resource the work needed to implement these targets. Dr Hopton noted that it was time consuming and a heavy use of resources for her team to receive funding by making a business case for each project, rather than having the team funded as part of normal business. Mr Crombie advised that prioritisation was needed with regards to other projects but that the sustainability team had proven that funding could be attracted to NHS Lothian for projects that could make savings. It was noted that using NHS Lothian's own money to make savings would also be beneficial.

14.1.3 It was noted that better eHealth engagement in sustainability projects would be beneficial, as they were both a consumer of energy and a potential source for improving sustainability. Dr Hopton noted that digital innovation could also be lead by other departments.

15. Reflections on the meeting

15.1 It was agreed that the chair would raise the following items at the item for Committee Chairs' updates at the next Board meeting: The fragility of the Regional Infectious Diseases Unit and the Hospital and Sterilisation Decontamination Unit; the financial position and the need to have a forum to discuss strategic plans to reduce the deficit.

15.2 This was Mr McCann's last meeting before his term ended at the Board. Members thanked him for his chairmanship, considered questions and support to both non executive members of the Committee and executive directors.

16. Date of Next Meeting

16.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 23 October 2024**.

17. Further Meeting Dates

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

Signed by Chair
23 October 2024

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 17 September 2024 by video conference.

Present: Mr A. Fleming, Non-Executive Board Member (chair); Mr E. Balfour, Non-Executive Board Member; Cllr H. Cartmill, Non-Executive Board Member; Mr P. Knight, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Ms H. Cameron, Director of Allied Health Professionals; Ms M. Barrow, Chief Officer, Midlothian Health and Social Care Partnership; Mr J. Crombie, Deputy Chief Executive; Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Dr R. Green, Medical Director, Midlothian Health and Social Care Partnership (item 30.4); Mr A. Hall, Edinburgh Health and Social Care Partnership (item 30.2); Ms F. Huffer, Chief Allied Health Professional, West Lothian Health and Social Care Partnership (item 30.5); Dr J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Ms J. Macrae, Chief Nurse, Edinburgh Health and Social Care Partnership (item 30.2); Ms A. MacDonald, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms H. Ramsay, Lead Tissue Viability Nurse; Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr P. Togher, Chief Officer, East Lothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing.

Apologies: Mr A. Cogan, Non-Executive Board Member; Ms D. Milne, Director of Public Health; Ms M. Carr, Chief Officer, Acute Services; Mr M. Massaro-Mallinson, Services Director, Edinburgh Health and Social Care Partnership; Mr K. Scott, Partnership Representative; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Chair's Welcome and Introductions

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

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

27. Patient Story

27.1 A video was played showing a patient and her daughter talking about the benefits of Hospital at Home care.

28. Committee Business

28.1 Minutes from Previous Meeting (23 July 2024)

28.1.1 The minutes from the meeting held on 23 July 2024 were approved as a correct record.

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

29. Emerging Issues

29.1 Riverside Medical Practice

29.1.1 Dr Long advised that following an external review on the Riverside Medical Practice the previous year, there had been contractual difficulties. A paper would be provided at the next meeting. **JL**

30. Health and Social Care Partnership Assurance Reports

30.1 East Lothian Health and Social Care Partnership

30.1.1 Ms Berry, Ms Gossner and Ms Wilson gave a presentation and a paper had been previously circulated. It was noted that the Mental Welfare Commission was critical of areas where functional and dementia patients were cared for in the same area and this was a challenge balancing safety risks and support for admission. The Royal Edinburgh Hospital and Associated Services clinical team was supporting work to improve this.

30.1.2 Ms Wilson advised that the needs of an aging population in the future were considered as part of decision making, for instance the expected increase in care at home needs. Community engagement and engagement with other parts of the system had informed modelling done.

30.1.3 East Lothian was now hosting the Chalmers Sexual Health Service and the Rehabilitation services at the Astley Ainslie Hospital and Robert Fergusson Unit. There was good professional assurance in these areas and more service management support had been put in place. The leadership team was engaging with staff in both areas and working on the key challenges in these services. It was agreed that in the next years' report it should be made clear that some of these services had regional or national elements and reporting should also be back to other Boards.

30.1.4 Mitigation of the risks of pressure ulcers and falls in patients being cared for in the community by Hospital at Home services included assessments of individual patients and recommendations given which included exercise classes and technology which could be used for carrying out everyday activities at home. The highest proportion of pressure ulcers were in the community. The Tissue Viability Nurse team worked with the community teams providing patient information, education, and equipment.

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

30.2 Edinburgh Health and Social Care Partnership

30.2.1 Mr Togher and Ms Macrae gave a presentation and a paper had been previously circulated. There had been a reorganisation of the service management structure. Mr Togher advised that there had been extensive consultation with staff before the implementation of the first phase. By the end of the year a draft reporting structure will have been developed for the delegated services. Heads of service had been appointed and were now in post. The workforce had accepted the need for change and was engaged with decision making with their suggestions and comments taken into account. Mr Wynne confirmed that moderate assurance was appropriate in the context of the structural reorganisation.

30.2.2 It was noted that there had been some complaints about staff. These included complaints about staff attitude, about clinical decisions, and sometimes about systems problems which did not allow staff to act in the expected way. Each case was being addressed as appropriate. The complaints data provided in the report included health complaints only, but the Partnership management team had access to both health and social care complaints and considered these together. Social care complaints were reported to the Council.

30.2.3 In response to a question about use of the national Medication Assisted Treatment (MAT) standards for reduction of drug related deaths and whether drug use differed in different areas of Scotland, Mr Togher advised that in general statistics were similar across Scotland, but that there were some local differences and these were identified and monitored by the Alcohol and Drug Partnership. Most deaths continued to be related to long term chronic drug use.

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

30.3 Edinburgh HSCP Adult Support and Protection Inspection – Improvement Report

30.3.1 Mr Togher presented the previously circulate paper. Evidence of the improvements made following the case of Mr E. had been submitted to the inspectorate who were content with the progress made which included recruitment and engagement with staff led by the principle social work officer as well as update of policies. There had been person centred engagement with Mr E. This would be monitored, and reporting would be as part of the Health and Social Care Partnership annual reporting.

30.4 Midlothian Health and Social Care Partnership

30.4.1 Ms Stratton gave a presentation and a paper had been previously circulated. The frailty score assessment would be adopted across all services including social care services following scoping work to agree which tool would best suit the services. The score allowed frailty services to be associated with frailty score rather than with age, as frailty was often related to deprivation. The onset of frailty could be reduced by increasing access to services.

30.4.2 The governance self-assessment at appendix 3a of the report, remained a work in progress. Where there was low assurance, the relevant team was required to produce an action plan for improvement=.

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

30.5 West Lothian Health and Social Care Partnership

30.5.1 Ms Huffer gave a presentation and a paper had been previously circulated. It was noted that incidents of violence and aggression had reduced. This was due to a more patient centred approach and because most staff had now accessed violence and aggression training.

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

31. Person Centred Care

31.1 Patient Experience Strategic Plan Annual Report

31.1.1 Ms Morrison presented the previously circulated paper. It was noted that Care Opinion data did not include the Health and Social Care Partnerships. This was because Care Opinion did not allow them to use the NHS Lothian's subscription to the service but would require them each to open their own subscription.

31.1.2 Members accepted the recommendations and agreed to the publication of the Patient Experience Strategic Plan Annual Report on NHS Lothian's website.

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

31.2.1 Ms Gillies advised that the Chief Medical Officer report on the Cass Report would be discussed by the Scottish Government in two weeks' time. Statistics from the Sandyford Gender Identity Clinic in Glasgow for children showed that three quarters of patients under 18 were female wanting to transition to male. Two thirds of patients under 18 also had a neurodiverse diagnosis and one third also had another mental health condition. This highlighted that support should cover all aspects of care rather than focusing on medical treatment. A multidisciplinary clinic was needed which included psychological support.

31.2.2 Work was needed to ensure adequate assurance was received before referring patients via the National Services Division for irreversible surgical treatment at clinics in England.

31.2.3 Referrals to Sandyford must now be made by a GP or mental health clinician and self-referrals were no longer accepted. This was in line with other clinical services. Patients already on a waiting list who had self-referred were not affected by this change.

31.2.4 Work was being done on communication with the public as well as managing the gender identity team. A paper on the changes being made and the timescales for these would be submitted to the Committee in November 2024 or January 2025. **TG**

32. Safe Care

32.1 GP Sustainability (Risk 3829 Sustainability of model of general practice)

32.1.1 Dr Long presented the previously circulate paper. Members accepted the recommendations laid out and agreed that the level of the risk would be changed from 'high' to 'medium' on the Corporate Risk Register.

32.2 Hospital Standardised Mortality Ratio – analysis

32.2.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out and noted the comprehensive and rigorous work done.

33. Effective Care

33.1 Oral Health Services Annual Report

33.1.1 Dr Long presented the previously circulated paper. It was noted that many of the 150 or so complaints related to delays in treatment, and some related to attitudes of staff. Each complaint was reviewed to consider where improvements could be made.

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

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

33.2.1 Dr Long presented the previously circulated paper. It was noted that lone working devices were available for all nurses for home visits. This was being rolled out for GP home visits, but each GP home visit was accompanied by a driver.

34. Exception Reporting Only – reports provided

Members noted the following previously circulated report:

34.1 Lothian Care Home Annual Report

35. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

35.1 Clinical Management Group, 9 July 2024.
35.2 Area Drug and Therapeutics Committee, 7 June 2024.
35.3 Health and Safety Committee, 1 May 2024.
35.4 Organ Donation Subgroup, 7 March 2024.

36. Reflection on the Meeting

36.1 No updates to the Board were identified from the meeting.

37. Date of Next Meeting

37.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 22 October 2024** by video conference.

38. Further Meeting Dates

38.1 Further meetings would take place on the following dates:
- 19 November 2024.
- 28 January 2025.
- 18 March 2025.

Signed by Chair
22 October 2024

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 22 October 2024 by video conference.

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

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Ms H. Cameron, Director of Allied Health Professionals; Ms M. Carr, Chief Officer, Acute Services; Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Professor C. Hiscox, Chief Executive; Dr J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Ms L. Macmillan, Patient Experience; Ms J. Macrae, Chief Nurse, Edinburgh Health and Social Care Partnership; Ms D. Milne, Director of Public Health; Ms B. Pillath, Committee Administrator (minutes); 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 M. Barrow, Midlothian Health and Social Care Partnership; Mr P. Knight, Non-Executive Board Member; Ms J. Morrison, Head of Patient Experience.

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.

39. Patient Story

39.1 A video was shown in which a patient gave feedback on dementia care at St John's Hospital and a member of the clinical team spoke about the 'stressed distressed' method used to reduce the incidence of aggression resulting from confusion and distress in the hospital environment.

39.2 Ms McAuley advised that mental health nurses had been appointed at the Royal Infirmary and at the Western General Hospital to run a training programme which would allow similar methods to be used in these areas. The research done on this person centred work would contribute to the development of a new framework.

39.3 Members noted the success of this innovative and person centred approach to reducing violence and aggression in patient areas which had benefited both patients and staff.

40. Committee Business

40.1 Minutes from Previous Meeting (17 September 2024)

40.1.1 The minutes from the meeting held on 17 September 2024 were approved as a correct record.

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

40.2 Committee Terms of Reference – annual review

40.2.1 A paper had been previously circulated. Members accepted the recommendations laid out and agreed to accept the Committee Terms of Reference with no changes.

41. Matters Arising

41.1 Cass Report – Gender Identity Services

41.1 Ms Gillies advised that a formal update paper would be brought to the next meeting. Progress had been discussed by the Corporate Management Team. Referrals for gender affirming surgery had resumed as recommended and the first group of patients had started treatment.

42. Acute Services Annual Report – Acute Adult Sites and Outpatient Services

42.1 Ms McAuley and Dr Whitworth presented the previously circulated report. There was a focus on improving staff wellbeing on all sites using gratitude trees, feedback, and other strategies. More work was needed, but progressing this was a priority.

42.2 Dr Whitworth advised that readmission data was not included in the report but was collected. This data was difficult to interpret as some readmissions may be appropriate, and a current aim was to reduce length of stay. Some patients also had planned reviews. Assurance mapping could be included in the next annual report.

42.3 The patient experience survey was carried out by volunteers and 83% of those surveyed gave positive feedback. It was noted that the survey methodology should be taken into account when interpreting results, as it if the survey was not carried out randomly then more positive people would be more likely to be approached for feedback.

42.4 The early warning scores for cardiac arrest had been in use for three years. The digital monitoring would be implemented once the standard operating procedure was in place and staff training completed. Staff had been involved in testing using the system and had worked closely with the IT team. Ms Gillies advised that the slow roll out was necessary to ensure that the early warning score data was robust. Once implemented, data would be used to review adverse events and implement improvement.

42.5 A review of use of functionality and metrics following outpatients redesign has in progress and a report would go to the Strategic Planning and Performance Committee.

42.6 Winter planning was overseen through Acute Clinical Management Group which reviewed reported incidents. Day to day planning and management of fluctuations in demand was through daily resilience calls across the acute system with resilience plans in place for each level including mutual support across sites when the highest escalation level was reached. There was engagement with the Health and Social Care Partnerships at every level and work with the resilience team to ensure plans were robust. Professor Hiscox noted that the system was under pressure due to a series of reductions in resource, bed base and workforce. Work was ongoing to outline scenarios and match these to business continuity plans.

42.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance. It was recognised that there were areas of high risk on the risk register and a number of challenges, but overall assurance had been provided that these were being managed and that a robust governance system was in place.

43. Safe Care

43.1 Riverside Medical Practice

43.1.1 Ms Long presented the previously circulated paper. This contractual issue had raised concerns about patient access to GP services. Performance at the practice had improved following work done on the complaints management process, and the number of complaints had reduced, but there were still cultural problems to address.

43.1.2 Updates would be brought to the Committee as the situation progressed. **JL**

43.2 Melville Unit – Mental Welfare Commission Report and Action Plan

43.2.1 Ms McKigen presented the previously circulated paper. It was recognised that it was difficult for staff in the unit to manage the two cohorts of patients – those with eating disorders and those with other mental health conditions. An options appraisal would be considered by the Corporate Management Teams so that this could be improved. There was also high agency usage in the unit. As the unit provided a regional service, there could be further difficulties because community services after discharge may not be the same in all health boards in the region. Work was being done with the clinical director on improving the culture in the unit but this would take time. There was engagement with the parent support group for the unit as part of a quality improvement project.

43.2.2 A ministerial letter about the review had been received, and NHS Lothian's response had been drafted.

43.2.3 It was noted that the Royal Edinburgh Hospital and Associated Services overall had had positive reviews, with three Mental Welfare Commission reports that year with no recommendations or requirements.

43.2.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. A further update would be included in the Mental Health Services annual assurance report in January 2025.

43.3 Duty of Candour Annual Report

43.3.1 Ms Gillies presented the previously circulated paper. NHS Lothian was within the Scottish average for number of Duty of Candour events. It was noted that the number of cases responded to was less than the number of cases recorded, because some were ongoing. There was engagement with the patient and family after any event to apologise and advise what improvements had been made.

43.3.2 Members accepted the recommendations laid out in the paper and approved the Duty of Candour Annual Report 2023-24.

44. Exception Reporting Only – reports provided

44.1 Members noted the following previously circulated reports:

44.1.1 Viral Hepatitis Managed Care Network Annual Report;
44.1.2 Respiratory Managed Care Network Annual Report;
44.1.3 Breast Cancer Screening Annual Report;
44.1.4 Diabetic Eye Screening Annual Report.

45. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

45.1 Clinical Management Group, 13 August 2024; 10 September 2024;
45.2 Area Drug and Therapeutics Committee, 7 June 2024.

46. Corporate Risk Register

46.1 No items were raised to be added or revised on the risk register.

47. Reflection on the Meeting

47.1 No items were identified for raising at the Board or at any other Board Sub Committees.

48. Date of Next Meeting

48.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 19 November 2024** by video conference.

49. Further Meeting Dates

49.1 Meetings would take place on the following dates:
- 28 January 2025;
- 18 March 2025.

Signed by Chair
19 November 2024

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday 19 August 2024 via MS Teams.

Present:
Mr J. Blazeby (acting as Chair), Non-Executive Board Member; Councillor S. Jenkinson, Non-Executive Board Member and Mr G. Gordon, Non-Executive Board Member (attending to ensure achievement of a quorum).

In Attendance:
Ms C. Hiscox, Chief Executive; Mr C. Marriott, Director of Finance; Ms J. Gillies Associate Director for Quality Improvement & Safety; Mr J. Crombie, Deputy Chief Executive; Ms C. Grant, Audit Scotland; Ms H. McKellar, Grant Thornton; Ms O. Notman, Head of Financial Services; Mr S. Garden, Director of Pharmacy & Medicines; Ms K. Fraser, Head of Risk, Quality & Assurance, Facilities; Mr J. Old, Financial Controller; Mrs S. Gibbs, Quality & Safety Assurance Lead, Quality Improvement Support Team; Mr D. Thompson, Board Secretary; and Mr G. Ormerod, Committee Administrator.

Apologies: Mr M. Connor (Chair), Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; H. Cartmill, Non-Executive Board Member: Ms E. Mayne, Grant Thornton; Mr A. McCreadie, Deputy Director of Finance.

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

Welcomes and Introductions

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

25. Minutes of the previous meeting held on 17 June 2024

25.1 The minutes of the meeting held on 17 June 2024 were accepted as an accurate record and approved.

26. Running Action Note & Matters Arising

26.1 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.

26.2 **Internal Audit Medicines Management Update** – The Director of Pharmacy & Medicines introduced a previously circulated update report and action plan, developed in response to a Limited Assurance Internal Audit report in this area, received by the Committee in February 2024. He reported on a number of key developments and actions taken, which included:

- The introduction of a multi-disciplinary Medicines Safety & Risk Group (under the Area Drugs and Therapeutics Committee), which was overseeing a refreshed Medicines Governance Strategy as well as the delivery of an action plan in response to the Internal Audit Report.
- The revision and expansion of pre-existing four-monthly checks of ward areas, to ensure coverage of the areas highlighted within the original audit (e.g., secure storage, etc.).
- Planning for a follow-up audit exercise, developed in consultation with the Internal Audit Team, to take place in September. This would go beyond the scope of the original audit. and include a number of unannounced visits that would cover all nine wards from the original audit as well as areas not previously audited.
- The development of a new Medicines Management training course and relevant e-modules for staff.

26.3 Members sought and received reassurance from the Internal Audit Team that the response adequately addressed the findings of the audit report and that they were content with the progress made in delivering actions.

26.4 Reflecting on the Limited Assurance rating, the Chair asked that consideration be given to accelerating delivery timelines, particularly for those actions with an indicated completion date of September 2025.

26.5 The Committee noted the update provided and the action plan. No updated assurance level was sought at this time.

26.6 **Estates & Facilities Critical Systems - Electrical & Backlog Maintenance update** – The Head of risk, Quality & Assurance (Estates and Facilities) introduced the previously circulated report. The report offered assurance on the management responses to two internal audit reports previously received by the Committee: Electrical Systems (Limited Assurance – February 2024) and Backlog Maintenance (Moderate Assurance – June 2024).

26.7 It was noted that the individual recommendations from the Electrical Systems Audit with a previous assurance rating of Limited or None had been addressed through appropriate management actions and increased levels of assurance had been agreed with the Internal Audit Team. The result was that all recommendations now had assurance ratings of either Significant or Moderate. Action to address electrician vacancies was ongoing and further updates on this would be provided to the Internal Audit Team.

26.8 The Backlog Maintenance audit had focused on assessing the processes and controls in place to manage NHS Lothian's backlog maintenance works programme. All audit recommendations had now been actioned and closed to the satisfaction of the Internal Audit Team and an overall assurance rating of Moderate had been agreed.

26.9 The Committee discussed the report, noting the challenges of an aging estate and the current limited availability of capital funding to address this. It acknowledged the potential impacts on sustainability-related strategic objectives as well as the need to continue upskilling and developing the existing workforce to manage the issues raised by both audit reports (for example, ensuring succession planning via Modern Apprenticeship pathways). It was also acknowledged that a backlog maintenance programme was in place and that resources were allocated on an appropriate risk priority basis for critical equipment.

26.10 The Committee noted the reports provided in relation to both the Electrical Systems Audit and the Backlog Maintenance Audit and accepted Moderate Assurance in relation to both, based on the management actions taken.

26.11 **Corporate Risk #5737 - RIE Fire Safety** – The Deputy Chief Executive provided a verbal update to the Committee in relation to the Royal Infirmary of Edinburgh (RIE) Fire Safety Risk.

26.12 The Committee was reminded that NHS Lothian, Consort, and Equans, as the respective duty holders, were each subject to separate enforcement notices issued by the Scottish Fire and Rescue Service (SFRS). An enforcement notice issued directly to the former Chief Executive had since been withdrawn, following his retirement. Other notices issued to the Deputy Chief Executive and the NHS Lothian Board remained extant. Other parties had sought a review of the enforcement notices and the Board had therefore agreed to do the same in order to preserve its rights in the matter. A original review date had been set by the Court for August 2024, but SFRS had requested an extension and a hearing was now likely to take place in October 2024.

26.13 Notwithstanding a pending review of the enforcement notices, the Board had accepted the need to take action to address the issues raised and work was continuing in this regard, in collaboration with other duty holders and the SFRS. A group had been established to facilitate this joint working and was chaired by the Director of Finance. Work was also underway in relation to the upgrading of fire protection systems and infrastructure.

26.14 The Committee noted the update provided and the extension to the timeline for a court review of the enforcement notices.

26.15 **Litigation Annual Report 2023/24** – The Associate Director of Quality provided a response to an outstanding action to undertake a review of key themes arising within the 2023/24 Litigation Annual Report (received by the Healthcare Governance Committee in July 2024). A review of had been conducted and no specific issues were identified in relation to patient safety. However, the Committee was reassured that the relevant information is triangulated, through other systems of assurance, with data on complaints and adverse events to inform patient safety considerations.

RISK MANAGEMENT

27. NHS Lothian Corporate Risk Register

27.1 The previously circulated report on the NHS Lothian's Corporate Risk Register (CRR) and associated processes was received.

27.2 The Committee noted the summary from the May and June 2024 updates provided by the Executive Leads concerning risk mitigation.

27.3 The Committee noted that the June Board had accepted the May 2024 update and a reduced grading of the Nursing Workforce Risk (#3828) from 20 to 12.

27.4 The Committee noted that grading of the Inappropriate Low Secure Accommodation Risk (#5784) had reduced from 20 to 15. This had been a result of the accommodation provider

reconsidering its position and agreeing to extend the block booking contract with the same access as previously available.

27.5 It was noted that the Corporate Management Team (CMT) had reviewed the corporate risks in June, alongside the divisional risks rated high or very high.

27.6 The Committee accepted the report as assurance that there were appropriate processes and controls in place for the identification and management of corporate risks.

INTERNAL AUDIT

28. Overtime for Band 8 & 9 Agenda for Change Staff - Final Report

28.1 The Committee received an Internal Audit Report on Overtime for Band 8 and 9 Agenda for Change Staff. The Report provided six recommendations (three medium risk, three low risk) and two improvement points (advisory) with an overall Moderate Assurance rating.

28.2 During discussion, attention was drawn to Recommendation 1, that senior management approval for local arrangements for the payment of overtime to Band 8 and Band 9 staff should be clearly recorded. No management action had been provided. However, it was accepted that the format of the regular Action Note used to record outcomes and actions at Corporate Management Team meetings would allow for such decisions to be recorded.

28.3 The Committee noted a range of management actions intended to strengthen assurance and reporting arrangements in this area. The detailed Workforce Report currently provided to the Staff Governance Committee will in future include data on Band 8 & 9 overtime expenditure. It was hoped that this would be in place by October 2024. **SGC/CM**

28.4 The Committee reflected upon the advisory point contained within Recommendation 6, that alternative solutions should be explored to reduce reliance on overtime. Although no specific management action had been provided, there was appropriate focus by management on monitoring this and improving processes to minimise these payments as far as possible.

28.5 The Committee noted the report and accepted the finding of Moderate Assurance.

29. Discrepancies between Health Roster and SSTS – Final Report

29.1 The previously circulated report was presented. The audit had found some discrepancies and control weaknesses in the manual data transfer process required to align information between the HealthRoster system and SSTS. Whilst a central Data Assistant team was in place to support this manual input process, there was variation in how this resource was deployed and utilised. Some areas opted to use local resource instead, which was considered a key factor in the issues identified. However, there was also evidence that appropriate controls and processes existed, through documented guidance and comprehensive training materials. The report gave an overall Moderate Assurance level with six recommendations: three medium risk and three low risk.

29.2 The Committee considered the detail of the Report and the adequacy of management actions provided. All recommendations had been accepted by management and specific and timebound actions had been agreed.

29.3 The Committee noted the report and accepted the finding of Moderate Assurance. .

30. Internal Audit Progress Report (August 2024)

30.1 The Committee received a report detailing progress against the 2024/25 Internal Audit Plan. Since the June meeting Internal Audit had delivered 114 of 450 audit days (25.3%).

30.2 The Committee noted the work completed since the last report as well as the audit fieldwork in progress for Risk Management; Financial Controls – Cash Donations and Use of Agency and Bank Staff. It was reported that review of West Lothian IJB had been issued, with three other IJB reviews scheduled for September and October.

30.3 Internal Audit reported completion of a Risk Management review for the NHS Lothian Charity, additional to the Audit Plan, with the outcomes provided to the Charity's Charitable Funds Committee in August 2024.

30.4 The Chair asked about the volume of contingency days included within the Audit Plan and how these would be deployed. The Director of Finance explained the importance of some contingency to address in-year needs. He noted that, for 2024/25, some of this contingency would be utilised to support an assessment of NHS Lothian's indicative position in relation to the different components of the Scottish Government's Support and Intervention Framework.

30.5 The Committee accepted the report, noting that the Internal Audit Plan was progressing as anticipated.

31. Internal Audit Recommendations Tracker Report

31.1 The Committee received and considered the report which provided an overview on the status of internal audit recommendations and the management actions agreed in response.

31.2 It was noted that since the last report, 28 management actions had been implemented. 12 actions were currently overdue and a further seven had not yet reached their due date. It was expected that the remaining medium overdue actions would be closed prior to the next Audit and Risk Committee meeting.

31.3 Members welcomed the improved position on the timeliness of management actions being implemented and expressed the hope that this improvement would continue.

31.4 The Committee accepted the report.

COUNTER FRAUD

35. Counter Fraud Activity

35.1 The Counter Fraud Officer presented the Report, updating the Committee on counter fraud related activities in NHS Lothian. The Report also offered evidence to support the Committee

in taking an appropriate level of assurance that all suspected frauds were accounted for, and that appropriate actions were taken.

35.2 The Counter Fraud Officer informed the Committee about NHS Lothian's progress in adopting and implementing the 12 components of the NHS Scotland Counter Fraud Standard (NHSS CFS). He reported that NHS Lothian was currently meeting eight of these and partially meeting the other four. This represented positive progress, compared to the previous year.

35.3 The Committee noted that employee engagement was progressing with three mandatory modules in place and data being collected to demonstrate employee compliance. Associate Service Directors had been invited to complete the Procurement Fraud Awareness Module.

35.4 The Committee noted that NHS Lothian had received six intelligence alerts from CFS, and these had been shared with relevant areas to take forward actions.

35.5 The Committee discussed Component 3 of the NHSS CFS – The Fraud, Bribery and Corruption Risk Assessment and whether meeting this would require the escalation of a specific risk to the NHS Lothian Corporate Risk Register (CRR). It was acknowledged that operational risks were only considered for escalation to the CRR when they could not be effectively managed or controlled at a lower level in the system and that there was a process in place to manage this. It was therefore not considered appropriate to escalate this risk to the CRR, outside of the agreed process. It was agreed that the Counter Fraud Officer should meet with the Associate Director for Quality and the Board Secretary to discuss how NHS Lothian could best demonstrate compliance with this component of the NHSS CFS. **JO, DT & JG**

35.6 The Committee noted the report as a summary of counter fraud activity in the year, accepting Moderate Assurance that all cases of suspected fraud were accounted for and appropriate action taken.

36. Any Other Competent Business

36.1 The Chair offered thanks, on behalf of the Committee, to Mr Connor for his support and hard work as Chair of the Audit & Risk Committee for the last six years.

37. Reflections on the Meeting

37.1 Any matters to highlight at the next Board meeting – No matters to raise at the next Board meeting.

37.2 Any matters to highlight to any other Board committees – No matters to raise at any other committees.

38. Date of Next Meeting:

38.1 The next meeting of the Audit and Risk Committee will be held on Monday 18 November 2024 at 9.30 a.m. via Microsoft Teams.

Signed by Chair
18 November 2024

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 31 July 2024 via Microsoft Teams.

Present: Ms V. de Souza, Non-Executive Board Member (Chair); Ms E. Gordon (Non-Executive Board Member); Mr J. Innes (Non-Executive Board Member).

In Attendance: Mr J. Crombie (Deputy Chief Executive) Mrs A. MacDonald (Executive Nurse Director) Miss T. Gillies (Executive Medical Director), Ms H. Fitzgerald (Partnership Representative) Mrs R. Kelly (Deputy HR Director), Ms M.Campbell (Director of Facilities), Ms L. Cunningham (Partnership Representative), Mrs L. Barclay (The Whistleblowing Programme and Liaison Manager), Ms L. Canale (Clinical Services Manager REAS, Child & Adolescent Mental Health – Item 2), Ms C. McDowall (Work Well Specialist Lead / Speak Up Ambassador – Item 5.3), Ms F. Tynan (Associate Nurse Director, Corporate Nursing – Item 6.1.2), N. Clancy (Head of Employee Relations – Item 7.3), Mr N. McAlister (Head of Workforce Planning – Item 7.3) and Mr G. Ormerod (Corporate Governance Team -Minute).

Apologies for absence was received from: Mrs J. Butler, Director of Human Resources and Organisational Development; Ms K. Kasper, Non-Executive Board Member; and Ms T Miller, Employee Director.

CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed Mr. Inness, Non-Executive Board Member to the Committee.

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.

14. Declaration of Conflicts of Interest

14.1 No interests were declared.

15. Presentation – iMatter Story

15.1 The Clinical Services Manager REAS, Child & Adolescent Mental Health team shared an iMatter story. She confirmed that Children and Adolescent Mental Health service (CAMHS) senior management team has responsibility for the CAHMs services across Lothian. iMatter has played an important role in the service since 2015 and has helped the service develop and engage with staff through conversations for improvement and support action plans at a team level.

15.2 The Clinical Services Manager confirmed the EEI score of 89 has increased in 2024 to 91, and iMatter has highlighted the importance of communication around teams, the iMatter cycle, and reporting. She confirmed that iMatter has given the service a sense of ownership and leadership and that their feedback makes the difference. She also highlighted the importance of action planning in the team, as teams that engage less have a lower EEI score.

15.3 Clinical Services Manager confirmed the CAHMs SMT was set up in 2023 to discuss feedback from iMatter with the following points identified:

- How the team was working together as a new team and what went well.

- Working collaboratively, being open and honest, holding staff in mind and the importance of experience in the team.
- Recognised growth in the group and that problems were shared.
- Looking at solutions, including board leadership, visibility and realigning CAHMs against the board objectives.
- Setting objectives for the next year and developing a work plan.
- Four weekly meetings are maintained to keep the direction of what was collectively agreed.
- CAHMs celebrate achievements and collective scores in these domains.

15.4 The Chair congratulated the team on their success and highlighted that it is very encouraging to see the energy and information presented in the presentation. She agreed to write to the service to acknowledge this success story. **VdS**

15.5 A Non-Executive Board Member asked if there were any lessons learnt or experiences that could be shared. The Clinical Services Manager highlighted that she was passionate about direct conversations with staff and the importance of actively hearing from staff in a pan-Lothian service. She highlighted that iMatter is also used as a toolkit, rather than completing the survey on a yearly basis.

15.6 The Deputy Director of HR confirmed that this success story would likely be shared at a national level with other Boards. The Head of Medical Workforce Planning/iMatter Lead is always looking for iMatter stories that can be shared with other Boards on the national platform.

16.1. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 29 May 2024

16.2 The minutes of the previous meeting were approved as an accurate record.

16.3 Actions:

- 5020 Water Safety Risk: The water safety characteristics will be included in the October report.
- Presentation Carers Network: It was agreed that this action would be updated to reflect the current vacant Chair position of the network due to a change in their caring responsibilities. Once a new chair has been agreed, the network will be invited back to the committee.

17. Matters Arising

17.1 No matters arising

STAFF EXPERIENCE

18. Advancing Equalities Action Plan 2024/26 update

18.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2024/26. She confirmed the action plan was signed off at the Committee in May, and it was agreed to move to a two-year RAG action plan, as some actions will take longer to implement.

18.2 The Deputy HR Director advised of the following updates since the last committee:

- The application has been completed to apply for a Disability Confident Level 3 Status Disability Leader. An update would be provided in October as to the progress with our application for Level 3
- The 2023/24 Equality & Diversity Monitoring Report has been completed and published on our website. A meeting is scheduled with the diversity group in August to look at actions.
- Work is progressing for career progression for BME staff.
- The Equally Safe at Work Employer Accreditation Programme has been discussed. The Women's Network is interested in being involved and is speaking to boards that are already accredited as Equally Safe at Work employers. A paper outlining the benefits will go to the Staff Engagement and Experience Programme Board in August and then CMT for approval. A further update would be provided to the Committee in October.

18.3 A Non-Executive Board Member enquired how the Networks measure their impact on staff. The Deputy HR Director confirmed that the final action in the Advancing Equalities Action Plan was to consider the ways the work is measured and the difference it makes and further information on this will be provided to the Committee at a future meeting.

18.4 A Non-Executive Board Member asked about the training and education and whether staff are self-referred or identified for the Women's Mentoring Programme. She highlighted the progress and stated that 'work is ongoing until the lead goes on maternity leave'. The Deputy HR Director confirmed that she would check and provide an update on this question. **RK**

18.5 The Committee accepted moderate assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2024-26.

19 Whistleblowing Report

19.1 The Committee received the Whistleblowing Report, which included an update on the case that has been with the INWO since August 2022. The full report was received in May 2024, with actions and recommendations outlined in the report.

19.2 The Deputy Director of HR confirmed that NHS Lothian has written to the INWO about the recommendations under Appendix 3 for 6–9. The INWO has since responded and accepted the recommendations suggested for 6–9 and agreed to an extension to recommendation 5. An update would be provided at the meeting in October for recommendation 5.

19.3 The Deputy Director of HR confirmed Appendix 2 provides an update on the ongoing cases and cases closed since May. Since the last update, NHS Lothian has received one new stage 2 whistleblowing case, and this is being worked through in line with the standards. She confirmed the second INWO report in relation to a concern raised in 2023 is still outstanding, and is expected by the end of August.

19.4 Members noted the Q1 2024/25 performance report that will be presented at the August Board meeting. The report provides an update on the ongoing cases, timescales for these cases, and learning from whistleblowing cases to date to try and prevent further cases from being raised, including changes and processes put in place since the standards were implemented in 2021.

19.5 Members highlighted the delays in the INWO undertaking investigations but highlighted the positive news that they have responded to the recommendation letter.

19.6 A Non-Executive Board Member asked how the board can build confidence and if there is a supportive environment where a complaint is seen as valuable and positive. The Deputy Director of HR confirmed that since the standards came out, the organisation has promoted our Speak Up service to encourage staff to raise concerns locally or be pointed in the right direction to support without formalising the process.

19.7 The Chair highlighted the need for momentum to continue, as whistleblowing issues can be disruptive. It was agreed that the Whistleblowing action plan would be updated when the report is received to reflect the current positon. **JB/RK**

19.8 The Committee approved the recommendations set out in the report.

20 Work Well Strategy – update

20.1 The Work Well Specialist Lead provided an update on the Work Well Strategy Delivery Plan and confirmed the strategy has just reached the end of the third year with a huge amount of work achieved against the three key objectives: work well programme, wellbeing support, and support for leadership for work well roles.

20.2 The delivery plan has a number of workstream's, and there has been significant investment in staff webinars, reading sessions, menopause cafes, and support for education, reducing stigma and peer support. The delivery plan has also supported staff through the cost of living crisis with roadshows taking place at sites throughout the year and campaign issues around the importance of staff taking lunch breaks with 'Let's do lunch sessions'. Resources are available in a number of accessible formats that can be accessed through any device.

20.3 The Work Well Specialist Lead confirmed a significant amount of work has been done in collaboration with NHS Charity, who have funded a two-year Band 4 post to support the Work Well Strategy.

20.4 The Work Well Specialist Lead confirmed that work is progressing with investment in 200 staff for leading wellness courses and evaluations, and this is expected to be completed in September as part of the strategic alignment. This was behind target, but the RAG format provides reassurance that when actions are not completed, they will still be progressed against the actions.

20.5 Members noted that the delivery plan for 2024/25 would move to an in-house model due to the financial context, with some elements moving from online to in-person sessions with new content and existing content such as webinars.

20.6 The Work Well Specialist Lead confirmed there will be a focus on wider promotion of all services as the strategy matures with work around sickness absence and an alignment with health and safety and employee relations. Feedback from staff has shown the importance of treating staff well, and a campaign is underway about kindness and gratitude as part of the wellness work.

20.7 Members congratulated the Work Well Specialist Lead on their leadership with this work and how much has been achieved. The Deputy Chief Executive highlighted the importance of talking about this work as part of our values and commitments.

20.8 The Chair suggested that some Non-Executive Board Member should meet with the Work Well Specialist Lead to discuss this work further. It was agreed that the Director of HR and OD would be involved as the lead for this work, and it was agreed that a further update would come back to the Committee in 6 months. **VdS**

20.9 The Committee approved the recommendations in the report.

21 Agenda for Change Non Pay Reform – update

21.1 The Deputy HR Director provided an update on the Agenda for Change Reforms as part of the 2023/24 pay deal. She confirmed there are three separate elements to this reform, including: protected learning time; reducing the working week by 1 hour and 30 minutes for agenda for change staff, but with the first 30 minute reduction to be effective from the 1 April 2024; and the Band 5 nursing review. It was noted that reducing the working week and the nursing review are taking up most of the time, but protected learning is easier to implement as many staff already have this built into their time.

21.2 The reduced working week is progressing with an implementation group set up. Non-rostered staff have to move to the new working hours by the end of August and Rostered staff by the end of November. To date approx. 4500 non-rostered staff in admin and business services have moved across to the new working hours, but there are challenges in some service areas such as telecommunications that will lead to difficulties in managing the service, with additional staff being appointed.

21.3 The Deputy HR Director confirmed there are challenges in reducing the working hours for nurses who are rostered and on shift patterns. She highlighted that good progress has been made for the first 30 minutes, but there is a risk to some service delivery that may need to be escalated.

21.4 The Deputy Chief Executive highlighted the complexities of calculating the revised reduction in minutes for part-time staff, confirming a series of discussions had taken place at national level to try to resolve this. The changes required will place a burden on leadership teams and a directive from ministers that is not as elegant as it could be. He confirmed this work would progress through Finance and Resource and Audit and Risk as a financial risk.

21.5 The Deputy HR Director provided an update on the B5 nursing review, confirming that staff have the opportunity to request a review if they feel they are working higher than a Band 5. She confirmed that much of the work to date is putting in the infrastructure to work alongside the current job evaluation team, with a project manager and admin support in place and good numbers of both management and staff side matchers identified.

21.6 The Deputy HR Director confirmed that training will begin for matchers in August and hopes to start the process for matching applications in the middle of September. Nurses have been advised not to submit applications until the infrastructure is in place. There are 4500 staff members at B5, but it is currently unclear how many will submit an application.

21.7 The Deputy HR Director confirmed protected learning was included in the SpeedRead in June. This part is slower than the other two areas, but further work will be done on this in the organisation, with initial advice and guidance sent out to staff.

21.8 Members noted that any additional costs are being monitored in case additional funding is received. Any updates on this work will be published through SpeedRead.

21.9 A Non-Executive Board Member asked if there was an additional resource for bringing in retirees. The Deputy HR Director confirmed the matching panel can be done from any background, but it helps to have a nursing profession. Some retirees will likely be coming back to assist with this work but this is currently being finalised.

21.10 The Partnership Representative highlighted the greater impact on admin staff and acknowledged the support they are providing to managers and leaders to take this work forward.

21.11 The Committee approved the recommendations.

ASSURANCE AND SCRUTINY

22 Corporate Risk Register

22.1 3455 – Management of Violence and Aggression

22.1.1 The Deputy Director of Nursing provided an update on the work plan intended to mitigate the Violence and Aggression (V&A) risk on the Board's Corporate Risk Register. She confirmed that the risk has been to CMT and has been reworded to cover all violent and aggressive behaviour across the organisation in particular mental health, learning disability services, and emergency departments.

22.1.2 The Deputy Director of Nursing confirmed the Q1 health and safety report on Violence and Aggression (V&A) would be presented at the next health and safety committee because it is covered this quarter.

22.1.3 The Deputy Director of Nursing confirmed that double-running training programmes have been implemented and additional training is underway for targeted areas of greater risk, including the potential risk of inadequate staff training. Work is also progressing through audit and risk scrutiny, with a full report to come to the October committee.

22.2 3828 – Nurse Workforce – Safe Staffing Levels

22.2.1 The Associate Nurse Director provided an update on the first Health and Care Staffing Scotland Quarterly Board Compliance Report that went live on 1 April 2024. She confirmed that this report is a legal requirement for healthcare legislation set out by the Scottish Government.

22.2.2 The Associate Nurse Director confirmed the report uses a RAG status to monitor compliance for professions and sets out each area of success that is shared by staff. The report helps to identify gaps, mitigate actions, and consider staff views.

22.2.3 The Chair asked if the Staff Governance Committee would have primary oversight of this report. The Associate Nurse Director confirmed the report will go to the health and care staffing programme, but will come to this committee quarterly in advance of each board meeting.

22.2.4 The Chair highlighted the low feedback response from midwifery and asked if there were any limitations. The Executive Nurse Director confirmed that systems are in place, but there are

challenges with the levels across the organisation. She confirmed that midwifery does not have the same escalation processes in place as other professions.

22.2.5 A Non-Executive Board Member asked how the legislation ties in with the board and keeps operations on track. The Executive Nurse Director confirmed there are sufficient tools and legislation for workforce planning and efficiency, and this will report on nursing and safe staffing numbers.

22.2.6 The Committee accepted moderate assurance to meet the obligations as part of the legal requirement to the Scottish Government.

22.3 5020 – Water Safety

22.3.1 The Director of Facilities provided an update on the water safety risk, confirming that the risk has progressed with improvements in records and satisfactory risk monitoring and compliance.

22.3.2 Members noted that compliance for engagement with third-party premises around water safety is at 93%, with four areas outstanding. The Director of Facilities confirmed that three areas are engaging, but further escalation is required to HMP Addiewell, and a letter will be sent to progress this work.

22.3.3 The Director of Facilities confirmed the original risk description does not reflect the current risk status, as this was previously related to the Covid pandemic. She confirmed that the risk will be updated, and the water safety group will consider whether this risk can now be measured through that group.

22.3.4 The Chair highlighted the excellent progress that has been made in the last six months, especially with third parties and compliance.

22.3.5 The Deputy Chief Executive confirmed that the water safety risk is ahead of schedule. He confirmed the water safety group will undertake a proposal for this risk, and a decision on the risk will come back to the October committee.

22.3.6 The Committee approved the recommendations in the report.

22.4 3328 – Traffic Management

22.4.1 The Director of Facilities provided an update on the traffic management risk, confirming the risk remains high with limited assurance. She confirmed that discussions have taken place with senior management on whether anything could be done to mitigate and reduce the risk further with limited capital funding.

22.4.2 The Deputy Chief Executive confirmed that he has asked the corporate health and safety team to undertake an independent review of documents with the recommendation to remove this risk from the corporate risk register and onto the estates and facilities risk register, given that there has been a steady period with no reported incidents.

22.4.3 The Committee approved the recommendations and agreed to the risk being reviewed.

22.5 RIE Fire Safety

22.5.1 The Deputy Chief Executive provided an update on the RIE fire safety risk, confirming that there have been no changes to the grading or controls for the associated risks.

22.5.2 The Deputy Chief Executive provided an update on the enforcement notice issued to NHS Lothian, Consort, and Equans. He confirmed notice of the enforcement was sent to the Chief Executive, Deputy Chief Executive, and the Board. Discussions have taken place between Equans and the Scottish Fire and Rescue Service (SFRS), with the notice standing down for Equans and only focussing on NHS Lothian and Consort.

22.5.3 The Deputy Chief Executive confirmed he also wrote to the Scottish Fire and Rescue Service (SFRS) due to the Chief Executive's imminent retirement and confirmed that the notice has been rescinded for the Chief Executive and that the notice would sit with the Deputy Chief Executive and the Board.

22.5.4 The Deputy Chief Executive provided an update on the risk and fire safety team at the RIE. He confirmed the key mitigation factor was to bring in a response team responsible for monitoring the site. The Deputy Chief Executive provided reassurance that safety on the site has improved by confirming he recently met members of the team who displayed exceptional enthusiasm and ambition for their roles, as well as producing clear documentation and each member being able to provide examples of their systematic roles.

22.5.5 A Non-Executive Board Member asked if we have a clear view and plan for the RIE site. The Deputy Chief Executive confirmed there is a large amount of work and infrastructure improvements ongoing, but the current infrastructure compromises the work with limited decant space and is a risk for the next 5 years. Various briefings and oversight groups are taking place, and plans can be shared. **MC**

22.5.6 The Partnership Representative asked if there was any learning from the external fire team that could be shared to provide further reassurance. The Deputy Chief Executive confirmed that there is commitment from the facilities leadership, but there is still additional learning. The Director of Facilities confirmed that the communication team would interview the RIE fire safety team to raise their profile and provide learning for the other sites.

22.5.7 A Non-Executive Board Member highlighted the 79% of staff at the RIE who have completed fire safety training. She asked if those who have not completed training would be hard to reach. The Director of Facilities confirmed this is an ongoing project due to sickness and annual leave, but the fire safety team is working hard to train staff. The Deputy Chief Executive confirmed training continues to be managed and good progress has been made.

22.5.8 The Committee approved the report's recommendations.

SUSTAINABLE WORKFORCE

23 Workforce Report

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

23.2 The Deputy Director of HR confirmed the report provides data for absence levels, which are down 0.4% across the organisation in May 2024 but up from the same period last year. She confirmed that levels of absence are provided within the workforce report under Appendix 1.

23.3 Members noted that mandatory training across the organisation is at 72% compliance, and Agenda for Change staff appraisals are at 55% up from the previous report. The Deputy Director of HR confirmed that a communication had been issued by the CMT about appraisal reporting and the expectation of the levels to be achieved particularly in Corporate areas.

23.4 Members welcomed the CMT appraisal communication to increase the appraisal figure (55%) and improve compliance.

23.5 A Non-Executive Board Member asked what options are available to staff if appraisals do not take place. The Deputy Director of HR confirmed that if a staff member were unhappy, they would need to escalate to the next level of management.

23.6 The Committee noted the workforce update for June 2024.

24 Workforce Efficiencies Programme Board Update

24.1 The Head of Employee Relations provided an update on the workforce efficiency programme. She confirmed that a programme board has been established and that work is progressing with the workforce trajectory; however, there are a number of challenges and cross-cutting themes to delivering services safely, such as safe staffing and reducing the working week, that make meeting the target difficult.

24.2 The Head of Employee Relations confirmed that the one-year target is to reduce the workforce by 100 WTE per month; however, because of the current challenges, the service is currently behind schedule. She confirmed that there would be long-term changes in service delivery as well as supportive changes to services.

24.3 The Head of Employee Relations confirmed that tools and a new dashboard would be developed to help managers move this work forward. The dashboards are more interactive and will include data on absence levels and mandatory training that will allow managers to focus on specific services and staffing.

Mr Innes, Non-Executive Board Member left the meeting. The meeting was no longer quorate.

24.4 Members noted that sickness absences for the first quarter were 5.93%, with work underway to reduce sickness absences through good housekeeping and sessions taking place with managers that have been positive.

24.5 The Chair highlighted the complex and significant challenge of the agenda for change work and commended the work that has been undertaken to date.

24.6 The Head of Workforce Planning confirmed in the latest update that the workforce has made the most significant reduction to date.

24.7 The Committee noted the information in the report and ongoing work with sickness absence and reducing workforce numbers.

FOR INFORMATION AND NOTING

25 Staff Governance Statement of Assurance Need

25.1 The Committee noted the Staff Governance Statement of Assurance Need

26 Staff Governance Work Plan

26.1 The Committee noted the Staff Governance Work Plan

27. Any Other Competent Business

27.1 The Deputy HR Director confirmed a new report template for the Committee has been agreed, this will be used for all papers going forward.

27.2 The Chair confirmed a leadership event will take place on 25 September and highlighted this as a good opportunity for the executive team to show positive governance and leadership to staff across the organisation.

27.3 The Chair confirmed that Speak Up week would take place from 30 September to 4 October.

REFLECTIONS ON THE MEETING

28 Matters to be highlighted at the next Board meeting

28.1 The Deputy Chief Executive confirmed there were good conversations at the meeting with sufficient evidence and helpful scrutiny from members.

28.2 The Partnership Representative echoed these comments and confirmed it was a positive meeting with a good balance of discussion.

29 Matters to be highlighted to another Board Committee

29.1 The Executive Nurse Director confirmed the Health and Care (Staffing) (Scotland) Act 2019 Quarterly Board Compliance Report would go to the next Board meeting.

30 Date of Next Meeting:

30.1 The next Committee meeting would be held on Wednesday 30 October 2024 at 9.30am

Signed by Chair
30 October 2024

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 8 AUGUST 2024.

Present

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

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

Apologies – Andrew McGuire, Lesley Cunningham, Donald Noble and Ann Pike

Absent – Tony Boyle

In attendance – Neil Ferguson (General Manager Primary Care and Community Services), Rob Allen (Senior Manager, Older People Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager, Adult Services), Mike Reid (General Manager, Mental Health and Addictions) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minute of its meeting held on 25 June 2024 as a correct record.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 15 February 2024.

b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 6 June 2024.

c The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 6 June 2024.

4 MEMBERSHIP & MEETING CHANGES

The IJB agreed the following:

- To reappoint Lesley Cunningham to the IJB as non-voting member from 3 September 2024.

- To reappoint Lesley Cunningham to the Audit, Risk and Governance Committee and the Strategic Planning Group.

5 CHIEF OFFICER'S REPORT

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

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

Decision

1. To note the terms of the report.

2. To circulate letter sent to Integration Joint Boards on 9 July 2024 noting the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 as referenced in the report.

6 2024/25 INDICATIVE FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2024/25 forecast budget outturn.

It was recommended that the IJB:

1. Consider the indicative forecast outturn for 2024/25 which took account of delivery of agreed savings.

2. Note that an update on the forecast budget position and progress towards achieving a balanced budget position would be reported to the Board in September.

Decision

To note the terms of the report.

7 PROGRESS REPORT FOR BUDGET SAVING MEASURE SJ5D REVIEW OF HOUSING WITH CARE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People Services providing members with an

update on the progress of budget saving measure SJ5d *Review of Housing with Care* agreed by the IJB on 21 March 2023. The report provided further details on the proposal to deliver the agreed measure following consultation with service users, staff and trade unions.

It is recommended that the IJB:

1. Note the content of the report;
2. Note alternative means identified to deliver required saving; and
3. Note the measure was on target for 2025/26 delivery.

Decision

To note the terms of the report.

8 ALCOHOL AND DRUG PARTNERSHIP – NEEDS ASSESSMENT

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members of the needs assessment that had been undertaken by the West Lothian Alcohol and Drug Partnership to inform the development of the new ADP Strategic Plan and Delivery Plan.

It was recommended that the IJB:

1. Note the contents of the report; and
2. Note that it was intended that the Needs Assessment would provide the evidence base for the development of the ADP Strategic Plan 2024/27.

Decision

To note the terms of the report.

9 CALL FOR VIEWS: STAGE 2 SCRUTINY OF THE NATIONAL CARE SERVICE (SCOTLAND) BILL

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members of the Call for Views by the Scottish Parliament's Health, Social Care and Sport Committee in relation to the National Care Service.

It was recommended that the IJB:

1. Note the contents of the report; and

2. Agree that the draft response included in Appendix 1 of the report be submitted to Health, Social Care and Sport Committee.

Decision

To approve the terms of the report.

10 COMING HOME DYNAMIC SUPPORT REGISTER

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services advising members of the work being progressed in relation to the Coming Home Dynamic Support Register.

It was recommended that the IJB

1. Note the contents of the report; and

2. Note that further update reports would be provided to the Board on a 6-monthly basis.

Decision

1. To note the terms of the report.

2. To review figures on table under 3.2 and re-circulate to members with any corrections.

11 DEVELOPMENT OF THE WEST LOTHIAN MARKET FACILITATION PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members of the approach and progress made in taking forward the development of the IJB Market Facilitation Plan.

It was recommended that the IJB:

1. Note the approach taken to the development of the initial draft of the IJB Market Facilitation Plan; and

2. Note that further engagement would be undertaken to inform the development of the final plan.

Decision

1. To note the terms of the report.

2. To ensure the next iteration of the report reflects understanding of

control and decision responsibilities.

12 ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance seeking approval of the recommended changes to the Records Management Plan following its annual review; and assuring the IJB that its Publication Scheme had been reviewed and updated.

It was recommended that the IJB:

1. Note that the Records Management Plan was required to be reviewed annually;

2. Note that a new element was included in the revised model records management plan and that guidance for IJBs was still awaited;

3. Note that a review had been carried out and agree the recommended changes to the Plan;

4. Note that a Progress Update Review would be submitted to National Records Scotland on approval of the changes; and

5. Note that the Board's Publication Scheme had been reviewed and updated.

Decision

To approve the terms of the report.

13 PRE-BUDGET SCRUTINY 2025–26 - FINANCIAL POSITION OF INTEGRATION JOINT BOARDS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer advising members of the Scottish Parliament's Health, Social Care and Sport Committee's Call for views as part of its pre-budget scrutiny 2025–2026.

It was recommended that the IJB:

1. Note the Scottish Parliament's Health, Social Care and Sport Committee's Call for views as part of its pre-budget scrutiny 2025–2026; and

2. Consider the draft response to the Call for Views included in Appendix 1 of the report and agree its submission.

Decision

To approve the terms of the report, subject to amending responses to Questions 3 and 4 to emphasise impacts of resources reduction.

14 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 17 SEPTEMBER 2024.

Present

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

Non-Voting Members – Lesley Cunningham, Hamish Hamilton, David Huddlestone, Alan McCloskey, Douglas McGown, Donald Noble, Ann Pike and Alison White

Apologies – Tom Conn, Steven Dunn, Jo MacPherson and Linda Yule

In attendance – Rob Allen (Senior Manager, Older People Services), Louise Blythe (Clinical Nurse Manager for Vaccination, Treatment room and Phlebotomy Services), Neil Ferguson (General Manager Primary Care and Community Services), Susan Gordon (Community Planning Development Officer), 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) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

Agenda Item 10 – *Community Planning Partnership Update*

George Gordon stated during consideration of item 10 that he was Chair of the Northwest Locality Improvement Plan.

2 MINUTES

The IJB approved the minute of its meeting held on 8 August 2024 as a correct record.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 18 July 2024.

b The IJB noted the minutes of the West Lothian Integration Joint Board Alcohol and Drug Partnership Executive held on 30 May 2024.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised the following:

The Carers Voice Group and Carers of West Lothian had re-nominated Ann Pike as non-voting member of the IJB from 3 October 2024.

The Health Board has reappointed Linda Yule as non-voting member of the IJB from 6 October 2024.

Decision

1. To agree to reappoint Ann Pike to the IJB as non-voting member of the IJB from 3 October 2024.

2. To note the reappointment of Linda Yule as non-voting member of the IJB from 06 October 2024.

5 CHIEF OFFICER REPORT

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

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

Decision

To note the terms of the report.

6 AUDIT OF THE 2023/24 ANNUAL ACCOUNTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer advising members on the conclusion of the audit of the Integration Joint Board (IJB) Annual Accounts for 2023/24 and highlighting key points from the draft Annual Audit Report.

It was recommended that the IJB:

1. Consider the audited 2023/24 Annual Accounts;

2. Consider the draft Annual Audit Report for 2023/24;

3. Note that the Audit, Risk and Governance Committee would review the audited Annual Accounts and draft Annual Audit Report on 12 September 2024. Due to Board papers needing to be issued by 11 September 2024 any recommendations from the Committee to the Board were not reflected in this paper and would need to be made verbally at the Board meeting; and

4. Agree the audited Annual Accounts 2023/24 for signature and

publication.

Decision

1. To approve the terms of the report with the exception of Recommendation 3.

2. To note that the Audit, Risk and Governance Committee held on 12 September 2024 had not made any additional recommendations in relation to the audit of the 2023/24 annual accounts and therefore Recommendation 3 was no longer relevant.

3. To agree, in the absence of the Chair, an additional recommendation that the Vice-Chair be nominated and approved to sign-off the annual accounts on the Chair's behalf.

7 2024/25 FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2024/25 forecast budget outturn for the Integration Joint Board (IJB).

During discussion, it was noted that upcoming development sessions would focus on finance issues as well as the strategic plan. The suggestion of ensuring a balance between detailed discussions during development sessions and public discussions of the same matters during IJB meetings was also noted.

It was recommended that the IJB:

1. Consider the forecast outturn for 2024/25 which took account of delivery of agreed savings;

2. Note the projected year end overspend of £2.751m;

3. Note the operational recovery actions that were being progressed;

4. Agree the proposed recovery plan to achieve breakeven in 2024/25; and

5. Note that an updated 2025/26 Budget Plan would be reported to the Board in November.

Decision

To approve the terms of the report.

8 COMMUNITY PLANNING PARTNERSHIP UPDATE

The IJB considered a report (copies of which had been circulated) and presentation by the Community Planning Development Officer providing

an update on activity taken forward by the Community Planning Partnership.

It was recommended that the IJB Board note the update on CPP activity highlighting the linkages between the CPP and IJB and consider further opportunities for collaboration and delivery.

During discussion, members indicated that they would welcome further collaboration between the CPP and the IJB.

Decision

To note the terms of the report and presentation.

9 COMMUNITY LINK WORKER (CLW) AND DISTRESS BRIEF INTERVENTION (DBI) SERVICE - FUNDING AND COMMISSIONING APPROACH

The IJB considered a report (copies of which had been circulated) by the General Manager, Mental Health and Addictions seeking approval to jointly commission the Community Link Worker and Distress Brief Intervention services for the next three years (plus up to 24 months); supported by a comprehensive evaluation of the West Lothian DBI service test of change.

It was recommended that the IIJB:

1. Note that West Lothian Health and Social Care Partnership (HSCP) had launched its Distress Brief Interventions (DBI) service on 31st March 2024 as a one-year test of change;

2. Note the strong national evidence for DBI and the progress and outcomes to date in the implementation of the West Lothian service;

3. Note that both the Community Link Worker service and DBI contracts would expire on 31 March 2025;

4. Note that funding for the DBI service had been identified from NHS Lothian Primary Care Transformation & Sustainability Funding and redirection of resource in Mental Health (Health) budgets; and

5. Approve the joint tender of the Community Link Worker and Distress Brief Intervention services for the next three years (plus up to 24 months).

Decision

To approve the terms of the report.

10 WEST LOTHIAN HSCP INDEPENDENT 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 the West Lothian Independent Advocacy Strategic Plan following further engagement and seeking approval to publish the Strategic Plan and associated action plan, pending any further input from the Social Work and Health PDSP in relation to children and families.

Recommendations It was recommended that 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 has been developed;

2. Note the statutory responsibilities for NHS boards and local authorities in relation to independent advocacy;

3. Note that a draft Independent Advocacy Strategic Plan had been developed in consultation with key stakeholders;

4. Note that the strategic plan had been further refined and an action plan developed following further engagement with key stakeholders;

5. Approve the strategic plan and associated action plan for publication, pending any further input from the Social Work and Health PDSP in relation to children and families.

Decision

To approve the terms of the report.

11 ADULTS WITH INCAPACITY AMENDMENT ACT - CONSULTATION RESPONSE

The IJB considered a report (copies of which had been circulated) by the General Manager, Mental Health and Addiction informing members of the proposed changes to the Adults with Incapacity (Scotland) Act 2000 (AWI Act) and seeking approval to submit the draft response on behalf of the IIJB.

It was recommended that the IJB:

1. Note that Scottish Government was consulting on proposed changes to the Adults with Incapacity (Scotland) Act 2000 (AWI Act) by 17 October 2024;

2. Note that this was the first step in a wider programme of work to reform mental health and incapacity law in Scotland over the next ten years, following the recommendations of the Scottish Mental Health Law Review; and

3. Note the proposed response and agree for it to be submitted on behalf of the IJB by the deadline of 17 October.

Decision

To approve the terms of the report.

12 CALL FOR VIEWS: STAGE 2 SCRUTINY OF THE NATIONAL CARE SERVICE (SCOTLAND) BILL

The Chair prefaced this item by advising that a pre-meeting of members had been held prior to finalising responses to ensure alignment of views and responses between the IJB and its two partner organisations.

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members of the Call for Views by the Scottish Parliament's Health, Social Care and Sport Committee in relation to the National Care Service.

It was recommended that the IJB:

1. Note the contents of the report; and

2. Agree that the draft response, included in Appendix 1 of the report, be submitted to Health, Social Care and Sport Committee.

Decision

To approve the terms of the report.

13 MDT LOCALITY MODEL - PROGRESS UPDATE & NEXT STEPS

The IJB considered a report (copies of which had been circulated) by the HSCP Senior Management asking members to note the contents of the report and contribute to discussion following the corresponding presentation.

It was recommended that the IJB note the positive outcomes of the Broxburn Locality test of change (ToC) and

1. Support the decision of the West Lothian Health and Social Care Partnership's management team to assess the service change as 'Minor' at this stage under the 'Planning with People' guidance, with the understanding that this would remain under review; and

2. Note that a business case would be shared with the IJB in November 2024 setting out proposals for moving to a delivery model based on multi-disciplinary team working with costs and phasing from April 2025.

Decision

To approve 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 submitting the West Lothian Health and Social Care Partnership's Primary Care Improvement Plan to the board. A summary paper had been presented at the IJB meeting on 25 July 2024, noting the finalised plan would follow. The plan outlined the West Lothian's 2024 Primary Care Improvement Plan (PCIP), developed in conjunction with version 7.0 of the bi-yearly submission to the Scottish Government. 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. Note the content of the 2024 Primary Care Improvement Plan; and

2. Support the decision to develop a broader West Lothian Primary Care Strategy for 2025–2028 intended to be presented to the board in Spring 2025.

Decision

To approve the terms of the report.

15 IJB INTERIM PERFORMANCE REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a performance report based on the latest published data available on the Core Suite of Integration Indicators, the latest Ministerial Strategic Group Integration Indicators and Primary Care Improvement Plan Performance. The report also contained an overview of the Directions issued to both West Lothian Council and NHS Lothian. The draft Annual Performance Report had been presented to the IJB in June 2024, and the IJB had agreed that the Chief Officer be given delegated authority to approve the publication of the finalised report prior to its publication on 31 July. The finalised report was attached to the report as Appendix 4.

Members were asked to note that that there was a typographical error in relation to NI 11 – premature mortality rate under National Indicators 11–20 in the report, which should read:

- 441 for both West Lothian and Scotland for 20222/23

- 429 for West Lothian in 2023/24

- 442 for Scotland in 2023/24

The IJB was asked to note the contents of the report.

Decision

To note the terms of the report.

16 WLHSCP AUTUMN/WINTER SEASONAL FLU AND COVID-19 VACCINATION DELIVERY PROGRAMME 2024/25

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services outlining work being undertaken by WLHSCP's 2024/25 Vaccination service including the seasonal winter Flu and Covid-19 programme.

The report was for information and to provide assurance. The IJB was asked to note its content and acknowledge the work of teams in developing this comprehensive service.

Decision

To note the terms of the report.

17 DELAYED TRANSFERS OF CARE, PERFORMANCE AND RESPONSE

Councillor Andrew McGuire left during consideration of this item and did not participate in the remaining items of business.

The IJB considered a report (copies of which had been circulated) by the Head of Service providing an update on delayed transfers of care, often referred to as delayed discharges, and on the actions being taken to support the transfer of patients when they are medically fit to leave hospital. Recommendations2. To note the establishment of a Collaborative Response and Assurance Group (CRAG) by the Scottish Government and CoSLA with a national mission of reducing delayed discharges across Scotland

It was recommended that the IJB:

1. Note the ongoing pressures across the health and social care system in Scotland and the challenges in West Lothian related to delayed transfers of care;

2. Note a rising number of delayed discharges in West Lothian mainly because of demand for care home beds; and

3. Note the actions being taken within the IJB's Home First Programme to address whole system flow and improve delayed discharges.

Decision

To note the terms of the report.

18 PROBABLE SUICIDE REPORT 2023

The IJB considered a report (copies of which had been circulated) by the Manager for Mental Health and Addictions Services advising of the 2023 Probable Suicide figures for West Lothian and noting progress made in progressing the Suicide Prevention plan in West Lothian.

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

Decision

To note the terms of the report.

19 ALCOHOL AND DRUG-RELATED DEATHS REPORT 2023

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions providing information on the 2023 West Lothian Drug Related Deaths and an update on the Medication Assisted Treatment (MAT) standards and associated actions.

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

Decision

To note the terms of the report.

20 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 26 SEPTEMBER 2024
VIA DIGITAL MEETINGS SYSTEM

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

Non-voting Members Present:
Ms A Allan
Mr D Bradley
Ms S Gossner
Mr D Hood
Ms F Wilson
Mr D Binnie
Ms L Byrne
Dr J Hardman
Mr D King

Present from NHS Lothian/East Lothian Council:
Ms L Berry
Ms N Cole
Mr S Davie
Ms L Kerr
Mr G Whitehead
Mr O Campbell
Mr P Currie
Ms J Jarvis
Mr N Munro

Clerk:
Ms F Currie

Apologies:
Mr A Cogan
Dr K Kasengele
Ms M McNeill
Mr T Miller

Declarations of Interest:
None

The Clerk advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting would be publicly available for up to six months.

The Clerk recorded the attendance of Members by roll call.

1. MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 27 JUNE 2024 (FOR APPROVAL)

The minutes of the IJB meeting on 27 June 2024 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 27 JUNE 2024

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

Item 2 (page 2) – the Chair asked for an update on Care at Home services. Laura Kerr advised that the Care at Home Change Board had met that morning and work was progressing. The focus was not just about care at home but also reducing pressure on associated services and looking at the delivery of services in the community as a whole. She said a pilot project was being developed for the Tranent area and she hoped to have data from this by early in the new year. She added that this was an integral part of health and social care, and it was important to look at the bigger picture and not just care at home. Councillor Jardine agreed that there had been very robust discussion at the Change Board meeting and that it was important to keep the focus more on service re-design.

Item 4 (page 3) - the Chair asked for an update on the health & wellbeing groups. Ms Kerr noted that some of the groups were better established than others, and some could probably benefit from additional support. While this was not the direct responsibility of the HSCP or the IJB, it was important to have officers involved in these groups.

3. CHAIR'S REPORT

The Chair provided a report to members on number of matters:

IJB Chairs & Vice Chairs network meetings – continuing to share good practice and influence at a strategic level; key issues currently being discussed were the re-design of social care and action on delayed discharges.

East Lothian Council had recently approved a Homelessness Action Plan, elements of which would have a significant impact on the work of the HSCP.

The Chair also reported on her attendance at meetings/events hosted by the Care & Repair Advisory Committee, Homestart East Lothian, and Headway.

She highlighted the recent announcement that the Eye Pavilion in Edinburgh would be closed for 6 months. Appointments were to be moved to alternative venues and it would be important to ensure that East Lothian residents were aware of the alternative arrangements.

Lastly, the Chair drew attention to the Planning for Older People's Services consultation events taking place in the coming weeks. She advised that Jennifer Jarvis had circulated a list of dates, and she encouraged as many members as possible to participate.

4. CHANGES TO THE NON-VOTING MEMBERSHIP OF EAST LOTHIAN IJB

A report was submitted by the Chief Officer inviting the Integration Joint Board (IJB) to note and, where appropriate, agree to changes in its non-voting membership.

Fiona Wilson presented the report. She outlined the background to the appointments and re-appointments and sought members approval for the recommendations.

The Chair offered her thanks to Dr Conaglen for his valuable contributions. She welcomed the new appointees who, she said, would help to strengthen the overall membership of the IJB.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed to:

(i) the re-appointment of Maureen Allan as the Third Sector representative.

(ii) the re-appointment of Thomas Miller as the NHS Lothian staff representative.

(iii) the appointment of Darren Bradley as the East Lothian Council staff representative.

(iv) re-appointment of Dr Claire Mackintosh as a non-voting member in the role of 'non-GP medical practitioner'; and

(v) note the appointment of Dr Kalonde Kasengele as a replacement for Dr Philip Conaglen as a non-voting member in the role of 'adviser on public health'.

5. UNSCHEDULED CARE LOTHIAN STRATEGIC DEVELOPMENT FRAMEWORK

A report was submitted by the Chief Officer providing an update to the East Lothian Integration Joint Board on the implementation of, and revisions to the Unscheduled Care pillar of the (USC) Lothian Strategic Development Framework (LSDF).

Ms Wilson advised members that this report had been brought to the IJB for discussion.

Oliver Campbell gave a detailed presentation on the Lothian Strategic development Framework (LSDF), an illustration of the financial pressures and spending, and the role of IJBs in the strategic planning and commissioning of these services.

The Chair noted that this was quite a substantial piece of work which the IJB would need to consider further.

In response to a question from Elizabeth Gordon, Mr Campbell confirmed that an East Lothian resident should have the same access to the Rapid Assessment Care Unit (RACU) – an alternative to A&E – as any other Lothian resident, should their GP consider it appropriate.

Dr John Hardman confirmed that the access routes were working and being used by GPs in East Lothian.

Ms Wilson replied to questions from Jonathan Blazeby about the IJB's role. She explained that similar to previous discussions around Set Aside and Delayed Discharges, the issue was about how best to influence and commission services within acute hospitals; about getting a level of assurance on what was currently happening and then considering how that would fit with the IJB's strategic plan. The conversation was about challenging the IJB to consider whether current services were working and whether there was a better way of managing or directing these services. This would also influence future commissioning of services. She said that unscheduled care could not be managed in isolation by NHS Lothian; it had to be managed in conjunction with IJBs.

Mr Blazeby and the Chair both felt that further clarity was required to allow the IJB to provide effective feedback to Mr Campbell and his colleagues.

Ms Wilson offered to bring further information to the IJB members and suggested a development session as a useful next step in maintaining engagement with this issue.

Councillor Jardine reflected on some of the conversation that had taken place at the recent Change Board meeting on shifting of priorities from acute services to community-based services and achieving better outcomes for people and the public purse. She was keen to learn more about how funds could be redirected into more local services and community-led care. Mr Campbell agreed that this was an important element.

Dr Hardman said that this was the first he had been aware of any consideration of shifting resources into community. Mr Campbell advised that there was a commitment to look at this with a broader, whole system approach, which could include non-recurring funding from the Scottish Government. He agreed that, while the East Lothian perspective was very important, members were being asked to look at wider strategic responsibilities within Lothian and to get the IJB's general agreement to this approach and for the change boards to take this further.

In reply to a final question from the Chair, Mr Campbell confirmed there they would be looking at how women's health was expressed within unscheduled care services.

The Chair thanked Mr Campbell for his presentation. She said that the IJB wanted to see a shift in the balance of care, and it would be important to consider in more detail how best it could influence that shift. She fully supported the suggestion of a development session for IJB members on this issue.

Decision

The IJB agreed to:

i. Note the progress made in the implementation of the USC pillar of the LSDF

ii. Note the continuing challenging financial landscape and support the revisions made to the programme to maximise effective delivery of key objectives within the USC LSDF pillar.

iii. Consider the IJBs role as commissioners of USC delivery and where and how this role and function can be best utilised to deliver improved outcomes for patients.

6. QUARTER 1 FINANCE UPDATE 2024/25

A report was submitted by the Interim Chief Finance Officer discussing the Quarter one finance update for 2024/25; the update from the month 4 (July) position for 2024/25; reflecting on the finance workshop held on 5th September 2024 and the requirement to deliver further efficiencies to break-even in 2024/25.

David King presented the report. He summarised the outcome of the development session earlier in the month and that a further discussion would take place following this meeting. He outlined the month 5 position and some of the ongoing financial pressures and future risks. He advised that the 5-year financial plan would be reviewed following today's discussions and presented to the IJB at its meeting on 19 December 2024. He added that today's development session would focus on the possible impact of the forthcoming UK and Scottish budget settlements.

Mr King responded to questions from members on the expectation of an additional funding announcement later in the week, and the key challenges in the social care budget, such as pending pay awards.

The Chair said that it was important to highlight that both the Council and NHS Lothian were facing significant financial pressures and challenges and were doing all they could to manage these. However, it was also important to continue reinforcing the point that East Lothian was one of the fastest growing areas in Scotland and trying to meet that increased demand for statutory services was just one of many pressures.

Responding to a further question, Ms Wilson provided an update on recovery actions, noting that while some progress had been made there was still more to do. She acknowledged that some actions had lead-in times and gathering savings in year would be a challenge. There was also a need for balance when managing statutory responsibilities to avoid doing harm to the people who relied on these services.

Mr Blazeby commented that he was conscious of timing and that it was almost at the half year point. As such, there needed to be a sense of urgency from the IJB's partners and a sense of honesty on the direction of travel, particularly for statutory services.

The Chair acknowledged these points and said that the IJB's partners were acutely aware of the challenges.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed to:

i. Note the Quarter one financial forecast for 2024/25.

ii. Note the month 4 update.

iii. Attend a further workshop after the business meeting on 26/9/24 to discuss further recovery actions to allow the IJB to break-even in 2024/25.

7. NATIONAL CARE SERVICE (SCOTLAND) BILL (STAGE 2) EAST LOTHIAN INTEGRATION JOINT BOARD RESPONSE

A report was submitted by the Chief Officer informing the IJB of the Board's response to the Scottish Parliament's Health, Social Care and Sport Committee call for comments on the National Care Service (Scotland) Bill (Stage 2) and the amendments within proposed by the Scottish Government.

Paul Currie presented the report. He outlined the background to the legislative process for the Bill and the call for comments issued by the Committee. He advised that following the development session IJB members had been asked to provide comments. Four responses had been received and these, and other comments, had formed part of the IJB's response to the Committee.

The Chair thanked members for their contributions and welcomed the response put together by Mr Currie. She said that the strength of the IJB was in it being a local board ensuring it achieved the best outcomes for people in East Lothian. She hoped that the comments provided to the Committee would be carefully considered and that the funding set aside for the NCS could be reinvested to address the challenges currently being faced by social care services.

Councillor Jardine said she had also contributed to the Council's response which had made similar points. She also pointed to the current system of annual budget settlements which resulted in challenges for reshaping services, and to recent suggestions from the UK Government of a possible move to 3-year settlements.

Mr Currie advised that he would communicate any response from the Committee and/or Scottish Government to IJB members but that there was no timeframe for this at present.

Mr Blazeby asked if there was any information available on the responses of other IJBs across the country, and whether there were more positive views of the NCS elsewhere.

Councillor Jardine said she was aware of a range of opinions with many people being clear that they want to uphold the original principles of the review and set this in motion. There was due to be a discussion on this issue at CoSLA the following day.

Lindsay Byrne said that she was a member of the national group for Chief Social Work Officers. While the overall feeling within the group was one of support for improvement of outcomes for people, the group was not supportive of the proposed method of delivery and believed that social work should be separate from the National Care Service.

The Chair asked Mr Currie to share with members the responses from other IJBs once these were in the public domain.

Decision

The IJB agreed to:

i. Note the changes proposed by the Scottish Government, which were the focus of the Stage 2 consultation on the National Care Service (Scotland) Bill.

ii. Note the contents of the response sent to the Health, Social Care and Sport Committee on behalf of East Lothian (appendix 1).

Minute

Edinburgh Integration Joint Board

Edinburgh Integration Joint Board

10.00am, Tuesday 24 September 2024

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

Present:

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Councillor Alan Beal, Robin Balfour, David Belfall, Hannah Cairns, Elizabeth Gordon, George Gordon, Matt Kennedy, Peter Knight, Jacqui Macrae, Alistair McKillop, Councillor Max Mitchell, Eugene Mullan, Councillor Alys Mumford, Councillor Vicky Nicolson, Moira Pringle, Pat Togher and Paul Wilson

Officers

Angela Brydon, Katie Fechan Andrew Hall and Andrew Henderson (Clerk)

Apologies

None

Declarations of Interest

None

1. Deputations

a) Edinburgh Trade Union Council

(In relation to item 4, Edinburgh Integration Joint Board Annual Accounts for 2023/24)

The deputation acknowledged the legal obligation to attain a balanced budget and referenced the Audit Scotland report from July 2024 and made further reference to the conference held on Saturday the 14th of September 2024 outlining that a report would be published covering the outcomes later in the week. The deputation requested that the public must be provided with the information that is necessary to understand the impact of the financial savings in 23/24 and the projected impact to 24/25 and 25/26. The deputation asked that the EIJB, City of Edinburgh Council and NHS Lothian Board to provide more information on rising demand. how it is planned to meet it and the consequences of not meeting it.

The deputation expressed concern that whilst Audit report covers all of Scotland, it was reflective of the EIJB's report and that current levels of service are already taking us in the opposite direction to your strategic priorities. The deputation highlighted that a lay person struggles to understand the report implications and asked for clarity and openness in presentation of information.

2. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of Monday 20 August 2024 as a correct record

(Reference – minute of the Edinburgh Integration Joint Board of 20 August 2024, submitted)

3. Rolling Actions Log

The Rolling Actions Log updated to September 2024 was presented.

Decision:

1) To note the outstanding actions.

(Reference – Rolling Actions Log - September 2024, submitted)

4. Edinburgh Integration Joint Board Audited Annual Accounts for 2023/24

The audited 2023/24 annual accounts for Edinburgh Integration Joint Board were submitted for approval. The draft financial statements were produced and presented to the Audit and Assurance Committee on 19th June 2023 and were submitted to Audit Scotland on 28th of June 2024.

Decision

1) To note the ‘amber’ rated internal audit opinion for the year ended 31st March 2024;

2) To agree to approve and adopt the annual accounts for 2023/24;

3) To agree to authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the board;

4) To agree to authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the board; and

5) To agree that an update will be provided to the next meeting in relation to compensation for the loss of office to for the previous Chief Officer.

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

5. 2023 / 2024 Annual Assurance Statements

The Edinburgh Integration Joint Board was presented with an update on the committee's annual assurance process agreed through the Audit and Assurance Committee for the 2023/24 cycle.

Decision

1) To note the moderate assurance offered by the Audit and Assurance Committee following their review of the committee assurance statements; and

2) To note that officers will take away organisation of site visits as a matter of priority.

(Reference – Report by the Chair, Audit and Assurance Committee, submitted.)

6. National Care Service Call for Views - EIJB response

The finalised response to the Call for Views on the National Care Service was presented. The finalised response accounted for submissions made by EIJB members at the development session held on the 12 September 2024 and any other submission made by members outwith the development session.

Decision

To note the finalised submission (Appendix 1) which was approved by the Chair and Vice Chair of the EIJB as the deadline for submission of responses to the Call of Views was the 20 September.

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

7. AOCB - Chief Officer Update

By way of an update Chief Officer outlined that they would be resigning from their post at the end of the year. An update was then provided in relation to recruitment arrangements for a new Chief Officer.

Decision

1) To note the arrangements for the recruitment of a new chief officer; and

2) To note the boards thanks to Pat Togher for his ongoing work as EIJB Chief Officer.

8. AOCB - Notification of Care Inspection Audit

Officers provided an update in relation to notification of the care inspection audit, highlighting that notification had been received at the end of August and that the proposed plan is to update members in November.

Decision

To note the verbal update on the Care Inspection Audit

9. Date of Next Meeting

Decision

To note Tuesday 22 October 2024 at 10am as the date of the next EIJB meeting.

Midlothian Integration Joint Board

4.9

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday, 22 August 2024	2.00pm	Council Chambers, Midlothian House and Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Connor McManus (Chair)	Councillor Winchester (attended virtually)	Councillor Parry (attended virtually)
Councillor Milligan (attended virtually)	Andrew Fleming (NHS Lothian	Kirsty MacDonald (NHS Lothian
Dr Amjad Khan (NHS Lothian)		

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)	Magda Clark (Third Sector Representative) (attended virtually)	Keith Chapman (Lived Experience Representative)
Jordan Miller (Partnership Representative NHS)		

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)	Jim Sherval (Consultant in Public Health) (attended virtually)	Fiona Kennedy (Group Service Manager
Elouise Johnstone (Performance Manager) (attended virtually	Ashley Goodfellow (Deputy Director of Public Health and Health Policy) (attended virtually)	Hannah Forbes (Democratic Services Officer

Midlothian Integration Joint Board

Thursday 18 April 2024

Apologies:		
Roxanne King (Executive Business Manager)	Val de Souza (Vice Chair NHS)	

1. Welcome and Introductions

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

Apologies were received from Roxanne King, (Executive Business Manager)

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 previous Midlothian IJB Board Meeting held on 20th June 2024 was approved as an accurate record.

4.2 The Minute of the meeting of the MIJB – Strategic Planning Group held on 23 May 2024 was approved as an accurate record.

4.3 The Minute of the meeting of the MIJB - Audit and Risk Committee held on 7 March 2024 approved as an accurate record.

5. Public Reports

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
5.1 **MIJB Board Membership Nominations paper presented by The Chief Officer of Corporate Solutions**. The Chief Officer of Corporate Solutions detailed that this report provides the MIJB with information on the nomination of two new voting members and the re-appointment of one non-voting member as proposed by NHS Lothian Board. The report seeks the MIJB's endorsement of the two voting members. The MIJB is asked to: • Note the resignation of Nadin Atka and Angus McCann from MIJB • Endorse the nomination of Kirsty MacDonald as a voting member of the MIJB with effect from 31 August 2024 on the resignation of Angus McCann • Endorse the nomination of Dr Amjad Khan as a voting member of the MIJB with effect from 26 June 2024 • Note the re-appointment of Fiona Stratton as a non-voting member of the MIJB with effect from 23 June 2024. • Welcome new colleagues to the MIJB This was proposed by Andrew Fleming and seconded by Wanda Fairgrieve.	Nominations endorsed by Board.		
5.2 Chair's Update - Presented by Councillor McManus The Chair highlighted the upcoming Strategic Plan consultation townhall meetings, hoping to see members there. It was also highlighted that today will be Joan Tranent, Chief Social Work Officer, last meeting with the IJB. Chair thanked Joan for coming along today and for all the work that she has done, noting she will be very much missed.			

	Decision	Action Owner	Date to be Completed/ Comments
There was an introduction from both new voting members, Dr Amjad Khan and Kirsty MacDonald. It was highlighted that Tracy Ann Miller would be standing in for Val De Souza, Vice Chair. It was mentioned the Strategic planning Group will be held on Thursday 26th September 2024 and all Board members will be invited to attend and participate in the planned Equalities and Children's Right's Impact Assessment on the draft Strategic Plan.			
5.3 Chief Officers Report – Morag Barrow, Chief Officer Morag Barrow, Chief Officer, presented the report and advised the paper sets out the key strategic updates for the Board. The Chief Officer highlighted items for the attention of the Board detailing the achievement of the Midlothian Team delivering on the medication assisted treatment standard. It has been updated to the Board over the last couple of years, noting acknowledgement from Scottish Government that we are in green on these. It was also noted the significant improvement in terms of our A11 target, currently at 100%. The Chief Officer praised the operational teams for their work. The Annual Performance Report will come back in October due to the late publication of data. It was also noted the Health and Social Care Partnership team are working with the NHS Lothian team around the agenda for change reform and the implications of reducing working hours as per Scottish Government directive and detailed the impact of that. It was mentioned the improvement of the HACE survey, it was expressed the challenges faced with the HACE and we will continue to update on that as we move forward. The Chief Officer provided an update on the NRS drug deaths.. Midlothian have reported 20 drugs deaths this year. Disappointment was expressed relating to that			

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
figure, it was mentioned that every death is a tragedy and we extend our condolences to the families. It was stated there is nothing to be concerned around the service delivery as we propose to do the same as last year, bringing a detailed paper to the Board. It was highlighted that David King, Interim Chief Financial Officer, has provided a submission to the pre-budgetary scrutiny consolation on behalf of the Board. Due to timing, this could not be formally presented here first however, if members wish we can share the Interim Chief Financial Officer's response for information. Discussions highlighting concerns relating to the National Care Service (NCS) bill arose, stating that it is such a significant piece of documentation, the Board need to discuss that, rather than it going through consultation correspondence. However, it was expressed this may not be possible. It was posed what can we be doing around the NRS drug deaths to address that. In relation to delayed discharges in the paper, it references the additional capacity and is the additional capacity going to be enough to help us. Additionally, another area was around the HACE survey what do we think was the basis of the improvement. It was also asked for more information regarding weight management services and how we are going to identify the correct people for that service. The Head of Adult Services and Social Care advised in relation to the question asked regarding the NRS drug deaths, they are currently still analysing the data as there is a significant amount that is provided. Stating there will be a briefing for IJB and elected members in the next week or so, to provide a more detailed report regarding that for the next IJB. It was explained looking at the 3–5-year average this is what was we had expected to see. It was stated that there is more work that			

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
needs to be done around responsiveness of services and some of that may require reallocation of funding. The Chief Officer explained in relation to the question regarding the reduction in delayed discharges, with the financial challenges our performance will slow down. The majority of the delays are due to not having enough care home placements that are accessible to teams. The Head of Primary Care and Older Peoples Services advised that improved flow is seen within the system daily, and this is a benefit as we have recently not seen any flow. The aim is to get this back to pre-pandemic levels. The Clinical Director spoke to the increases to HACE survey and detailed that in the report it is only the statically significant ones. The Chief AHP spoke to the question regarding weight management and advised that there are 2 things that would be beneficial to share, firstly the development of a new post within Public Health, seeking to support the challenges around weight stigma. In terms of the service itself, it is currently underway with a range of recovery actions to try and improve the position. The process work should significantly improve the current status. The Integration Manager advised in terms on the NCS there are challenges in relation to the sophistication of the survey that it doesn't allow us to do a free text responses. This consultation does not give us the option to not publish, all must be published it is important to note the political sensitivity around that. The Chair stated that if all Board members contribute and send to the Integration Manager to formulate a response.			

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
5.4 **Strategic Commissioning Plan First Draft for Public Consideration - Paper presented by Gill Main, Integration Manager** Gill Main, Integration Manager, and Elouise Johnstone, Performance Manager, presented the report. This report sets out the actions and progress to date in relation to the development of Midlothian Integration Joint Boards new Strategic Plan for 2025 – 35 and presents a draft plan (**appendix 1**) for Board approval to commence public consultation in line with the Strategic Plan Statutory Guidance. Chair thanked the Integration Manager for the report and opened up for any questions. A question was asked asking for assurance that this has been engaged with the main partners NHS Lothian and the council itself and that the integration Manger is confident that they are happy it has been built into that, and to check engagement with the main partner the council itself, confident they are well built into that. The second question that was asked was in relation to Strategic aim number 1 that it accompanies people looking at palliative care. The Integration Manager advised the team has attempted to reach out to everybody so anyone can see themselves at any point of this plan, with people moving through the system at different points of their life. It was highlighted the 3rd strategic aim relates to get access to swift change and it covers them across all of those. The whole centre of this plan is for what people need. The Chair asked for a Proposer to move the paper into Consultation, Jordan Miller stated that he would Propose the paper and a seconder would be Andrew Fleming. The chair also thanked The Integration Manger and the team for all the hard work that has gone into this.			

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
5.5 **Audit and Risk Committee, and Strategic Planning Group Terms of Reference - Paper presented by David King, Interim Chief Finical Officer and Gill Main, Integration Manager** The Interim Chief Financial Officer advised that this report presents for the Board's consideration the reviewed Terms of Reference for both the Midlothian IJB Strategic Planning Group (SPG) and the Audit and Risk Committee (ARC) The Integration Manger spoke to the statutory element of the SPG, as a statutory committee and currently isn't noted as such in our standing orders, suggesting the Board may wish to consider this. Statutory guidance states that we must have a partner that is not as an officer from NHS Lothian and from the council, we may want to consider how we formalise the agreement with Midlothian council. That ensures there is that involvement throughout any key issues to note. There is also another key issue that the Chair of that committee should be a voting member of the Board and not an officer of the HSPC. Chair noted that Val De Souza is currently the Chair of Audit and Risk Committee and expressed gratitude for Andrew Fleming taking on the role of Chair of SPG. . Chair also highlighted the importance of attending these sessions and who needs to attend as a reminder to all. The Proposer for this was Andrew Fleming and the seconder was Jordan Miller.			

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
5.6 **Digital in Midlothian - Paper presented by Claire Ross, Chief AHP** The purpose of this report is to update Midlothian Integration Joint Board (IJB) on progress relating to the Midlothian Health and Social Care (HSCP) Digital Implementation and Delivery Plan (2022-2025.) As this plan enters its final year, this update set out achievements to date and proposed priorities going forwards in the context of the current financial challenges. Aligned to the IJB Strategic Plan, which describes Digital Technology as an enabler, the Digital Implementation and Delivery Plan has four primary functions aligned to the Digital, Data and Technology Enabled Care vision to: 1. provide a clear vision, agreed governance route and dedicated resource 2. build on the accelerated pace of, and focus on, digital technology created by the COVID-19 pandemic, and see digital technology as a key pillar in the delivery of long-term sustainability for health and social care services. 3. outline a change programme to build on current and ongoing work to implement, co-ordinate and deliver to a series of fundamental priorities to enable digital transformation in the longer term. 4. outline context against which coordinated effort is required for Midlothian HSCP to deliver against national strategies and local ambitions. The Chair thanked the Chief AHP for the report and opened to any questions. It was stated that there is a positive position around consolidation rather than expansion, in recognition of limited resources to move this forward. Queries as to how long consolidation can continue, and what opportunities for sharing resources across other bodies to support help us were posed.			

	Decision	Action Owner	Date to be Completed/ Comments
The Chief AHP advised there would be two elements which could be brought back for consideration, firstly looking at the priorities stated in Appendix 1. An area I think we have really achieved well in the last two years refers to the digital infrastructure which has a well-established implementation and programme board. Reference was made to the connection to the other health and social partnerships, which could grows upwards. It feels there is a greater opportunity for sharing across the system and that is applicable within the National Arena. The Chair thanked the Chief AHP again for the report, the report was proposed by Andrew Fleming and seconded by Wanda Fairgrieve.			
For Discussion ***5.7*** **MIJB Finance Update Quarter 1 & Revised Medium-Term Financial Strategy - Paper prepared by David King, Interim Chief Financial Officer** The Interim Chief Financial Officer spoke to the report and advised the purpose of this report sets out: • The results of the partners' quarter one financial reviews in so far as these relate to the IJB's budget for 2024/25, the quarter one financial review providing a forecast out-turn for 2024/25. • Further mitigations and work underway to manage the financial pressures identified in the quarter one review. • A review of the Medium-Term Financial Strategy (formally the Five-Year Financial Plan) The Interim Chief Financial Officer highlighted what has been set out for this financial year. Referring to table 1 in the paper, noting it is the plan that we started with, stating the budget was set at £158 million.. However, after a lot of examination of the financial pressures sitting in the system, we are			

	Decision	Action Owner	Date to be Completed/ Comments
looking at trying to source recovery actions of around £10 million. There was an in-depth conversation that took place, and we agreed a plan to put into motion. Noting quarter 1 is where our partners look at the first 3 months of the financial year and cast forward their projections. Table 3 details the output of this projection, it states the IJB will be overspent by £9.1 million in the current financial year. Concerns around the social care position and the health position regarding overspend were highlighted. It was emphasised that Social care is running over each month. This is a demand driven service and there is a huge demand for that service. It was stated that there are currently two actions that are underway, firstly there is a lot of ongoing work regarding the previously agreed recovery actions. Secondly, operational teams are currently working on further recovery plans. These will be presented to the IJB. It was stated that the IJB make the decision if these recovery plans impact the strategic plan and are affecting what we have set out to deliver in the current financial year. The Chair thanked the Interim Chief Financial Officer for the report and opened to questions. It was asked for some more depth on why we are currently struggling to recover and the difficulties around what we are doing. It was stated that any recovery towards the end of the finical year will prove to be even more difficult. The Interim Chief Financial Officer advised that looking at the plan, due to the additional allocation from Midlothian Council of £3.3 million pounds, largely covered the new pressures. Stressing the recovery programme is concerned with the large overspend in 2023/2024, this position has deteriorated towards the end of the year and is not improving. What is now being looked at is the			

	Decision	Action Owner	Date to be Completed/ Comments
fundamental pressure in the system. It was stated that he was eager to bring this back to the September IJB.			
5.8 **IJB Performance Report - Paper presented by Elouise Johnstone, Performance Manager** Elouise Johnstone, Performance Manager, presented the report. The report sets out the update 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. Noting the Performance Assurance and Governance Group met on the 11th of July 2024, having the first scrutiny session looking at the Integration indicators that require to be published in the Annual Performance Report. The Group were due to meet again on the 8th of August 2024, but this meeting did take place. There had been a detailed look at the visuals designed to represent the Integration indicators. The Performance Manager thanked all to attended the session, stating feedback that was given was very thoughtful and incredibly constructive and has led to another round of improvements in terms of how we present the data, how we describe our progress and how we talk about our position in relation to Scotland as a whole. The OutNav strategic governance outcomes map was discussed, noting that the progress has been rated as great and the confidence is in relation to the data that provides the evidence of that progresses. The service maps are aggregated to create the strategic overview of progress. There will be assurance if services are continued to be onboarded, the depth of the evidence base will increase therefore the confidence in the evidence will also increase.			

	Decision	Action Owner	Date to be Completed/ Comments
The Chair thanked the Performance Manager for the report.			
5.9 **Public Health Update - Paper by Jim Sherval, Public Health Consultant, and Jac Kirkland, Public Health Practitioner** The Public Health Consultant introduced Jac Kirkland, Public Health Practitioner, to present the report. Its purpose setting out an update on the progress of the Health Inclusion Team. It was highlighted that the Health Inclusion Team is unique to Midlothian, as no other Health and Social Care Partnership has a team similar to it. This conveying the commitment to early intervention and prevention strategies in Midlothian. The work of the team was described, noting they are situated at Number 11 with this seen as an asset enabling opportunities to do partnership work. It was reported, besides one year due to vacancy, the target of seeing 145 people a year was met. The team work mainly with 35–44-year-old males, and around 84% of the work over the last 4 years has been conducted via outreach as a service. This is due to the nature of the clients the service is trying to engage and support, although appointments are offered. The volume of returning clients within HIT was discussed, to ascertain the nature of the client base and showing the trust they have within out service. Chair thanked the Public Health Practitioner for the report.			
5.10 Midlothian IJB Health and Care (Staffing) (Scotland) Duties Benchmarking Report - Paper presented by Gill Main, Integration Manager	Recommendations approved		

Midlothian Integration Joint Board

Thursday 18 April 2024

	Decision	Action Owner	Date to be Completed/ Comments
The Integration Manager spoke to the purpose of the report and advised that it sets out a benchmarking position in relation to Midlothian Integration Joint Boards current position on the duties of the Health and Care (Staffing) (Scotland) Act, 2019 relating to the planning or securing of the provision of care services from third party providers. As result of this report Members are asked to: • note the report and current benchmarking position and proposed recommendations for action in 2024/25, • provide feedback, and suggest any amendments to recommended action during the 2024/25 reporting period, • note that 2024/25 report will be presented to the board in April 2025 for approval before forwarding to Scottish Government. It was highlighted at this point in time we are not as far forward as our NHS colleagues who have been given a template to be able to fully understand their reporting duties are. We only have the legislation to work with, awaiting what a reporting template will look like. There were no questions in relation to the report, Chair thanked the Integration Manager for speaking to this report.			
For Noting **5.11 Governance Review - Paper presented by Gill Main, Integration Manager, Alan Turpie, Standards Officer, and Duncan Stainbank**			

	Decision	Action Owner	Date to be Completed/ Comments
The Integration Manager spoke to the purpose of the report, setting out key action required to ensure the statutory governance requirements of Midlothian Integration Joint Board are fulfilled. A number of statutory governance requirements activities in 2024 have progressed. Chair thanked the Integration Manager for the report, and no questions were raised. Chair closed the meeting advising the next meeting will be the Special MIJB that will be discussing finance.			

5 Private Reports

No items for discussion.

6 Any Other Business

No items for discussion.

7 Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board (Special) will be held on 21 September 2024

The meeting terminated at 15:17pm.

NHS Lothian

Meeting:	**NHS Lothian Board**
Meeting date:	**04 December 2024**
Title	**Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July – 30 September 2024**
Responsible Executive:	**Alison Macdonald, Executive Nurse Director**
Report Author:	**Fiona Tynan, Associate Nurse Director, Corporate Nursing**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

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

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

2.1.3 Utilising the Corporate Governance and Assurance system the Board are asked to accept **Moderate Assurance** on how effectively NHS Lothian is meeting its legal duties in this area. This assurance level is based on an overall "Reasonable Assurance" rating generated by the Scottish Government's compliance scoring.

2.2 Background

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

2.3 Assessment

2.3.1 Quality/ Patient Care

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

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

2.3.2 Workforce

The report includes an overall level of assurance by duty and across duties (point 4.1 and 4.3). and focussed assessment of compliance against the duties:

- 12ID Duty to have risk escalation process in place (point 4.4)
- 12IE Duty to have arrangements to address severe and recurrent risks (point 4.26)
- 12IF Duty To seek clinical advice on staffing (point 4.43)

2.3.3 Financial

There are no specific financial implications associated with this paper, however, the paper reports on compliance with the 12IB Duty to ensure appropriate staffing: agency worker (point 4.66)

2.3.4 Risk Assessment/Management

The report includes an overall level of assurance by duty and across duties (point 4.1 and 4.3). and focussed assessment of compliance against the duties:

- 12ID Duty to have risk escalation process in place (point 4.4)
- 12IE Duty to have arrangements to address severe and recurrent risks (point 4.26)
- 12IF Duty To seek clinical advice on staffing (point 4.43)

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to gather and consider the views of staff from across professions and settings on their views as to NHS Lothian's compliance with the duty to ensure appropriate staffing and on how clinical advice is sought and regarded to in decision making. Detail of how this was carried out can be seen in point 2.3 and 3.10 of the report.

2.3.8 Route to the Meeting

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

- Health and Care Staffing Programme Board, 07 October 2024
- Lothian Partnership Forum, 28 October 2024
- Staff Governance Committee, 30 October 2024

2.4 Recommendation

The Board are:

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

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

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

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report Quarter 2, 01 July – 30 September 2024

Appendix 1

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

Quarter 2
01 July – 30 September 2024

Date: 4th December 2024

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

Executive Lead: Alison Macdonald, Executive Nurse Director

Situation

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

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

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

2.3 Section 12IF of the Act sets out that quarterly reports, as a minimum, on compliance with the Act, are to be provided to the Board of the relevant organisation(s) by the Executive-level clinician on the board with responsibility for the legislation, in this case, the Executive Nurse Director. These reports must include staff's views on compliance. A Board wide Compliance and Assurance Audit was distributed to managers during quarter 2 (Q2) to gather staff views.

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

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

2.6 Applying the Scottish Government rating system, the overall level of assurance is "Reasonable". That is, systems and processes that are aligned with the duties in the Health & Care (Staffing) (Scotland) Act 2019 are in place for, and used by, 50% or above of all services/ professional groups managed by respondents to the Q2 Compliance and Assurance Audit. Utilising the Corporate Governance and Assurance system employed within NHS Lothian's Board, the assurance level for Q2 is **Moderate** on how effectively NHS Lothian is meeting its legal duties within the Health & Care (Staffing) (Scotland) Act 2019.

Background

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

3.1 There are further duties within the Act:

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

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

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

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

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

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

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

quality data. This helps clinical leaders understand and evidence staffing requirements and quality of care for their clinical areas.

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

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

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

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

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

(i) improving standards and outcomes for service users;

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

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

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

(v) ensuring the wellbeing of staff;

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

(vii) allocating staff efficiently and effectively, and

(viii) promoting multi-disciplinary services as appropriate.

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

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

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

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

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

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

2.7 The Quarter 1 (Q1) Board Compliance Report was approved on 12 August 2024 and was based on data from the Q1 Compliance and Assurance Audit. The Q1 Board Compliance Report utilised the Corporate Governance and Assurance system employed within NHS Lothian's Board, the level of Moderate Assurance of how effectively the organisation had carried out its duties was accepted. This is based on an overall "Reasonable Assurance" rating generated by the Scottish Government's compliance scoring.

3.9 The Q2 Compliance and Assurance Audit focussed specifically on three duties with relatively low compliance rates. Responses were used to understand compliance with the legislation across NHS Lothian, to identify any gaps and develop recommendations for improvement as required by the legislation. A full list of Q2 Audit questions is included at Appendix 2.

Completion Rate

3.10 The Compliance and Assurance Audit was completed by NHS Lothian operational managers across all of the professions as identified by the Health and Care Staffing Professional Leads. One professional group appear to have overreported whereas other areas and professions under-reported. Work to understand why professions under and over-reported will take place for future quarters. The Audit received 130 responses. The number expected to complete was 192. Table 1 illustrates the number of returns by profession.

3.11 **Table 1.** August/September Q2 2024 Compliance and Assurance Audit Responses by Profession

Profession	Actual Responses	Expected Responses
Nursing & Midwifery	61	112
Allied Health Professions (AHP)	26	23
Pharmacy	27	37
Healthcare Scientists	14	17
Medical	1	1
Psychology	1	1
Dental	0	1
Grand Total	**130**	**192**

3.12 It was determined that a single response for the Psychology service was appropriate and is working well in terms of reporting processes. For the Q2 report, it was determined that a single response for the medical profession was appropriate, however, the responses for the medical profession will be devolved for future reporting.

3.13 It is important to note that some professions and areas have comparatively lower response rates. It is expected that progressive improvements will be made over time, leading to a broader base of staff views being captured in subsequent Quarterly Compliance Reports. These improvements in completion rates across the organisation will go hand in hand with communication efforts, to help staff understand the roles in scope of the legislation and any obligations under the Act. Registered Chaplains and Public Health Roles not included within the professions in Table 1 above, are also to be included in future reporting. Work is ongoing to fully understand how the legislative duties will apply to these professions.

Assurance Level Rating

3.14 Responses from the Q2 and Q1 audit were used to rate compliance at NHS Lothian level and by profession. A Red, Amber, Yellow and Green (RAYG) system (Table 2) of categorising the assurance level is employed throughout this report. This aligns with the rating system employed within the Health and Care (Staffing) (Scotland) Act 2019 Annual Reporting Template on compliance, provided by the Scottish Government (SG). An exemplar template of this report, provided and completed by the Scottish Government, is included in Appendix 3. Aligning the rating system in the Board's quarterly reports will enable the accurate formulation of the annual report submitted to the Scottish Government. Boards are free to develop their own format/ template for quarterly reporting as none has been provided by the Scottish Government.

3.15 **Table 2.** Red, Amber, Yellow and Green (RAYG) Compliance Ratings

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

3.16 Please note, the RAYG ratings are based on question responses to the Compliance and Assurance Audit questions per duty and draw on data from

both the Q1 and/or the Q2 Audit. Further detail on how the RAYG Ratings were calculated can be found in Appendix 4.

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

3.18 Since enactment on 1 April 2024, Healthcare Improvement Scotland's (HIS) role and function has changed to monitoring health boards compliance with the duties as cited within the legislation.

3.19 HIS will write each quarter to request a copy of the Board's Internal Quarterly Report and Use of High-Cost Agency Staff Report and at the end of the financial year will write to request a copy of the Board's Annual Report to Scottish Government and Workforce Plan. To support this function, HIS has written to the Board's Executive Leads for the Act inviting them to attend Quarterly Board Engagement calls, providing an opportunity to discuss the content and progress as identified within the Board Quarterly reports.

3.20 The Q1 Board Compliance report was approved on the 12 August 2024 and was based on data from the Q1 Compliance and Assurance Audit.

3.21 The Board approved recommendations that can be summarised as:

Refine Compliance Audit: Improve the audit process to better assess compliance, enhance data accuracy, and reduce the burden on respondents.

Create Policy and Guidance: Develop to lay out requirements and clarify roles and responsibilities under the Act, informed by Statutory Guidance.

Raise Awareness: Continue efforts to educate staff at all levels using national resources.

Analyse and Report: Health and Care Staffing Leads will analyse results, report findings, and address specific gaps.

Share Best Practices: Collaborate to share successes and challenges, ensure consistency, and integrate data into planning and improvement cycles.

3.22 To align with recommendations in the Q1 Board Compliance Report, it was agreed that the Q2 Audit should focus on three specific duties with the Act where gaps in compliance had been identified from the Q1 Audit. This approach reduced the data burden as only those areas that did not complete the Q1 Audit (16% of Q2 respondents) completed additional Q1 Audit

questions. Given the proximity between the Q1 and Q2 Audit, this would also allow professions to create and implement action plans based on the wealth of data collected in Q1.

Identified Gaps in Compliance

3.23 The Q1 Audit highlighted that three duties had relatively low compliance rates where robust processes were not in place for all areas and professions across NHS Lothian that met legislative obligations within the Health & Care Staffing Scotland (Act) 2019.

3.24 The duties that had relatively low compliance rates were:

- 12ID Duty to have risk escalation processes in place.
- 12IE Duty to have arrangements to address severe and recurrent risks.
- 12IF Duty to seek clinical advice on staffing.

Assessment

Overall level of assurance

4.0 The overall level of assurance per duty has largely remained unchanged since the Q1 Board Report. 12IE duty to have arrangements to address severe & recurrent risks changed from Reasonable Assurance in Q1 to Limited Assurance in Q2. This change is attributed to the application of focused questions in Q2, which reduced uncertainty and provided a deeper understanding of the compliance level for the 12IE duty compared to Q1.

4.1 **Table 3.** Overall level of assurance by Duty
Q1 and Q2, 2024 Compliance & Assurance Audit

Duty	12IA	12IC	12ID	12IE	12IF	12IH	12II	12J&L
	Appropriate staffing	Real-time staffing assessment	Risk escalation process	Address severe & recurrent risk	Seek clinical advice on staffing	Adequate time for clinical leaders	Training of staff	Follow the common staffing method
Quarter 1	Limited	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable
Quarter 2	Limited	Reasonable	Reasonable	Limited	Reasonable	Reasonable	Reasonable	Reasonable

4.2 The overall level of assurance across all duties remains unchanged at Reasonably Assured:

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

Reasonably Assured

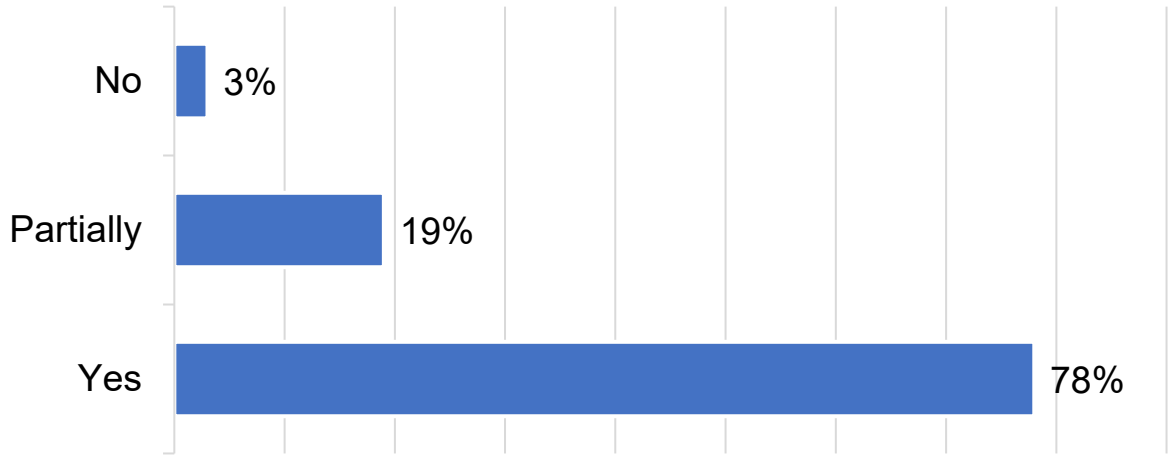
12ID Duty to have risk escalation process in place

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

4.5 **Table 4.** Duty to have risk escalation process in place, compliance by professional group, Q2 Compliance & Assurance Audit 2024.

Professional Group	Overall Compliance Assurance Rating
AHPs	Reasonable
Healthcare Scientists	Reasonable
Medical	Substantial
Midwifery	Reasonable
Nursing	Reasonable
Pharmacy	Reasonable
Psychology	Reasonable
Grand Total	**Reasonable**

4.6 **Graph 1.** Q2 Compliance & Assurance Audit 2024
"Does your service(s) have a system in place to ensure that staffing risks can be escalated and mitigated over 24-hours (including on-call services)?"



4.7 When asked "Does your service(s) have a system in place to ensure that staffing risks can be escalated and mitigated over 24-hours (including on-call

services)?" (Graph 1 above), 78% responded "Yes" and 22% responded "No" or "Partially".

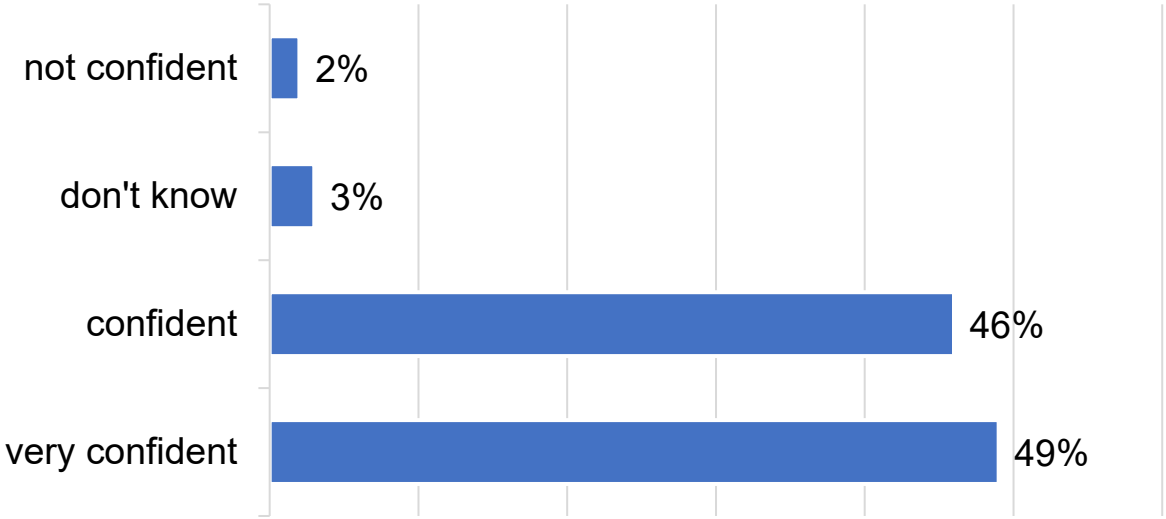
Example Areas of Success

4.8 Those services that had a successful system in place to ensure that staffing risks can be escalated and mitigated over 24-hours (including on-call services) often had a simple escalation system without unnecessary additional layers. A system that was centred around the communication of risk between senior and experienced staff. Respondents explained that successful systems and processes in place over 24 hours were often closely intertwined with service retraction plans and where it was clearly articulated what the minimum staffing number was and when this retraction would happen. Furthermore, well communicated and documented critical points at which to escalate concerns and have discussions and agree a plan of action was particularly effective. All staff across 24 hours were able to action these plans and the most resilient systems and processes in place involved wider escalation across site, with documentation tracking actions and activity. Tracking of activity and actions was useful to maintain continuity over 24 hours with such activities as redeploying of staff or raising red flags, where using the SafeCare system was a particularly effective tool.

Example Areas of Challenge

4.9 Respondents explained that ensuring a system is in place so that staffing risks can be escalated and mitigated over 24-hours (including on-call services) can be challenging where there are workforce capacity constraints, particularly when risk escalation procedures take time to be developed. Having a system in place over 24 hours (including on-call services) that supports the assessment, escalation and mitigation of staffing level risks was also challenging in services that have frequent fluctuations in workforce demand. Respondents explained that fluctuations in demand made standardising a risk escalation process challenging. This is particularly the case in non-bedded areas. This complexity is increased when planning for unpredictable demands on the workforce, for example when there is an infectious outbreak and incident management required. Ensuring a system is in place to ensure that staffing risks can be escalated and mitigated over 24-hours can also be challenging where there are many teams to consider and ensuring that the process is meeting the needs of all key stakeholders. Further complexity is added when services are based across an area and geographical risk variance is a factor.

4.10 **Graph 2.** Q2 Compliance & Assurance Audit 2024
How confident are you that staff within your service(s) are aware of how to escalate staffing level risks?



4.11 When asked “How confident are you that staff within your service(s) are aware of how to escalate staffing level risks?” (Graph 2 above), 95% of respondents were “confident” or “very confident”. 5% Didn’t know or were “not confident”. 0% were “Not at all confident”

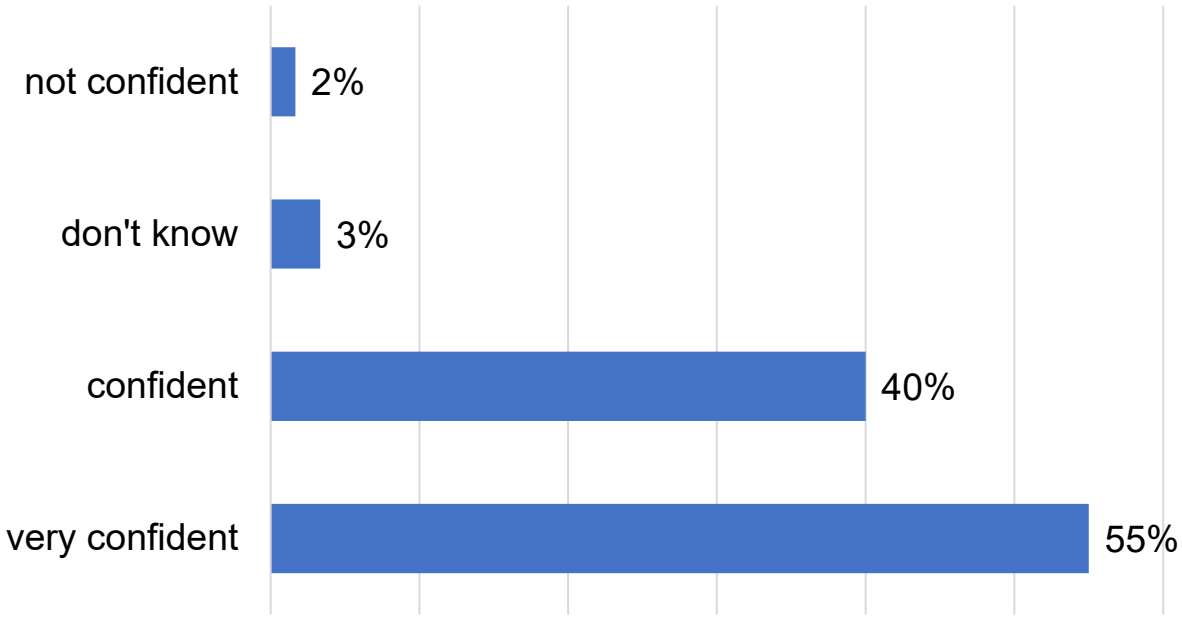
Example Areas of Success

4.12 This high degree of confidence with how to escalate staffing level risks and what worked successfully was reflected in free text sections of the Audit. Respondents noted that having clear lines of escalation documented, as well as core operational resilience plans easily accessible for staff worked well. Contingency plans which gave options for mitigating worked well also. It was noted that where core skills were understood and a staff matrix employed, managers were enabled to escalate and mitigate more successfully. Respondents also explained that, when staff are given the time to develop an understanding of what the minimum staffing is and what mitigations are available, staff then understood how and when to escalate and mitigate staffing level risks.

Example Areas of Challenge

4.13 Despite the high degree of confidence amongst respondents that there was an awareness of how to escalate staffing level risks, for some services, there was a lack of documentation which detailed written escalation processes. This was often associated with a poor understanding of and compliance with the need to involve professional leaders, as opposed to escalating to local managers or to manage locally. Respondents also noted that not all staff/ leads can ascertain what training skills staff carry and so were not able to risk assess fully as part of the risk escalation process. Training skills other staff carry can be held at ward level by Mangers and not all training is recorded and easily assessable from a central digital resource.

4.14 **Graph 3.** Q2 Compliance & Assurance Audit 2024
How confident are you that staff within your service(s) are aware of who to escalate staffing level risks to?



4.15 When asked “How confident are you that staff within your service(s) are aware of who to escalate staffing level risks to?” (Graph 3 above), 95% of respondents were “confident” or “very confident.” 5% did not know or were “not confident”. 0% were “Not at all confident

Example Areas of Success

4.16 Respondents noted that having clear lines of escalation was a successful strategy for ensuring their service was aware of who to escalate staffing levels risks to. Examples included senior clinical staff who were available throughout service hours who had oversight of all relevant areas and could redeploy staff to ensure patient and staff safety. This also aligns with the 12IH duty to ensure time given to clinical leaders, that clinical leaders should have the time and resources to ensure appropriate staffing.

4.17 Some services have specified staffing leads who oversee and coordinate staffing across sites. This role was communicated to staff clearly and respondents explained that in some cases this was a stand-alone role. Escalating and mitigating staffing level risk was particularly effective when considerate of other disciplines and when employing a pan Lothian approach.

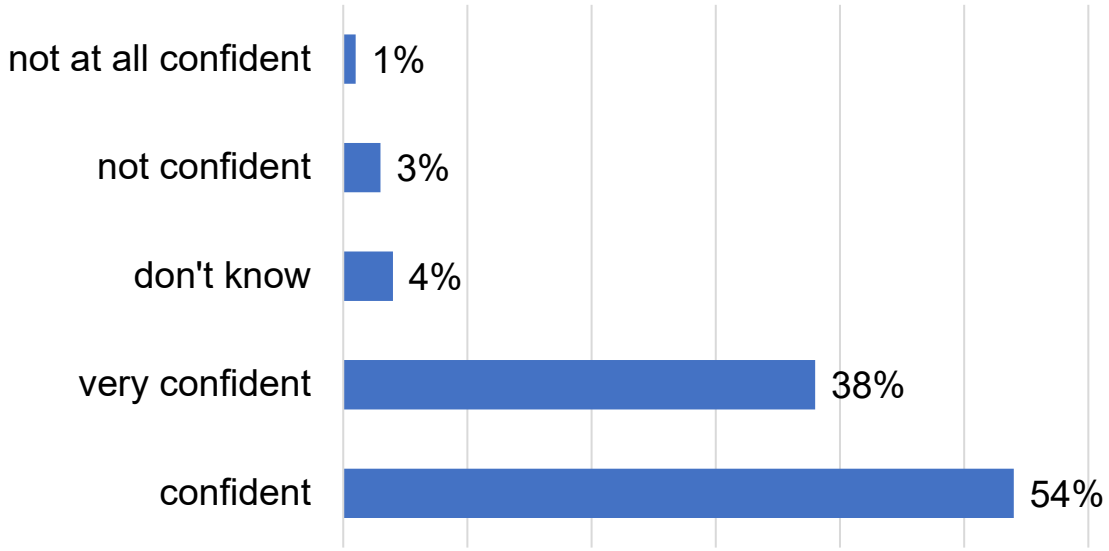
Example Areas of Challenge

4.18 Respondents displayed a high degree of confidence when asked if they knew who to escalate staffing level risks to. However, respondents recognised that individuals who can potentially mitigate staffing level risks often require training and development and to possess a specific skill set. Respondents also noted that unplanned absence given at short notice, staff not reporting for duty and

general staffing issues can mean staff that can escalate or mitigate staffing level risks are not always available during a shift.

4.19 Respondents explained that individuals responsible for assessing and mitigating staffing level risks face many high expectations, including risk mitigation. This task becomes particularly challenging during periods of high demand on services, such as when work is being triaged. During these times, it is crucial for staff to evaluate the workload that can be managed by the available team members. Thus, staff need the capacity to risk assess and mitigate often when there are the biggest demands on their role. Safeguarding this capacity for mitigation and escalation would align with the 12IH duty to ensure adequate time given to clinical leaders, where clinical leaders require the time and resources to ensure the supervision and wellbeing of staff and to ensure appropriate staffing more generally.

4.20 **Graph 4.** Q2 Compliance & Assurance Audit 2024
How confident are you that staff within your service(s) know how to escalate staffing level risks over a 24-hour period (including on-call services)?



4.21 When asked “How confident are you that staff within your service(s) know how to escalate staffing level risks over a 24-hour period (including on-call services)?” (Graph 4 above), 92% of respondents were “confident” or “very confident”. 7% Didn’t know or were “not confident”. 1% were “Not at all confident”

Example Areas of Success

4.22 Respondents explained that staff knew how to escalate staffing level risks over a 24-hour period (including on-call services) best when plans were documented and readily available at any time throughout service hours. This information was often accessible on safe staffing sheets, SharePoint, Microsoft Teams channels or through scheduled email communications, shared inboxes and resilience plans. Staff knew how to escalate successfully over 24 hours when

risk escalation and mitigation were integrated into daily practice and became second nature. Furthermore, when roles and responsibilities were shared, the continuity of mitigation and escalation arrangements was maintained, even if certain key stakeholders were unexpectedly unavailable. Similarly, knowing how to successfully escalate and mitigate over 24 hours included considering planned leave; how to escalate when those that mitigate are on leave but also how to react when staff are off leave and staffing level risks have been identified.

Example Areas of Challenge

4.23 Robust processes, practices and procedures that are embedded in culture are required to ensure a service knows how to escalate staffing level risks over a 24-hour period (including on-call services). Respondents noted challenges around ensuring a robust communication, escalation and cascade processes. Community services explained that although there was a process in place to fully assess risk and to ensure risk is assessed at all times, this can be challenging in specialist services.

4.24 Respondents also noted that where there is no clearly written process in place for staffing level risk escalations; this can result in a poor understanding of, and compliance with, involving professional leaders.

4.25 Ensuring staff know how to escalate over a 24-hour period (including on-call services) was also challenging where there were high sickness absence rates, vacant, hard to recruit to posts and high leadership turnover. The effects of high leaver rates from leaders within services can come at the cost of firmly establishing escalation procedures. Respondents explained that any lack of strategic continuity can also influence compliance, with delays in progressing actions. For example, achieving a more formal structured documentation of escalation plans.

12IE Duty to have arrangements to address severe and recurrent risks

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

4.27 **Table 5.** Duty to have arrangements to address severe and recurrent risks, compliance by professional group, Q2 Compliance & Assurance Audit 2024

Professional Group	RAYG Rating Overall Compliance
AHPs	Limited
Healthcare Scientists	Limited
Medical	Limited
Midwifery	Limited
Nursing	Reasonable
Pharmacy	Limited
Psychology	Limited
Grand Total	Limited

4.28 **Graph 5.** Q2 Compliance & Assurance Audit 2024
Does your service(s) regularly produce and/or receive reports regarding addressing severe and/ or recurrent staffing level risks within your area?

4.29 When asked “Does your service(s) regularly produce and/or receive reports regarding addressing severe and/ or recurrent staffing level risks within your area?” (Graph 5 above), 38% responded “Yes” and 62% responded “No” or “Partially”.

Example Areas of Success

4.30 Respondents noted that daily analysis and monthly reporting supported forward planning to put in place measures to mitigate risks arising such as the safe movement of staff. Datix was a particularly successful reporting tool for addressing severe and recurrent risks. Services noted that staffing levels reported as a factor in incidents can be annotated with staffing data and escalated to senior staff. Quarterly summary reports can be produced from Datix and reviewed at the monthly workforce meetings. Areas that were

successful had administration support, or utilised newer roles introduced to fill gaps left by harder to fill more traditional posts. Utilising the information gained from analysing the recurrent risk identified to inform recruitment campaigns was particularly successful, and timely recruitment was highlighted by respondents to ensure no lag time between posts falling vacant and being filled.

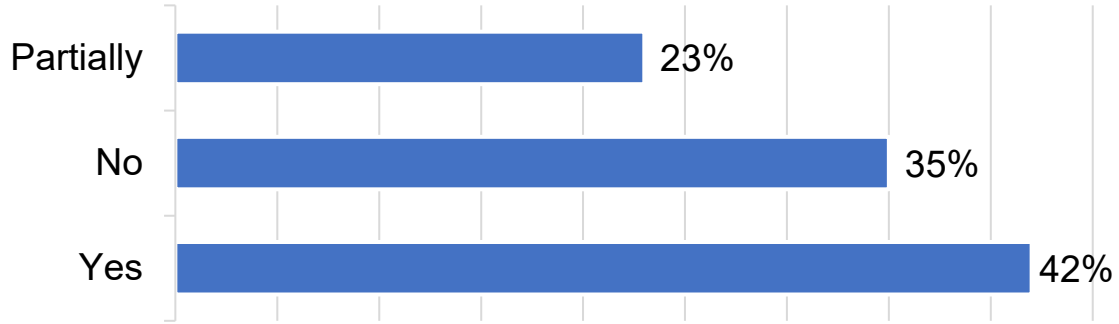
4.31 Respondents noted that severe and recurrent risk data was utilised effectively when linked with waiting list data, recognising the interplay between staffing risks and unmet service demand or "Queue." Waiting times are reviewed and managed weekly and so there is a synergetic opportunity to address severe and recurrent risks whilst managing waiting lists.

Example Areas of Challenge

4.32 Multiple respondents noted that lacking a formal process inhibited services from meeting the 12IE duty to have arrangements to address severe and recurrent risks. Other services, particularly smaller teams with individual clinical workloads had no Standard Operating Procedure (SOP) in place on what actions were to be taken if recurrent critical gaps were identified and no cover could be provided. Other services noted that there was no formal process for recording staffing gaps that could be used to monitor trends in severity and duration of risk. Respondents noted that templates would be helpful in this regard.

4.33 Addressing severe and recurrent risks was particularly challenging when the recurrent risk was unplanned absences. Within multi-disciplinary teams, addressing severe and recurrent risks including producing and/or receiving reports can be difficult when cross professional management of risks is required.

4.34 **Graph 6.** Q2 Compliance & Assurance Audit 2024
Has your service got an agreed definition of severe and recurrent staffing risks?



4.35 When asked "Has your service got an agreed definition of severe and recurrent staffing risks?" (Graph 6 above), 42% responded "Yes" and 58% responded "No" or "Partially".

4.36 Some examples of how services currently define severe and recurrent risks include:

- Staffing levels are below agreed minimum staffing levels.
- Reporting RED (for a defined length of time).
- Breaching capacity plan capacity limits.
- There is a critical/severe loss of workforce capacity ≤50% and/or >50% reduction in staff training.
- At one of four levels which have been defined relating to a percentage reduction in workforce capacity.
- Skilled workforce not available to deliver service.
- Staffing below what is defined in the workforce plan.
- At a RAG status based on staffing levels (i.e. on SafeCare).
- Registered staff unavailable for elective or emergency lists.
- There are Sickness absences and vacancy gaps.
- Unable to increase in-post staffing.
- Unsafe number of practitioners on a night shift.
- At one of 3 levels to define a severe level of risk.
- Any reported red risk is defined as a severe risk. Any amber risk reported for over 1 month is defined as a recurrent risk.
- Defined in risk assessments, mitigation documents and in Governance Assurance Framework (GAF).
- Not delivering a pathway.
- Long term sickness absence (can be viewed in Tableau dashboard).
- Increase in referrals.

4.37 This list suggests that how services the define severe and recurrent risks varies across services. However, services generally consider consistent staffing levels that are below agreed limits. There are specific time periods to define when something is recurrent, and ratings used to categorise these situations to identify the level of risk. Identifying risk might also include instances where they have been unable to deliver services over an agreed period, or where service activity or demand is not being met at a particular level. These definitions can be contained in documents such as GAFs, which can define limits or tipping points.

4.38 **Graph 7.** Process for defining severe and recurrent risks: Thematic Analysis Q2 Compliance & Assurance Audit 2024

Staffing Levels and Capacity

- Monitoring staffing levels
- Understanding unsafe staffing levels
- Identifying the impact of vacancies and long-term absences on staffing.

Risk Management

- Risk registers
- Risk assessments
- Risk matrixes

Operational Processes

- Huddles and other staffing meetings
- SafeCare and other staffing tools
- Standard Operating Procedures (SOPs)

Business Continuity & Contingency Planning

- Business continuity plans
- Contingency planning
- Retraction plans and resilience strategies

Example Areas of Success

4.39 The Act can be thought of as operationalising workforce planning. Effective workforce planning includes service workforce plans and strategic workforce plans that are mutually dependent. Respondents note that addressing severe and recurrent risks worked well when the process was integrated into service workforce plans. In Health and Social Care Partnership areas for example, defining and prioritising severe and recurrent risks involves considering strategic directions. Thus, defining severe and recurrent risks is often done within a strategic and operational context.

4.40 Professions that have created an escalation framework to facilitate addressing severe and recurrent risks were partially successful. For example, a framework which combined tools into a single document and was available on the intranet. Successful frameworks also gave multiple potential responses and explained the governance being applied in various scenarios. This supported managers to make decisions on how to best operate a system based on assessments that take into account factors like patient acuity measures, staffing availability, system-wide pressures, and other variables like skills and availability of clinical leaders.

Example Areas of Challenge

4.41 Within the Act, complying with the 12IE duty to have arrangements to address severe and recurrent risks includes agreeing and defining what severe and recurrent staffing risks looks like, as well as reviewing and agreeing processes to monitor and manage such risks. In some areas, a lack of training and a lack of clarity around roles and responsibilities was a barrier to services complying with these requirements.

4.42 Services overwhelmingly reported that there were barriers to addressing severe and recurrent risks, even when robust processes were in place. For example, when, budgets where fixed, vacant posts were difficult to fill, service demands were changing, there were restrictions on bank and agency as well as statutory, mandatory, and clinical demands on an aging workforce.

12IF Duty to seek clinical advice on staffing

4.43 This duty places the requirement on Boards to put, and keep in place, arrangements for seeking and having regard to appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing under the various sections of the Act; and to put, and keep in place, arrangements for recording and explaining decisions which conflict with that clinical advice. Those individuals who have given appropriate clinical advice can then decide whether to request a review of the final decision on a risk (except one made and Board level) and decide if they wish to record disagreement with that decision.

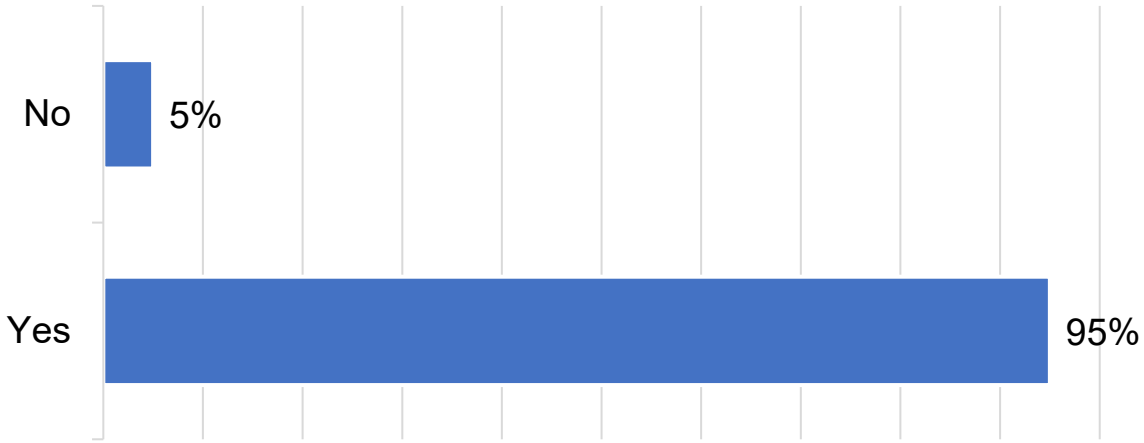
4.44 Clinical advice will be appropriate when it comes from someone with sufficient seniority and clinical expertise in the relevant clinical area and will be dependent on local context/ clinical governance structures.

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

4.46 **Table 6.** Duty to seek clinical advice on staffing, compliance by professional group, Q2 Compliance & Assurance Audit.

Professional Group	RAYG Rating Overall Compliance
AHPs	Reasonable
Healthcare Scientists	Reasonable
Medical	Substantial
Midwifery	Reasonable
Nursing	Reasonable
Pharmacy	Reasonable
Psychology	Reasonable
Grand Total	**Reasonable**

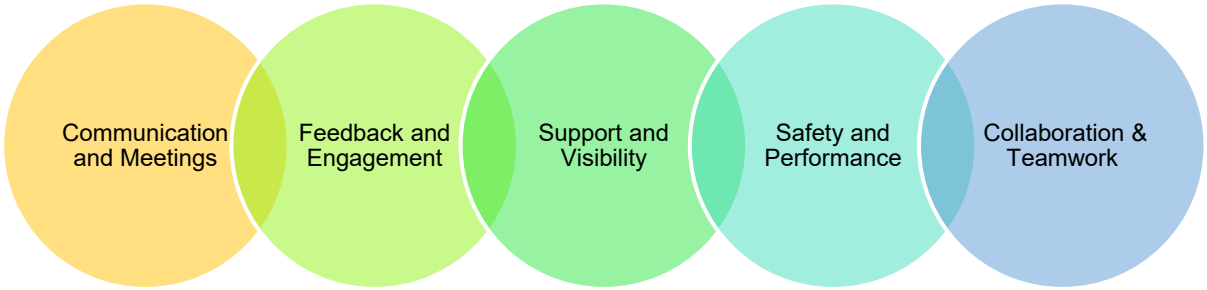
4.47 **Graph 8.** Q2 Compliance & Assurance Audit 2024
As a clinical leader/manager, do you regularly encourage and support staff to give views on staffing?



4.48 When asked “As a clinical leader/manager, do you regularly encourage and support staff to give views on staffing?” (Graph 8 above) 95% responded “Yes” and 5% responded “No”.

4.49 If those competing the Audit answered “yes” to this question, respondents were then asked to explain how they encourage and support staff to give views on staffing. The themes are highlighted below in **Graph 9**.

4.50 **Graph 9.** Q2 Compliance & Assurance Audit 2024
Please explain how you encourage and support staff to give views on staffing.



Communication and Meetings: Regular team meetings, daily huddles, 1:1 supervision, and various forms of communication (emails, newsletters)

Feedback and Engagement: Encouraging staff to provide feedback through mechanisms like Datix, anonymous and identifiable communications, and staff questionnaires.

Support and Visibility: Open door policies, being present and approachable, senior visibility, and on-call managers.

Safety and Performance: Encouraging staff feedback when monitoring staff safety, absence reporting, escalating risk, and through quality improvement efforts.

Collaboration and Teamwork: Working together, in partnership, in integrated teams, and with professional leadership.

Example Areas of Success

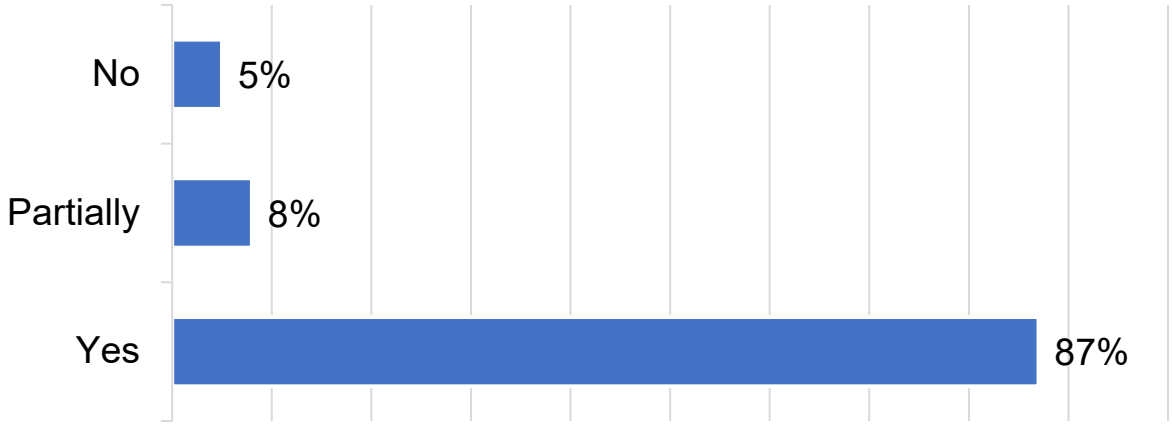
4.51 Obtaining staff views is central to the Act and is part of the Guiding Principles and the 12IJ duty to follow the common staffing method. Respondents explained that effective communication between staff at all levels was essential for seeking and having regard to clinical advice. Good communication can better update staff on staffing decisions made or allow senior leaders to more effectively listen and act on a clinical professional view. Clinical advice may be sought from more than one individual and may not be linear and so effective communication skills are required. Services also noted the importance of openness and honesty and creating an environment where staff feel they can speak up and provide advice on staffing.

Example Areas of Challenge

4.52 Some services had no robust process in relation to seeking and having regard to clinical advice and recording views on staffing. There is a requirement within the Act to document decisions which conflict with clinical advice. Respondents explained that there are multiple Board wide mechanisms such as i-Matter for

capturing staff views, but these questions do not pertain to appropriate staffing levels. Other services that record views on staffing decisions do so ad hoc and do not integrate this legislative requirement into daily practices, processes and procedures. Respondents explained that a significant challenge is the lack of a SOP which would support the recording of clinical advice and could be used when reviewing and making staffing decisions or when seeking clinical advice from outside the service.

4.53 **Graph 10.** Q2 Compliance & Assurance Audit 2024
Do you have a clear professional structure in place to enable you to seek the appropriate clinical advice on staffing decisions?



4.54 When asked “Do you have a clear professional structure in place to enable you to seek the appropriate clinical advice on staffing decisions?” (Graph 10 above) 87% responded “Yes” and 13% responded “No” or “Partially”.

Example Areas of Success

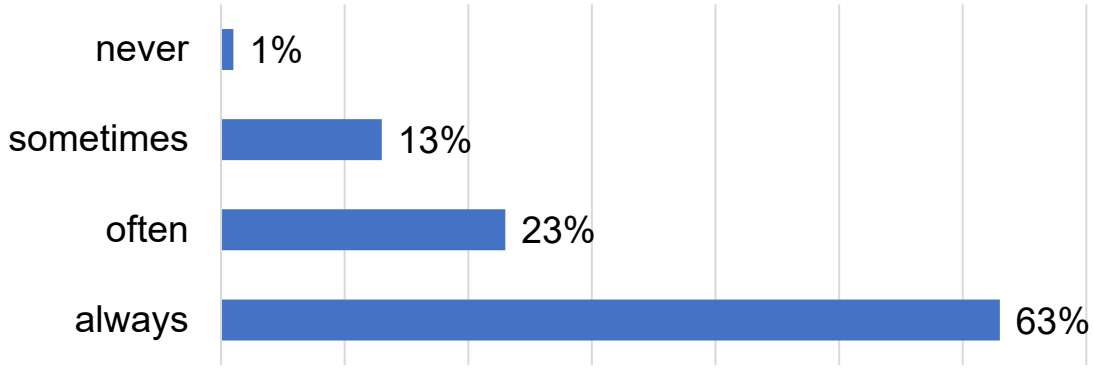
4.55 Services that were successful with meeting the duty to seek clinical advice had clearly defined roles and responsibilities within their service and within the professional line. Such that it was possible to seek and have regard to appropriate clinical advice, dependent on the local context and clinical governance structures. For example, senior clinical operational leaders were available throughout service hours to provide advice and guidance whilst having an overview of the service and understood the processes that needed to be put in place. Successful areas also understood who and where to obtain appropriate clinical advice within the professional line, with some areas having a direct line to director level staff.

4.56 Respondents found that integrating the process of seeking clinical advice into their mitigation, escalation, and real-time staffing processes led to greater compliance with this requirement. Therefore, they were successful in meeting the duty to seek clinical advice when it was incorporated into daily routines, such as team huddles, where they also addressed risk escalation and real-time staffing needs.

Example Areas of Challenge

4.57 Understanding who should give clinical advice can be challenging. For example, when attempting to identify a definitive point of contact in relation to seeking clinical advice on staffing across sites. Respondents explained that training may help with defining roles and responsibilities, as services perceived a lack of training on who to seek advice from - one person, a deputy or a designated team? In addition, respondents explained that, if who can give clinical advice is defined in a SOP, this process may need to be monitored. In some cases, this role is completed by professional leads on temporary contracts. Therefore, it is important to establish robust arrangements to ensure oversight of this process and maintain continued compliance.

4.58 **Graph 11.** Q2 Compliance & Assurance Audit 2024
Within my service(s), appropriate clinical advice is taken into account during day-to-day staffing decisions



4.59 When asked “Within my service(s), appropriate clinical advice is taken into account during day-to-day staffing decisions” (Graph 11 above) 86% responded “always” or “often” and 14% responded “sometimes”. 0.8% answered “never”.

Example Areas of Success

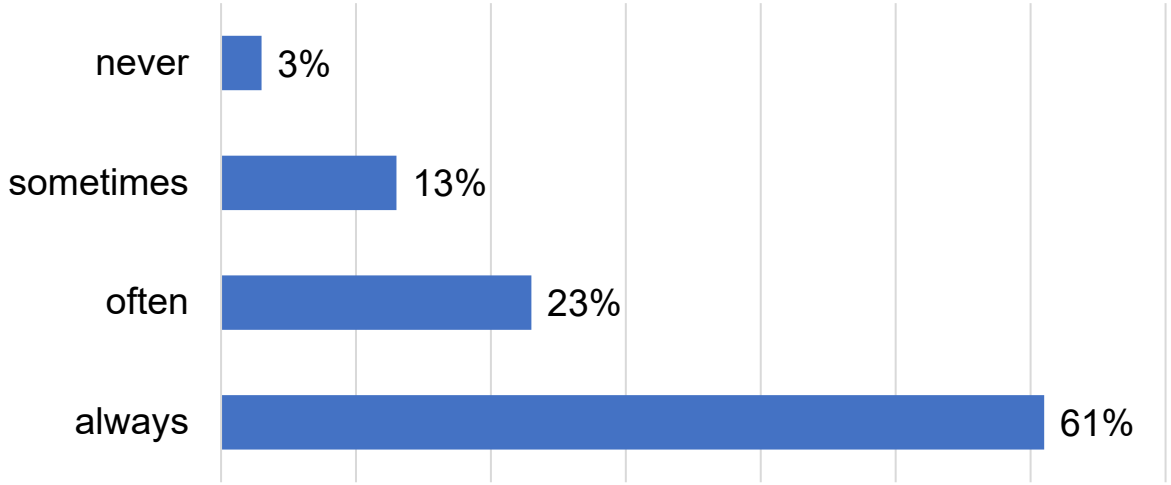
4.60 Having the appropriate organisational structure in place allowed services to prioritise and enabled partnership working, especially within huddles which provided a space in which to seek and have regard to clinical advice across multiple specialties within a single profession. Respondents explained that having the right infrastructure in place enabled services to meet obligations within the duty to seek clinical advice on staffing. For example, some areas had individuals who could give appropriate clinical advice on staffing available as bleep holders.

Example Areas of Challenge

4.61 Once an individual(s) has been identified, it can be challenging to obtain specific types of clinical advice on staffing. For example, advice on the acceptable consequences of staffing decisions; if there is a sustained risk on staffing it can be difficult to get advice on what is an acceptable duration of withdrawal of service to mitigate a staffing risk. Respondents did note that wider escalation processes are available to seek support, but if no help is available then seeking and having regard to clinical advice can be challenging. In

addition, some professionals must still develop a governance process for the consideration of disagreements and requests for review. This process will be considered in the context of future Health and Care Staffing Reporting and Workforce Planning. Integrating Workforce Planning processes with Duties in the Act is a key requirement of the legislation and will be monitored annually by Healthcare Improvement Scotland and the Scottish Government in annual returns.

4.62 **Graph 12.** Q2 Compliance & Assurance Audit 2024
Within my service(s), appropriate clinical advice is taken into account during service or establishment reviews:



4.63 When asked “Within my service(s), appropriate clinical advice* is taken into account during service or establishment reviews” (Graph 12 above) 84% responded “always” or “often” and 13% responded “sometimes”. 3% answered “never”.

Example Areas of Success

4.64 Services documented the escalation and mitigation of decisions taken with electronic records by email then stored on a shared drive. Some areas electronically documented twice daily staffing meetings. The recording of decisions in relation to staffing on easily accessible records enables those individuals who gave clinical advice on staffing as part of the decision-making process to be updated on any decisions made and the reasons for those decisions. Those individuals can then make a fully informed decision on whether to record their disagreement with the decisions and/or request a review of the decision of risk. Good record keeping of decisions around real-time staffing risk escalation and mitigation can allow any individual to access the staffing decisions made of which they were part of the process.

Example Areas of Challenge

4.65 Respondents explained that when making staffing decisions for their areas, staff do not always seek and have regard to “appropriate” clinical advice as

defined within the Act. For some services, multidisciplinary working injects a level of complexity with ensuring appropriate clinical advice can be sought and regarded over 24 hours. For example, some specialty multidisciplinary teams may have AHP cover out of hours who should not give clinical advice on staffing for Nursing matters (or vice versa) as defined with the legislation. This is exacerbated when central departments that could provide appropriate advice do not have out of hours cover. Respondents explained that staff tend to report in sick during out of hours, and this delays putting plans in place until clinical advice can be sought.

12IB Duty to ensure appropriate staffing: agency workers

4.66 The Act stipulates that, the board must report on the number of occasions that it has paid an agency worker more than 150% of the amount that would be paid to a full-time equivalent employee to fill the equivalent post for the same period. The report must include the number of occasions on which it is paid more than 150%, the amount paid on each occasion and the circumstances that have required the higher amount to be paid. The Scottish Government provide a template for this report which includes the figures to be used for a full-time equivalent employee for each band / grade so that all Boards are reporting consistently.

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

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

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

4.70 The agency reports should cover the following periods and are required to be submitted according to the timelines set out in table 7.

4.71 **Table 7.** NHS Lothian: Agency Reporting Timeline and Update

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

4.72 During the period 01 July to 30 September 2024, there were 232 occasions (a reduction of 86 shifts from Q1) on which the Health Board paid over 150% to an agency worker, compared to the amount that would be paid to a full-time equivalent employee to fill the same post for the same period. This is 4.7% (50% Reduction on Q1) of the total number of agency shifts (4929) used by all professions in NHS Lothian in 2024.

4.73 During the period 01 July to 30 September 2024, 83% of shifts using higher cost agency workers (as defined above) were to cover vacancy gaps. For example, in hard to recruit areas such Elderly and General Psychiatry. During this period, the Medical profession accounted for 74% of agency shifts, 18% of agency shifts were used by Nursing and 8% by Healthcare Science roles.

Recommendations

5.0 Action to Address Gaps

The Health and Care Staffing Programme Board have commissioned:

- Board wide policy and guidance to be produced, laying out definitions and requirements to comply with the Act, which will ensure all staff understand their roles and responsibilities with regards to the Act. The Statutory Guidance will help inform this. This includes, but is not limited to increasing clarity:
    - around the roles and responsibilities when seeking and having regard to clinical advice.
    - with defining severe and recurrent risks.

- The Board wide communication and education planning group to continue work to raise awareness among all levels of staff utilising national educational resources. For example, communication and education on:
    - How to mitigate staffing level risks.
    - Roles and responsibilities when addressing severe and recurrent risks.
    - Who to seek clinical advice on staffing from.

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

- The Health and Care Staffing Professional Leads to continue to work together to share areas of success, good practice, and areas of challenge to work towards consistency across the Board and overall improved compliance including work to:

    - assure consistency and benchmarking within each duty e.g. variations in professional judgement.
    - develop and onboard systems to support duties e.g. HealthRoster, SafeCare, eJobPlan.
    - integrate the data into service planning, workforce planning and improvement cycles.
    - Enhance the availability of out-of-hours clinical advice on staffing, risk escalation and mitigation, particularly from central departments.

An update on these actions will be provided in future quarterly reports.

List of appendices

The following appendices are included with this report:

Appendix 1
Health and Care (Staffing) (Scotland) Act 2019: statutory guidance - gov.scot

Appendix 2
Q2 August/ September 2024 Compliance and Assurance Audit Questions

Appendix 3
Scottish Government Exemplar Annual Report Template

Appendix 4

Q2 Red, Amber, Yellow and Green (RAYG) Calculations

NHS Lothian

Meeting: NHS Lothian Board

Meeting date: 4 December 2024

Title: National Whistleblowing Standards Quarter 2 2024/25 Performance Report

Responsible Executive: Janis Butler, Director HR & OD

Report Author: Ruth Kelly, Deputy Director of HR

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

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

2.2 Background

2.2.1 The National Whistleblowing Standards for the NHS in Scotland (the Standards) were introduced in April 2021. NHS Boards are required to report on their performance in handling whistleblowing concerns, against the key performance indicators as set out in the Standards. The Quarter 1 2024/25 Whistleblowing Performance report is included at appendix 1. In line with the Standards the Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link Whistleblowing Performance Reports and are shared with the Independent National Whistleblowing Officer/Scottish Public Services Ombudsman.

2.2.2 During Quarter 2 one new stage 2 concern was recorded, and one stage 2 concern which was received in the previous reporting year was closed.

2.2.3 There are currently five ongoing whistleblowing investigations, one in relation a concern received in Quarter 2 this reporting year, two recently received and will be included in the Quarter 3 report and two which were received in the previous reporting year.

2.2.4 Timescales for undertaking an investigation continue to be challenging. As reflected in the attached performance report there has been a significant decrease in timescales this quarter (on average 121 working days) compared to the same quarter last year (on average 232 working days) to conclude an investigation.

2.2.5 One case that was raised with the Independent National Whistleblowing Officer (INWO) in June 2023 has now concluded and the report was published on the INWO website on 23 October 2024. Jim Crombie, Deputy Chief Executive is leading on the response to this, and an update will be provided to the Staff Governance Committee on 12 December 2024. One new case has been accepted by the INWO for investigation in Q2.

2.2.6 A series of national discussions have also commenced with the INWO, Scottish Government Workforce colleagues and representatives from the HR Director network to improve understanding and application of the standards and specifically to address the complexity of the standards, and their alignment with HR processes. NHS Lothian Director of HR & OD has been included in the discussions which have been constructive, focussed on improvement and working collaboratively.

2.3 Assessment

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

N/A.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

As this is an update paper on performance against the national whistleblowing standards there are no implications for health inequalities or general equality and diversity issues arising from this paper.

2.3.6 Other impacts

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

The content of the attached Quarter 2 2024/25 Whistleblowing Performance report was approved by the Staff Governance Committee at its meeting on the 30 October 2024.

2.4 Recommendation

This paper is presented to the Committee for:

- **Awareness** – The Board is asked to note the content of the attached Quarter 2 2024/25 Whistleblowing Performance report which is in line with the requirements of the Standards and will be available on the NHS Lothian Staff pages of the Internet.

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

3 List of Appendices

The following appendices are included with this report:

Appendix 1 – Quarter 2 2024/25 Whistleblowing Performance Report.

Appendix 1

Whistleblowing Performance Report

Quarter 2 - July to September 2024

Kerran Reeder
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – Quarter 2 (July - September) 2024

Context

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

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

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

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:
'open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.'

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

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

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

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

Areas covered by the report.

Processes are in place to gather the details of and outcomes from whistleblowing concerns raised across all NHS services to which the Standards apply. Within NHS Lothian across the four Health and Social Care Partnerships (HSCPs) any concerns raised about the delivery of a health service by the HSCPs are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Lothian.

The Director for Primary Care has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contracted suppliers, not contracted through National Procurement.

Q2 Performance Information July - September 2024

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

1. Total number of concerns received.
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

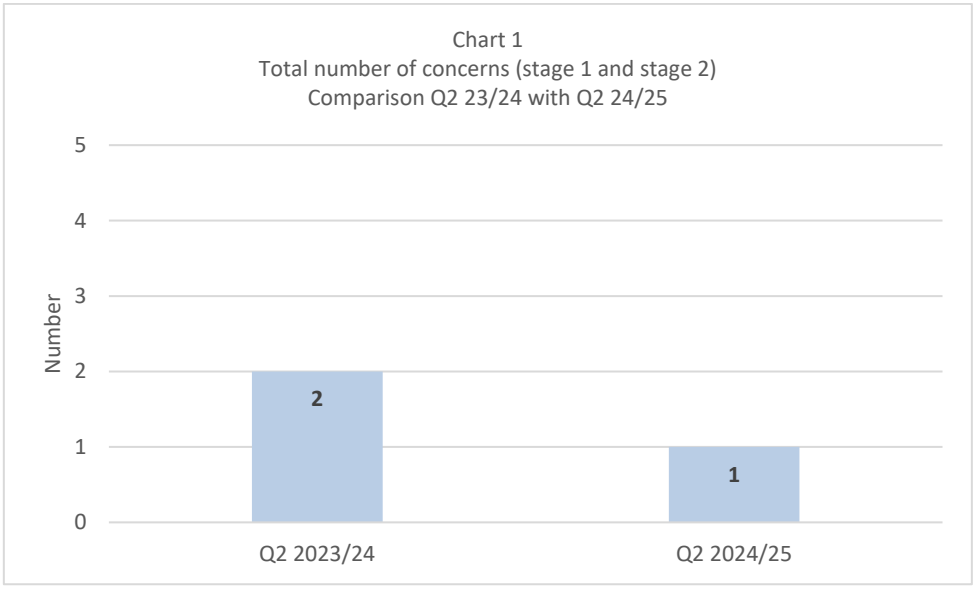
Due to the nature of whistleblowing concerns, some concerns received during 2023/24 remained open at the end of the previous reporting year, these concerns will be reflected in the performance information across this reporting year (2024/2025). At the end of quarter 2 2024/25, two stage 2 concerns received in quarter 4 of the previous reporting year are still being investigated.

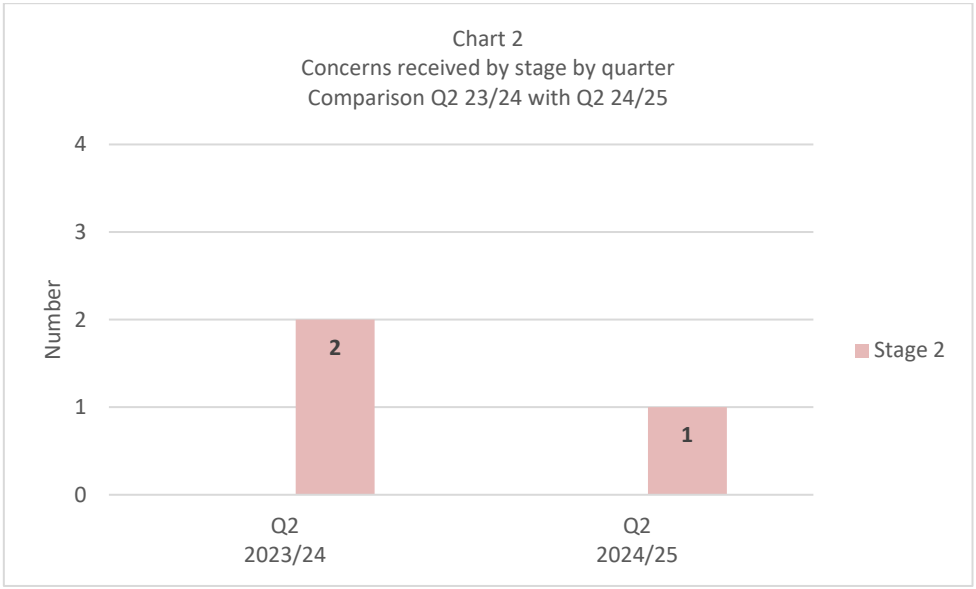
Indicator 1 - Total number of concerns, and concerns by Stage

During Q2 2024/25 one whistleblowing concern was received, in comparison two whistleblowing concerns were received in the same quarter during previous reporting year.

Chart 1 shows the total number of concerns received in Q2 2024/25 compared with Q2 2023/24.

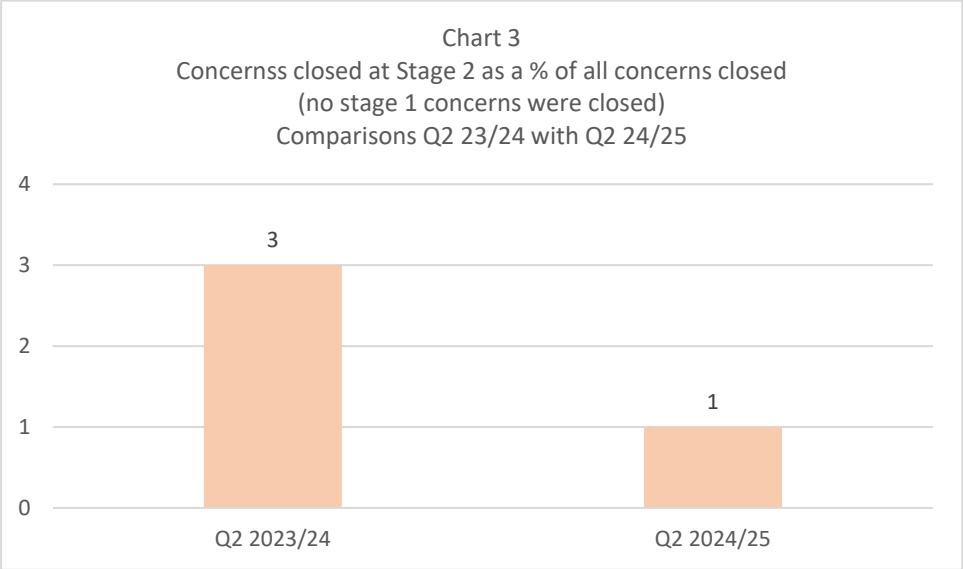
Chart 2 provides a break down of the number of concerns received at each stage of the whistleblowing process over the same period.





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

During Q2, one stage 2 concern was closed, the concern was received in the previous reporting year. Three stage 2 concerns were closed in the same period of the previous year. Chart 3 shows the quarterly comparisons. No stage 1 concerns were closed out during Q2, nor in the same period of the previous year.



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

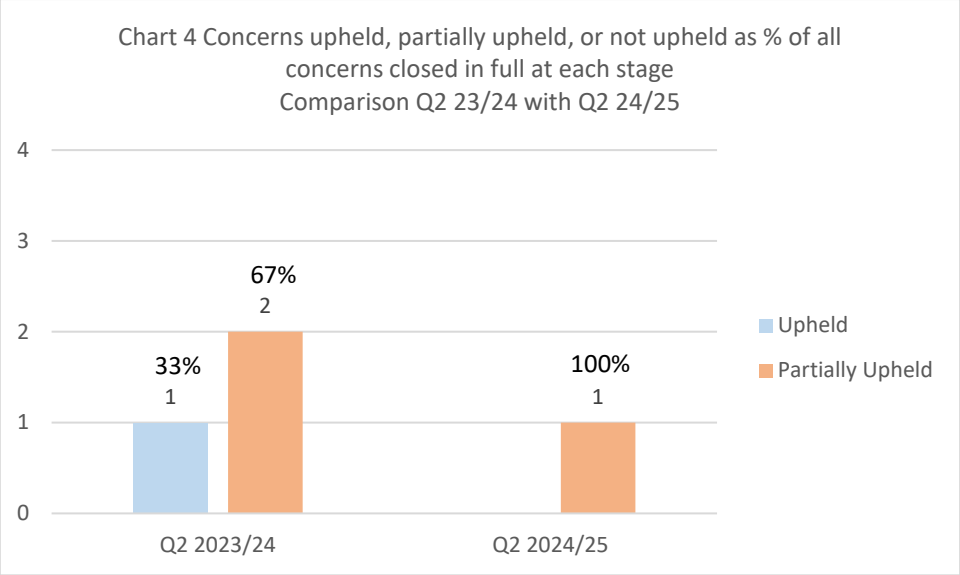
The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

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

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

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

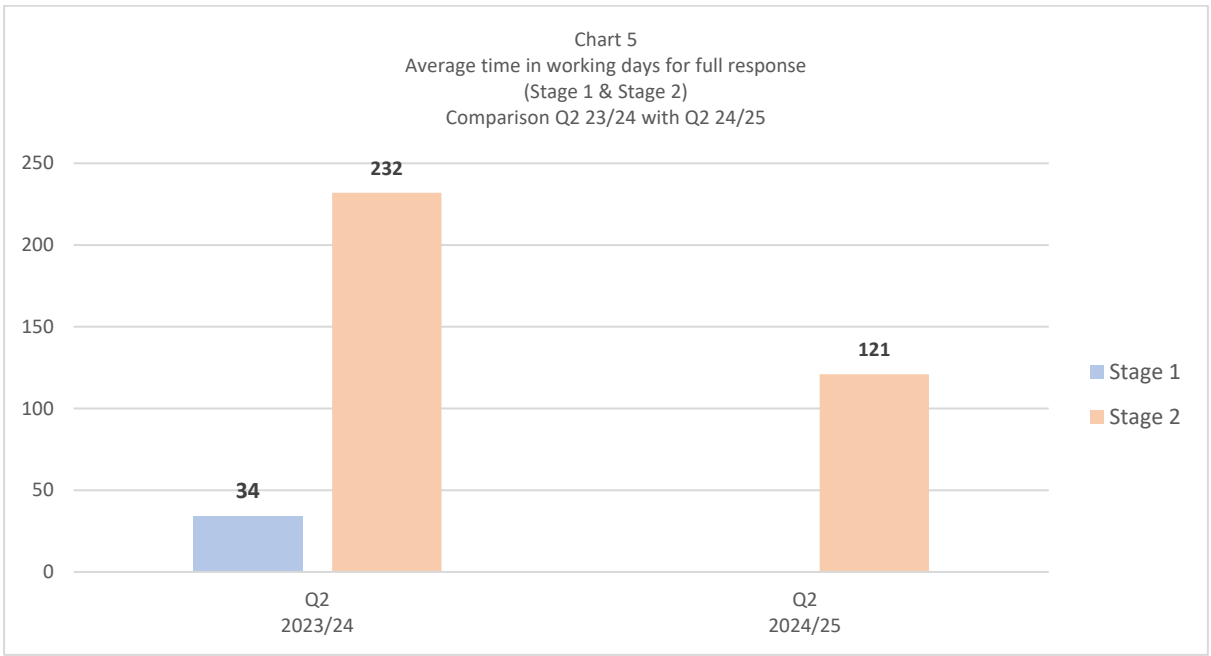
Chart 4 below details the outcome of the stage 2 concern that was closed during quarter 2, which was partially upheld. In comparison in the same quarter last year three concerns were closed, two of which were partially upheld, whilst one was upheld.



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

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

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



As can be seen the average number of days to close concerns significantly reduced this quarter, this can be in part attributed to the complexity of the cases received, and the higher availability of those with whom the investigators wished to meet.

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

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

Concerns where an extension was authorised.

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

Primary Care Contractors

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

In total, 98 returns were received for quarter 2, details are outlined below, this compares to a total of 104 returns over the same quarter last year.

	Quarter 2 2024/25				Quarter 2 2023/24			
	No	%*	Stage 1	Stage 2	No	%	Stage 1	Stage 2
GP Practices	66	57%	0	0	63	53.4%	0	0
Dental Practices	19	11%	0	0	31	17.9%	0	0
Optometry Practices	10	9%	0	0	8	7.2%	0	0
Community Pharmacies	3	2%	0	0	2	1.1%	0	0

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

- 116 GP practices including the challenging behaviour practice
- 175 general dental practices
- 107 optometry practices including domiciliary only
- 180 community pharmacies

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

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

As at the end of Q2 there were 18 locally contracted suppliers who are not contracted through National Procurement. The number of local suppliers varies throughout the year, as contracts end, and new contracts commence. Where relevant the tender document for new contracts includes information on locally contracted suppliers' responsibilities in relation to whistleblowing and the process for raising concerns. No concerns have been recorded for Q2.

Anonymous Concerns

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

No anonymous concerns were received in Q2, or year to date, or in the reporting year 2023/24.

Learning, changes or improvements to services or procedures

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

For each concern that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the Standards, this is principally the Executive Medical or Nurse Directors.

Action plans continue to be monitored by the Executive Director, whilst actions transition from the whistleblowing process to business-as-usual action/improvement plans.

In relation to local and system-wide learning, processes are in place to capture, and through the Executive Director commissioning the investigation, will be shared at the appropriate forums.

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

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

Responding to these questions was not mandatory in:

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

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

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

Experience of individuals raising concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing process in order that we can learn and make any improvements. As noted previously due to the time taken to investigate concerns, questionnaires are issued on an annual basis in June each year.

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

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been delivered. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required.

Communications continue to promote raising concerns in NHS Lothian and how this can be done.

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

Whistleblowing and Speak Up

The stage 2 concern received this quarter was raised with a Speak Up Ambassador.

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

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 2 2023/24 and quarter 2 2024/25.

Theme*[1]	Q2 23/24	Q2 24/25
Patient Care/Patient Safety	1	1
Poor Practice	1	0
Unsafe working conditions	1	0
Fraud	0	0
Changing or falsifying information about performance	0	0
Breaking legal obligations	0	0
Abusing Authority	0	0

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

Concerns raised by Division

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

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

NHS Lothian

4.12

Meeting:	**NHS Lothian Board**
Meeting date:	**4 December 2024**
Title:	**Drug Related Deaths Annual Report 2023**
Responsible Executive:	**Dona Milne, Director of Public Health**
Report Author:	**Flora Ogilvie, Consultant in Public Health**
	Niall Moloney, Drug Related Death Coordinator

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

Sadly, there were 182 drug-related deaths recorded in NHS Lothian in 2023, a 10% increase compared to 2022. This increase was driven by an increase in Midlothian and East Lothian with a decrease in West Lothian and City of Edinburgh. In 2022 there were an unusually low number of DRDs reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian. The increase seen in Lothian is comparable to national figures, with a 12% increase in the number of drug-related deaths recorded nationally in 2023 compared to 2022.

2.2 Background

Work is ongoing within all three of Lothian's Alcohol and Drug Partnerships (ADPs) to improve access to substance use services, including supporting people with harm reduction. All three ADPs have been rated Green against the national Medication Assisted Treatment (MAT) Standards in national benchmarking. There are good local links to Public Health Scotland (PHS), including with RADAR – PHS's early-warning drugs surveillance system for Scotland, with a Local Early Warning System operating procedure in place in Lothian.

2.3 Assessment

Despite a range of work ongoing nationally as well as locally to reduce numbers of drug related deaths, figures have not fallen in Lothian. There has been little change in the demographics of those affected, or substances implicated in recent years. People in Lothian who live in SIMD 1 are eight times more likely to die from a drug related death than those who live in SIMD 5, and 21% were living in temporary accommodation, so a continued focus on the primary prevention of poverty and inequality is essential. Only 43% of those who suffered a drug-related death were in current contact with substance use services, however 46% has at least one mental health condition noted in police and pathology reports, so supporting more people to access and maintain contact with relevant services is important. The majority of deaths (85%) occurred in private property, with 75% alone in their room at the time of death, therefore continued exploration of opportunities to provide Safer Drug Consumption Facilities is also important.

2.3.1 Quality/ Patient Care

The implementation of the national MAT Standards are an important part of improving quality patient care, however further work is needed to support more people to access services.

2.3.2 Workforce

Acknowledgement should be given to the ongoing work that frontline staff carryout to support people who use substances in Lothian to reduce their risk of harm.

2.3.3 Financial

There are no new financial implications.

2.3.4 Risk Assessment/Management

There are no implications for the Board's Corporate Risk Register.

2.3.5 Equality and Diversity, including health inequalities

There is no requirement for an ECRIA to be conducted on this Annual Report of data.

2.3.6 Other impacts

No other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders, however patients and members of the public were not engaged on this report.

- NHS Lothian Drug and Alcohol Harm Reduction Partnership Group 29 October 2024

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.

- NHS Lothian Public Health Population Health SLT 15 October 2024
- NHS Lothian Public Health and Health Policy SMT 28 October 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

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

Appendix 1

Drug Related Deaths Annual Report 2023

Public Health and Health Policy

Introduction

Despite a range of work ongoing nationally as well as locally to reduce numbers of drug related deaths, figures have not fallen nationally, nor in Lothian. There has been little change in the demographics of those affected, or substances implicated in recent years.

Responsibility for delivering actions to support the National Drugs Mission, including the implementation of the Medication Assisted Treatment (MAT) Standards and wider work to reduce drug-related harm and Drug Related Deaths (DRDs), sits with Lothian's three Alcohol and Drug Partnerships (ADPs), with governance and reporting back to the respective Integrated Joint Boards (IJBs). Staff across Lothian continue to carry out significant work to address substance use harms, including the implementation of the national Medication Assisted Treatment Standards, against which Lothian's Alcohol and Drug Partnerships are now ranked 'Green'. Without this important work deaths may well have been higher, and acknowledgement should be given to the dedication of frontline staff currently supporting people who use substances in Lothian to reduce their risk of harm. We know that ongoing work is required to support more people to access treatment, as well as to improve outcomes within the treatment system and work to achieve this is set out within Lothian's individual Alcohol and Drug Partnership Strategies.

Work is also ongoing within NHS Lothian and with Community Planning Partnership colleagues across the four local authority areas to address the wider causes of substance use harm, including through poverty prevention and Anchor Institutions work. There are also good local links within Lothian to Public Health Scotland (PHS), including with RADAR – PHS's early-warning drugs surveillance system for Scotland, with a Local Early Warning System operating procedure in place in Lothian, as part of a range of interventions to reduce future levels of drug related deaths.

Summary

Sadly, there were 182 drug-related deaths recorded in NHS Lothian in 2023, a 10% increase compared to 2022. This increase was driven by an increase in Midlothian and East Lothian with a decrease in West Lothian and City of Edinburgh. In 2022 there were an unusually low number of DRDs reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian. While the numbers of deaths are significantly higher in Edinburgh than within Lothian's other local authority areas, this reflects the larger size of the overall population in Edinburgh, with the age-standardised rates per 100,000 not being statistically significantly different between the four local authorities. The increase

seen in Lothian is comparable to national figures, with a 12% increase in the number of drug-related deaths recorded nationally in 2023 compared to 2022.

Of the 182 drug-related deaths in Lothian in 2023, 70% were male and 30% were female. The median age of those that suffered a drug-related death in 2023 was 43. The age and sex profile of those who experienced drug related deaths is similar to recent years, although there has been a change from more historic data, with the proportion of females increasing, and the median age rising over recent decades. In Lothian, those living in the most deprived areas in Scotland (SIMD Quintile 1) were 8 times as likely to have a drug-related death than those in the least deprived areas (SIMD Quintile 5). The postcode areas with the greatest number of residents who suffered a drug-related death were EH6 in the North-East of Edinburgh encompassing Leith and Newhaven and EH11 in the South-West of Edinburgh compassing Gorgie, Dalry, Saughton and Sighthill.

The majority of drug deaths (87%) had more than one drug implicated, with a total of 53 different drugs implicated in 2023 and an average of 4 different drugs from 3 different classes implicated in each drug-related death. Opioids remain the most commonly implicated class of drugs (implicated in 86% of deaths in 2023), however in recent years there has been an increase in the proportions of deaths in which stimulants such as cocaine are implicated, with stimulants implicated in 47% of deaths in 2023. There has been a significant increase in the number of deaths in which the new street benzodiazepine, Bromazolam, was implicated, rising from 10% in 2022 to 34% in 2023. This however follows a corresponding decrease in the number of deaths in which the alternative street benzodiazepine, Etizolam, was implicated (31.3% of deaths in 2022 but only 4.4% in 2023). In contrast, the number of deaths in which the synthetic opiates, nitazenes, were implicated has changed little, with these implicated in only 6 deaths in 2023. Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18%, with gabapentinoid, which is also a prescription drug, implicated in 51% of deaths in Lothian, compared with 38% of deaths nationally.

Only 42.8% of those who suffered a drug-related death were in current contact with substance use services at the time of their death, however an additional proportion had had previous contact with substance use services, with only 30% not being known to substance use services at any point. 16% had a previous recorded recent non-fatal overdose. These figures were similar to recent years. 73% lived in their own rented or owned accommodation, however 21% were living in homeless accommodation or with a friend or family member. The proportion of drug related deaths amongst those living in supported accommodation reduced from 5% in 2022 to 1% in 2023. 53% lived alone, however a significant minority, 26%, were known to have children under the age of 16, compared with 19% in 2022. Of these, 13 had children living with them at the time of their deaths and 3 drug-related deaths sadly occurred with children present.

Contents

1. Overview of deaths

Key findings:

- There were 182 drug-related deaths recorded in NHS Lothian in 2023, a 10% increase compared to 2022.
- This increase was driven by an increase in Midlothian and East Lothian with a decrease in West Lothian and City of Edinburgh.
- In 2022 there were an unusually low number of DRDs reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian.
- The increase seen in Lothian is comparable to national figures, with a 12% increase in the number of drug-related deaths recorded nationally in 2023 compared to 2022.

1.1 Methods to ascertain number of drug related deaths in Lothian

Reports of suspected drug-related deaths are received throughout the year, with death reports forwarded by the pathology lab and recorded by the Lothian Drug Related Death Coordinator. The timely reporting of suspected drug-related deaths is valuable to monitor potential emerging trends and hotspots. Deaths are recorded to the locality where the person lived at the time of their death. In previous NHS Lothian drug-related death reports a broader definition was used, which included deaths in which controlled substances were a primary or secondary cause of death, however the definition of drug-related deaths used by National Records of Scotland (NRS) has now been adopted to make comparisons with other areas of Scotland possible. The updated definition has also been used when making comparisons with numbers of deaths in previous years. The definition of drug-related deaths can be found in Annex A.

1.2 Reviewing drug-related deaths

All drug-related deaths are reviewed by the Lothian Drug-Related Death Coordinator which is used as the basis for the Board's Drug-Related Deaths Annual Report and used to populate the National Drug Related Death Database (NDRDD) at Public Health Scotland. The Drug Deaths Taskforce response from the Scottish Government has outlined the need for further guidance on the operation of drug-death reviews, however this has not yet been produced[1].In the interim, multi-disciplinary drug-related death reviews meetings are being held in 2 of the 3 Alcohol and Drug Partnerships (ADPs) in Lothian. These review meetings are held quarterly and bring together partners from NHS Lothian, social services, Police and

[1] Drug death review groups - Drug Deaths Taskforce response: cross government approach - gov.scot (www.gov.scot)

the third sector, actions and minutes are recorded by the ADPs/services. Due to the significantly higher level of drug-related deaths in Edinburgh, an alternative approach has been proposed, which would involve a cycle of themed drug-related deaths reviews, where deaths occurring in specific populations cohorts are considered collectively[2]. Approval from the Edinburgh Alcohol and Drug Partnership Executive is being sought before moving to this approach. In all areas in Lothian, deaths for those in contact with a service receive a local case review or Significant Adverse Event Review (SAER)[3]. Deaths in young persons reported as suspected drug-related deaths will also be reported to the NHS Lothian Child Death Review Group. NRS compiles data on probable suicides separately from drug-related deaths and deaths will only be included in one dataset, therefore suicide deaths are not considered within this report.

1.3 Number of drug related deaths in Lothian

In Lothian in 2023, 182 drug-related deaths were recorded by National Records of Scotland, this is an increase of 16 deaths, or 9.6% compared to 2022 when 166 deaths were recorded. This compares to a 12% increase nationally between 2022 and 2023. The increase in the number of deaths was not seen consistently across all four localities within Lothian, with an increase of 16 deaths in Midlothian, 3 additional deaths East Lothian and a decrease of 2 deaths in City of Edinburgh and 1 death in West Lothian. In 2022 there were an unusually low number of drug-related deaths reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian, in line with the 5-year average over the period 2019-2023 of 17 deaths.

While each death is one too many for the individuals and families involves, it is important to remember that statistically these are relatively small numbers. Analysis shows that based on the numbers of drug related deaths in Lothian in 2022, the number of deaths in 2023 would have been expected to be between 140 and 191, due to random fluctuation, and so caution is needed when interpreting the significance of any changes that fall within this range[4].

The higher number of deaths in Edinburgh are likely a reflection of its higher population. When number of deaths are presented as a rate per 100,000 age-standardised population (see section 1.7) there is no statistically significant difference between the 5-year rates for the four Lothian local authorities. Table 1 provides a breakdown for each locality within Lothian, as well as the four geographical areas within Edinburgh.

[2] The themes currently being considered include: Young people (under 25); Women; Those not in contact with substance use services; Those not in permanent accommodation; Those with children in the household; Those who have had recent contact with the justice system; Those with a co-existing mental health or neurodevelopmental diagnosis

[3] Substance Misuse Directorate Process for Incident Investigation for DEATH (scot.nhs.uk)

[4] Fluctuations in the numbers of deaths may be represented as the outcome of a Poisson process (nrscotland.gov.uk)

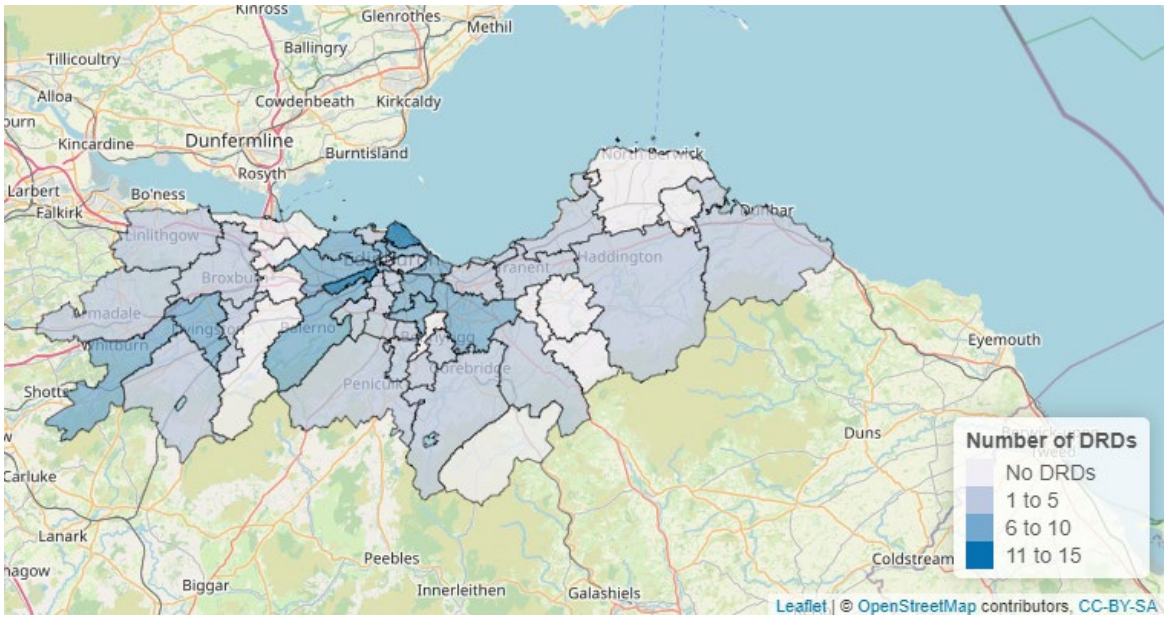
Table 1. Number of primary drug-related deaths by locality in Lothian in 2023 with comparison to 2022 and age-standardised rate per 100,000 population, source: NHS Lothian data

Area	*Drug-related deaths 2023*	Change 2022 to 2023	Drug-related deaths 2022	Age-standardised rate (per 100,000 population) 2019-2023
City of Edinburgh	111	Decrease	113	20.9
Edinburgh North-East	34	**Increase**	31	-
Edinburgh North-West	18	Decrease	26	-
Edinburgh South-East	33	Decrease	34	-
Edinburgh South-West	26	**Increase**	22	-
East Lothian	20	**Increase**	17	16.4
Midlothian	20	**Increase**	4	18.8
West Lothian	31	Decrease	32	16.5
NHS Lothian	182	**Increase**	166	18.9

1.4 Location of drug-related deaths in Lothian

Drug-related deaths in 2023, as in previous years, were spread throughout Lothian. The postcode areas with the greatest number of residents who suffered a drug-related death was EH6 in the North-East of Edinburgh encompassing Leith and Newhaven and EH11 in the South-West of Edinburgh compassing Gorgie, Dalry, Saughton and Sighthill. This is similar to 2022, where EH3 (North-East) and EH14 (South-West) had the greatest number of residents who suffered a drug related death.

Figure 1. Map of drug-related deaths in Lothian in 2023 by postcode of residence, source: NHS Lothian and National Records of Scotland



1.5 Trends in drug related deaths in Lothian

The number of drug-related deaths has risen extensively since 2010. Figure 2 below shows the change in the number of drug-related deaths per council area within NHS Lothian and a total for Lothian. The overall trend for Edinburgh and West Lothian appears to have levelled-off in the two most recent years, however we have not seen the same pattern in all of our local authority areas.

Figure 2. Drug-related deaths in Lothian, 2010 to 2023, source: National Records of Scotland

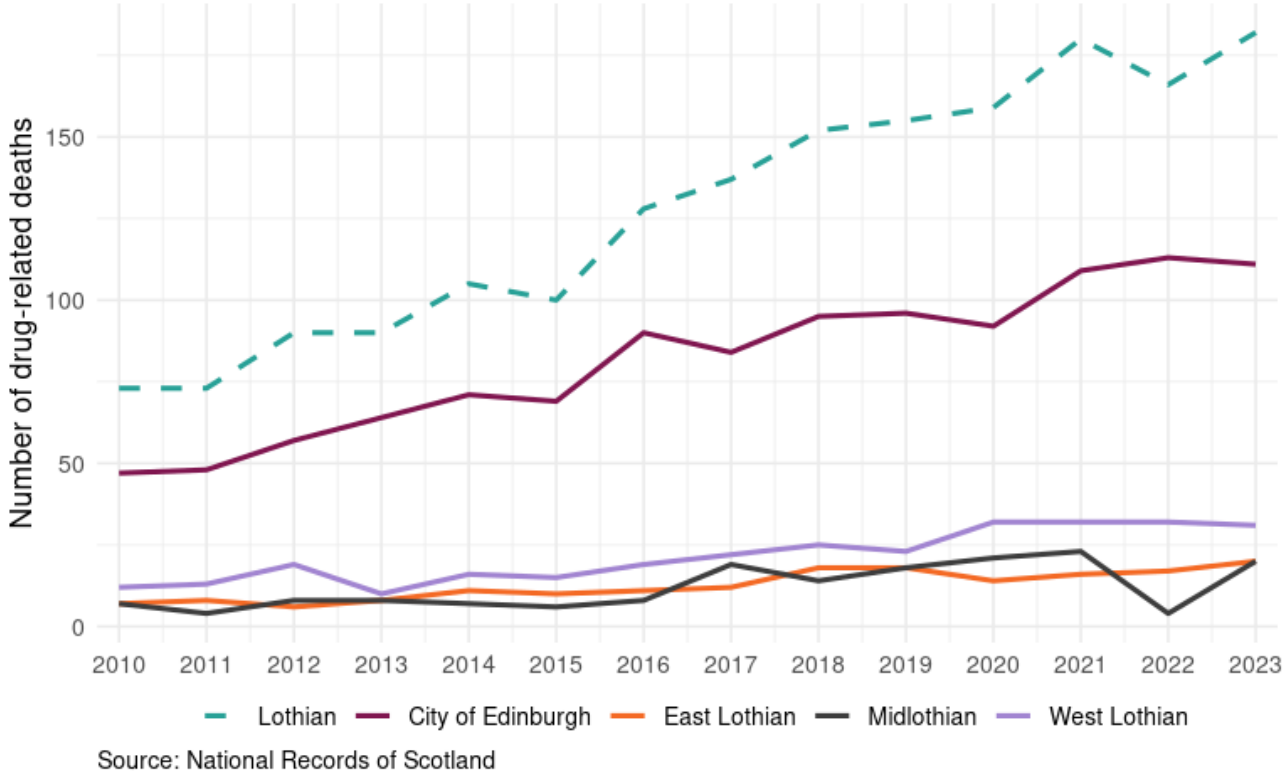
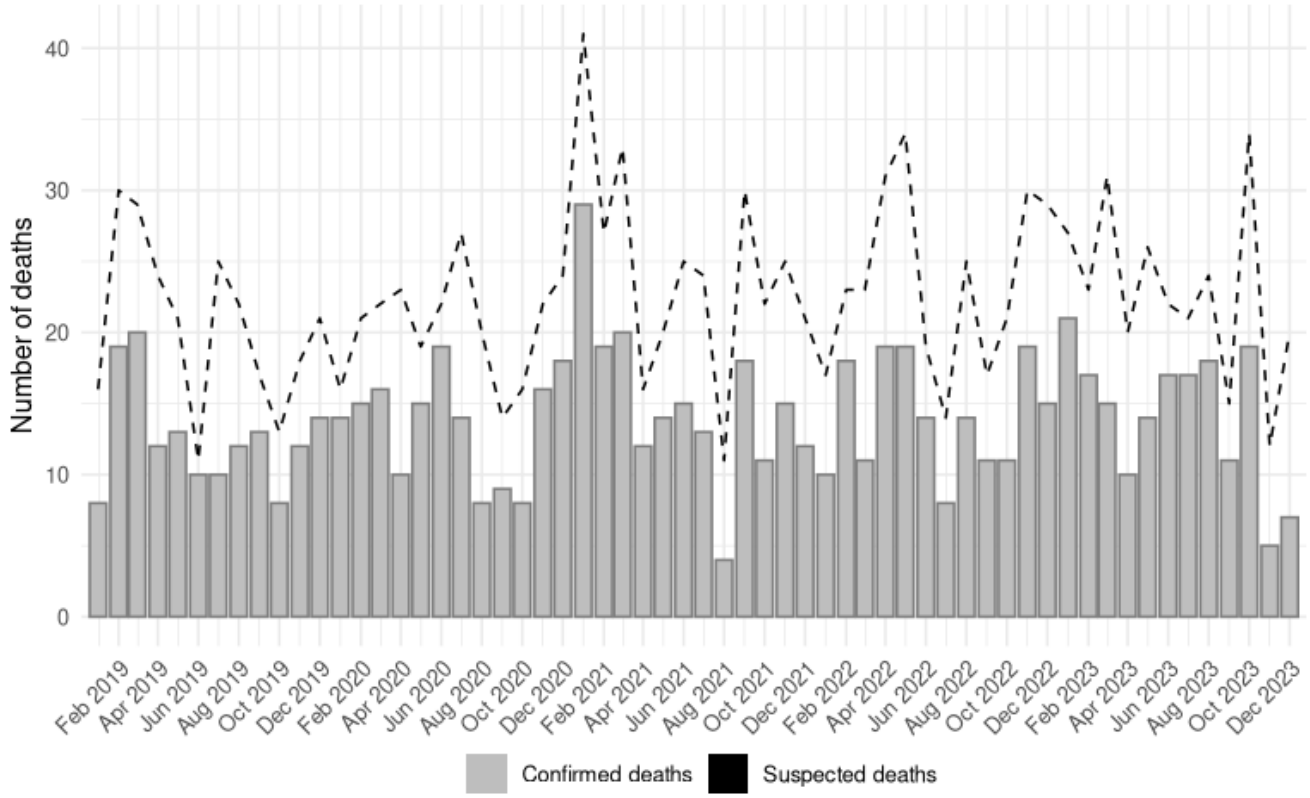


Figure 3 below shows the total number of suspected and confirmed drug-related related received per month by month of death from January 2019 to December 2023. Note that National Records of Scotland categorises deaths by the month in which they receive the report instead of the month of death and this may lead to some differences when comparing the chart below and the final figures released by NRS. Deaths notified to NRS after mid-December will be counted in the following year's data. The number of both suspected and confirmed drug-related deaths varies month to month.

Figure 3. Drug-related deaths in NHS Lothian by month of death, number of suspected and confirmed drug-related deaths, between 2019 and 2023, source: NHS Lothian (suspected death data) / National Records of Scotland (confirmed death data)



1.6 Drug-related deaths by cause of death in Lothian

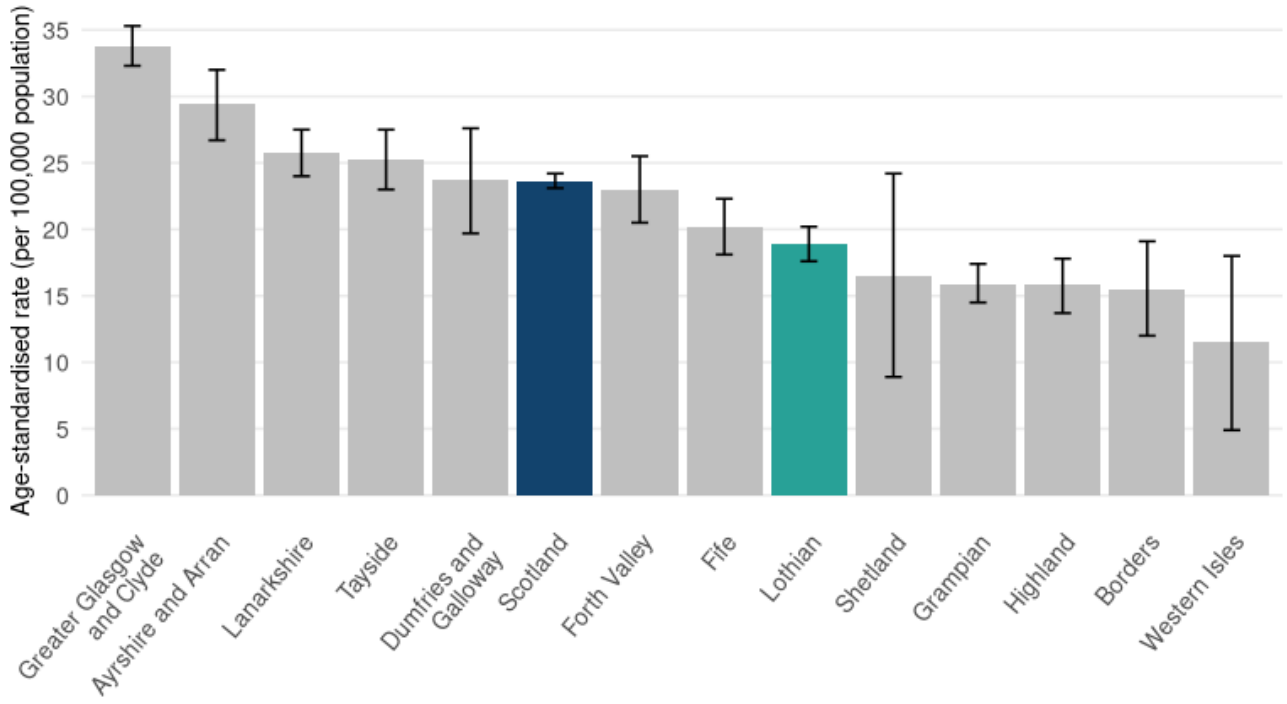
In 2023 in Lothian the majority (89%) of drug-related deaths were classified as accidental poisonings (ICD10 codes X42 and X41), 6% of deaths were classified as intentional self-poisoning (ICD10 codes X61 and X62). This breakdown is similar to Lothian data for 2022 of 84% and 7% respectively and to national data for 2023 of 88% and 7% respectively. There were a small number of deaths (6%) classed as mental and behavioural disorders due to the use of drugs (ICD10 codes F11, F12, and F19).

1.7 Comparison of drug related death numbers with other areas

The rate of drug-related deaths varies substantially between Health Boards across Scotland. Figure 4. Below compares age-standardised drug-related deaths per 100,000 people in the period 2019 to 2023 for selected NHS Boards. Greater Glasgow and Clyde has the highest rate of drug-related deaths of all Scottish health boards with 33.8 deaths per 100,000 people, while the Western Isles had the lowest rate with 11.5 deaths per 100,000 people, over the period 2019-2023. In Lothian the age-standardised death rate in the period 2019-

2023 was 18.9 per 100,000 people, this remains lower than the Scotland wide rate of 23.6 per 100,000. The relative positions of different Boards in Scotland remain largely unchanged from 2022.

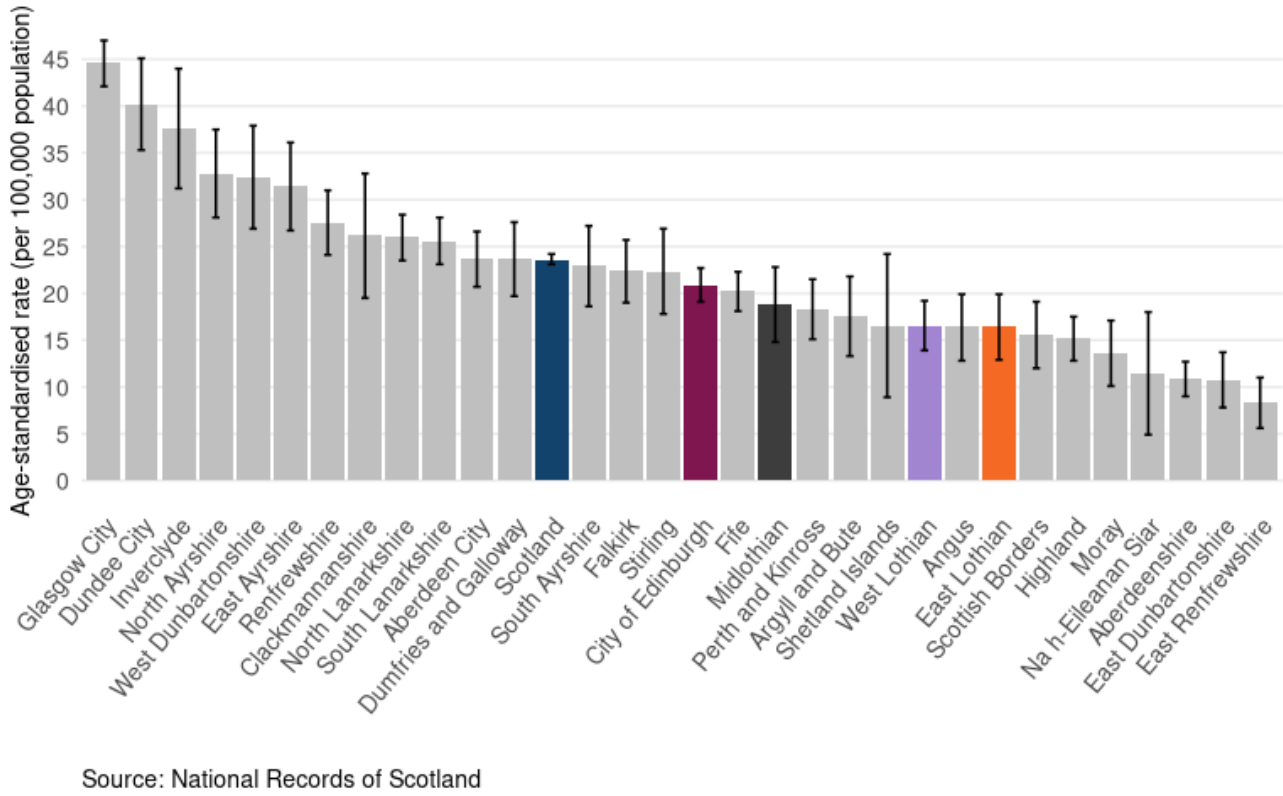
Figure 4. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people 2019-2023, source: National Records of Scotland



Source: National Records of Scotland

At a local authority level, between 2019 and 2023 Glasgow City had the highest number of age-standardised drug-related deaths per 100,000 at 44.6. Using Scotland as a benchmark with 23.6 age-standardised deaths per 100,000 people in the period 2019-2023, all local authorities in Lothian continue to have a lower rate of age-standardised drug-related deaths than the national rate. Within Lothian, the City of Edinburgh reported the highest rate of 20.9 age standardised deaths per 100,000 people, this was followed by Midlothian, West Lothian, and East Lothian with rates of 18.8, 16.5, and 16.4 respectively.

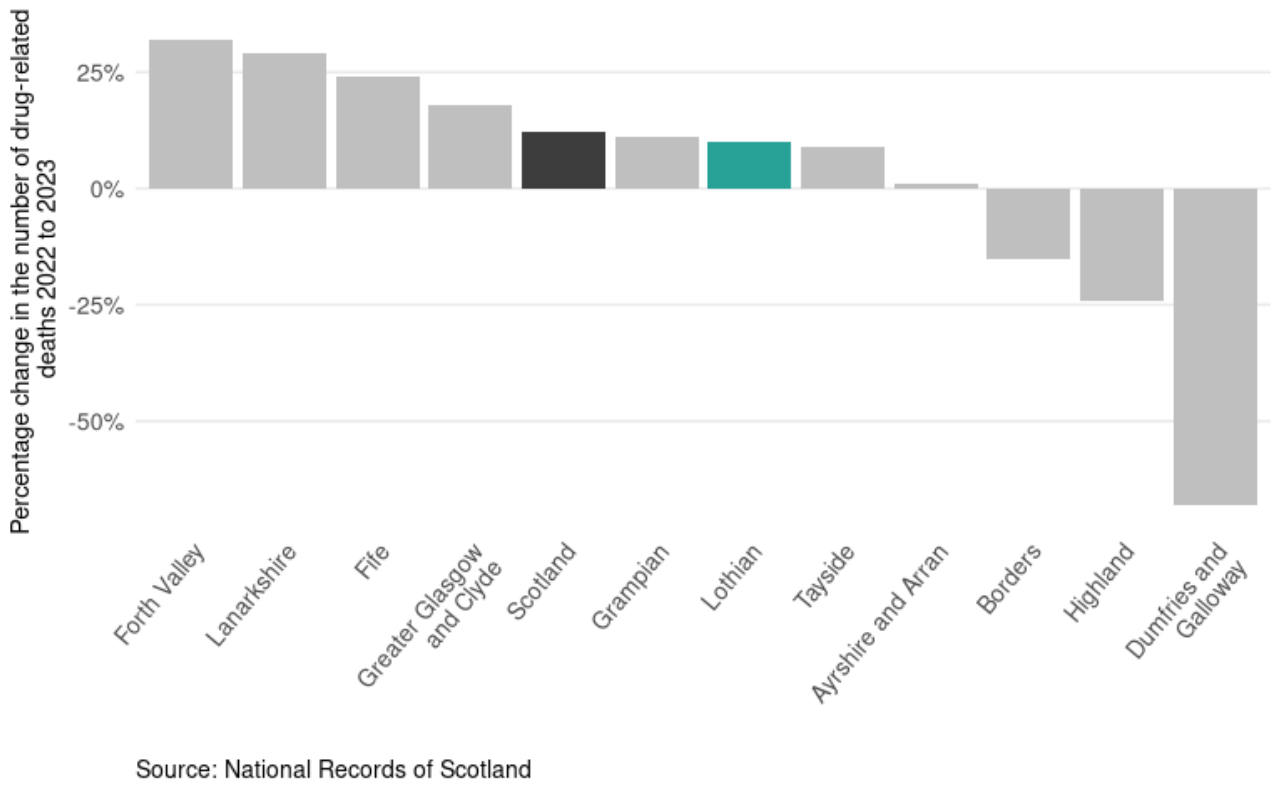
Figure 5. Drug-related deaths for selected council areas, age-standardised death rates per 100,000 people 2019-2023, source: National Records of Scotland



Source: National Records of Scotland

In the single year 2023 compared to 2022 there was a 12% increase in the number of drug-related death in Scotland. Lothian recorded a lower increase than other health boards 9.6% compared to increases in Forth Valley, Lanarkshire, Fife, and Greater Glasgow and Clyde of 32%, 29%, 24% and 18% respectively, with Dumfries and Galloway, Highland and Borders all seeing decreases. The three boards that have seen decreases have seen different trends, with numbers of deaths in Dumfries and Galloway having increased since 2016, and then fallen back to lower levels in 2023; numbers in Highland having peaked in 2022 and subsequently fallen in 2023; while drug related deaths had been falling in Borders since 2018.

Figure 6. Percentage change in the number of drug-related deaths for selected NHS Board areas, 2022-2023, source: National Records of Scotland



Source: National Records of Scotland

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

Key findings:

- Of the 182 drug-related deaths in Lothian in 2023, 70% were male and 30% were female
- The median age of those that suffered a drug-related death in 2023 was 43.
- In Lothian after adjusting for age, those living in the most deprived areas (SIMD Quintile 1) were 8.3 times likely to die of a drug-related-death than those in the least deprived areas (SIMD Quintile 5), this compares nationally to a those in the most deprived areas being 15 times as likely.

2.1 Sex

Of the 182 drug-related deaths recorded in NHS Lothian in 2023, 128 were male (70.3%) and 54 were female (29.7%). This is similar to 2022, when 71.1% were males and 28.9% were female. This is also in keeping with the national data where in 2023, 68.7% of deaths were in males and 31.3% in females. Data from the National Records of Scotland shows that nationally, after adjusting for age, the gap between sexes has decreased over time, from males being 4.7 times as likely as females to suffer a drug-related death in 2000 to 2.3 times as likely in 2023.

2.2 Age

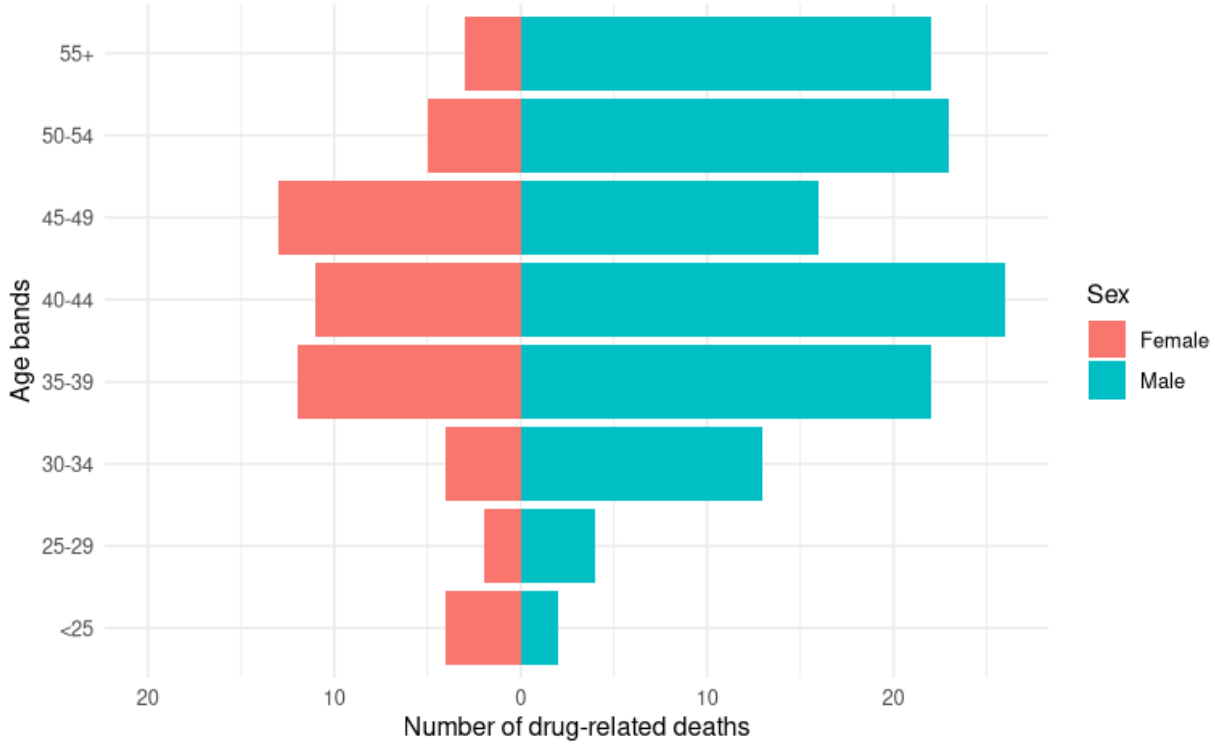
The average age of people who died of a drug-related death in Lothian in 2023 was 43, compared to 46 and 43 in 2022 and 2021 respectively. This remains similar to the national average of 44.8. In Lothian, the average age of females who suffered a drug-related death is slightly younger than males. Nationally, the average age of those that died of a drug-related death has increased from 32 in 2000 to 45 in 2023. There remains to be a small number of drug-related deaths in children (under 18) both locally and nationally in recent years.

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

Sex	Number	Mean (years)	Standard deviation	Minimum	Median	Maximum
Female	54	41.4	9.4	21	43	66
Male	128	44.7	9.8	19	44	73
All	182	43.7	9.8	19	43	73

In 2023, the age group with the most drug-related deaths was 40-44 (37), followed by those aged 35-39 (34), and 45-49 (29), see figure 7 for a full breakdown of the number of deaths per age-group. This break down is similar to national statistics where these age groups had the had the most deaths in 2023 (40-44: 230, 45-49: 205, 55+: 196). In Lothian in 2023 there was an overall increase of 16 deaths compared to 2022, however the increase was not equally distributed across all age groups, for example there was a decrease of 9 deaths in females aged 55+, but an increase of 9 deaths in females aged 35-39. In males there was an increase of 14 deaths in the 50–54-year-old group and a decrease of 5 in those aged under 25.

Figure 7. Drug-related deaths in Lothian 2023 by age-group and sex, source: NHS Lothian data



2.3 Area-level deprivation-level of home postcode

In 2023, after adjusting for age, people in the most deprived geographical areas (SIMD Quintile 1) of Scotland were 15.3 times more likely to die of a drug related death than people in the least deprived areas (SIMD quintile 5). In Lothian after adjusting for age, those in the most deprived areas (SIMD Quintile 1) were 8.3 times more likely to die of a drug-related-death than those in the least deprived areas (SIMD Quintile 5).

Table 3. Drug-related deaths by Scottish Index of Multiple Deprivation (SIMD) quintile, age-standardised death rates, 2023

	SIMD Quintile 1 (most deprived)	SIMD Quintile 2	SIMD Quintile 3	SIMD Quintile 4	SIMD Quintile 5 (least deprived)
Age standardised rate - Lothian	46.3	36.4	22.1	9.0	5.6
Age standardised rate - Scotland	53.7	32.4	17.6	7.4	3.5

2.4 Ethnicity, disability and other protected characteristics data

Data on ethnicity was recorded on 81% of police reports, with the majority (61%) being recorded as 'Scottish', followed by 'White British' (17%). This compared with 77.7% and 9.4% percentages from recent census data. Due to the 19% of drug related deaths in which ethnicity was not recorded, it is not possible to draw conclusions on whether drug deaths are more common in the Scottish / White British populations, or whether those of other ethnicities are more likely to not have their ethnicity recorded. Data was not adequately enough recorded on police reports in order to be able to provide any analysis of deaths by disability or other protected characteristics.

2.5 Mental health co-morbidities at time of death

Police and pathology reports for all suspected drug-related deaths were checked for their medical history, however medical history was not available for all deaths. Of those that suffered a drug-related death in 2023 in Lothian, 46% had at least one mental health condition described as part of their medical history in these reports, similar to the 48% where this was described in 2022.

3. Drugs implicated in deaths

Key findings:

- A total of 53 different drugs were implicated in 2023
- 87% of drug-related deaths had more than one drug implicated, with an average of 4 different drugs from 3 different classes implicated
- Opioids remain the most commonly implicated class of drugs
- 47% of deaths had at least one stimulant implicated
- In 2023 there has been an increase in cocaine implications 45.1% compared to 39.2% in 2022, a similar increase was seen across Scotland with cocaine implicated in 41% of drug-related deaths in 2023 compared to 35.3% in 2022
- Nitazenes were implicated in 6 deaths in 2023, and xylazine was implicated in 2 deaths
- Bromazolam is the most commonly implicated street benzodiazepine, largely replacing etizolam
- Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18% & the rate of gabapentinoid implications in drug-related deaths remains higher in Lothian at 51.1% of deaths (based on data from NRS) than the national rate of 38.4%.

3.1 Methods to ascertain drugs implicated in deaths in Lothian

Drugs implicated in drugs-related deaths are those listed by the pathologist on the ME4 form. This form is specifically for the pathologist to confirm which drugs they believe were involved in each death.

The number of drugs implicated in drug-related deaths varied significantly ranging from 1 to 9 different drugs, 87% of drug-related deaths in Lothian in 2023 had more than one drug implicated. The median number of drugs implicated in drug-related deaths remained 4 (the same as in the previous 3 years) from a median of 3 classes of drugs.

3.2 Classes of drugs implicated

Seventeen different classes of drugs were implicated[5], and 53 different drugs were implicated in at least one drug-related death in Lothian in 2023, similar to 2022. Table 3. Below provides a breakdown of the classes of drugs implicated including the number of deaths implicated in, the total number of times implicated and the number of drugs in each class.

[5] Alcohol is included as a drug where it is implicated with other drugs, however death due to chronic alcohol use are reported separately by NRS as 'alcohol-specific deaths'

Opioids remain the most commonly implicated class of drugs, implicated in 85.7% (156 of the 182) drug-related deaths. Benzodiazepines are the second most commonly implicated class of drugs, implicated in 62.6% (114 of 182) deaths, followed by gabapentinoids implicated in 51.1% (93 of 182) and stimulants 47.3% (86 of 182).

Table 4. Main classes of drugs implicated in drug-related deaths in Lothian in 2023, source: NHS Lothian data

	2023	2022	2023	2023
Drug class	**Percentage and number of drug-related deaths implicated in**	**Percentage and number of drug-related deaths implicated in**	**Total times implicated**	**Number of different drugs**
Opioid	85.7% (156)	85.5% (142)	231	13
Benzodiazepine	62.6% (114)	65.7% (109)	172	12
Gabapentinoid	51.1% (93)	51.2% (85)	106	2
Stimulants	47.3% (86)	43.4% (73)	96	4
Anti-depressant	18.1% (33)	17.5% (29)	44	7
Alcohol	13.7% (25)	11.4% (19)	25	1
Anti-psychotic	4.4% (8)	5.4% (9)	8	3
Non-benzodiazepine GABAergic	2.7% (5)	4.2% (7)	5	1

3.3 Overview of commonly implicated drugs

The most commonly implicated drugs in drug-related deaths in 2023 resemble those of previous years with some changes. A full breakdown of the most commonly implicated drugs can be found below in Table 4. Methadone remains the most commonly implicated drug implicated in 54.9% of deaths and is the most commonly prescribed form of opioid substitution therapy. Methadone is, however, rarely the only drug implicated in a death.

Cocaine was the second most commonly implicated drug in Lothian in 2023 implicated in 45.1% of deaths an increase from the 39.2% of deaths implicated in 2022. Benzodiazepines continue to be implicated in a high proportion of drug-related deaths, however the specific benzodiazepines most commonly implicated have continued to change, with etizolam being largely replaced by bromazolam. Gabapentinoids (pregabalin and gabapentin) are also commonly implicated in drug-related deaths.

Table 5. The most commonly implicated drugs in drug-related deaths in Lothian in 2023, 2022 and 2021, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	**2023**	**2022**	**2021**
Methadone	54.9% (100)	48.8% (81)	55.6% (100)
Cocaine	45.1% (82)	39.2% (65)	44.4% (80)
Pregabalin	41.8% (76)	43.4% (72)	35.6% (64)
Diazepam	36.8% (67)	34.3% (57)	32.8% (59)
Bromazolam	34.1% (62)	9.6% (16)	-
Heroin derived morphine	19.2% (35)	20.5% (34)	30.6% (55)
Gabapentin	16.5% (30)	16.3% (27)	10.0% (18)
Morphine	15.4% (28)	16.3% (27)	15.0% (27)
Alcohol	13.7% (25)	11.4% (19)	12.2% (22)
Dihydrocodeine	12.1% (22)	10.8% (18)	12.8% (23)
Amitriptyline	11.5% (21)	10.8% (18)	6.7% (12)
Tramadol	7.1% (13)	9.0% (15)	6.7% (12)
Mirtazapine	7.1% (13)	5.4% (9)	6.7% (12)

3.4 Opioids

Opioids remain the most commonly implicated class of drugs, 85.7% (156 of the 182) drug-related deaths in Lothian in 2023, with 231 implications in total. A full breakdown of the opioids implicated can be found below in table 5 below. Methadone and buprenorphine are the two most frequently prescribed drugs in opioid substitution therapy[6]; however, they are not always prescribed to the person whose death they are implicated in. Methadone was prescribed to 65% of people whose death it was implicated in, consistent with previous years in Lothian and buprenorphine was prescribed to one of the four people in whose death it was implicated in.

In 2022 implications for heroin decreased slightly compared to 2022. National Record of Scotland (NRS) data combines heroin and morphine into one drug 'heroin/morphine', resulting in a reduction in the granularity around this data at national level. Nationally the proportion of deaths in which heroin/morphine is implicated has fallen from 67.1% in 2000 to 39.9% 2023. The synthetic opioids nitazenes were implicated in 4 deaths with a total of 6 implications.

[6] Estimated numbers of people prescribed opioid substitution therapy in Scotland (12 month period) Scottish Public Health Observatory September update - Estimated numbers of people prescribed opioid substitution therapy in Scotland - Publications - Public

Table 6. Opioid implications in 2023, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	2023	2022	2021
Methadone	54.9% (100)	48.8% (81)	55.6% (100)
Heroin derived morphine	19.2% (35)	20.5% (34)	30.6% (55)
Morphine	15.4% (28)	16.3% (27)	15.0% (27)
Dihydrocodeine	12.1% (22)	10.8% (18)	12.8% (23)
Tramadol	7.1% (13)	9.0% (15)	6.7% (12)
Codeine	6.0% (11)	8.4% (14)	5.6% (10)
Buprenorphine	2.2% (4)	6.0% (10)	10.0% (18)
Oxycodone	2.2% (4)	1.2% (2)	3.3% (6)
Fentanyl	2.2% (4)	0.6% (1)	1.1% (2)
Metonitazene	2.2% (4)	-	-
Tapentadol	1.6% (3)	-	-
Protonitazene	1.1% (2)	0.6% (1)	-
O-desmethyltramadol	0.5% (1)	-	-

3.5 Benzodiazepines

Twelve different benzodiazepines were implicated in drug-related deaths in 2023, a decrease on the 15 implicated in 2022. Table 6 below provides a breakdown of the benzodiazepines and other drugs acting in a similar manner.

Public Health Scotland has developed a list to distinguish between 'prescribable' and / or 'street benzodiazepines' (see Annex B) which has been applied to the below tables (6A & 6B). Prescribable benzodiazepines are benzodiazepines (or metabolites thereof) which are licenced for prescription in the UK, while street benzodiazepines (or metabolites thereof) are not licensed for prescription in the UK or thought to have originated from an illicit source (due to low overall prescribing in Scotland). Of the 172 benzodiazepines implicated in drug-related deaths in Lothian in 2023, 70 were prescribable and 102 could be classified as street benzodiazepines.

Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18%. However, Lothian recorded a lower rate of street benzodiazepine implications than the national rate, at 45.6% vs 48.8%.

Diazepam remains the most commonly implicated benzodiazepine in 2023 and accounted for the vast majority of prescribable benzodiazepine implications, while it is sometimes difficult to confirm prescriptions; 35.8% of deaths which implicated diazepam had a known prescription. Bromazolam was the second most commonly implicated benzodiazepine and continues to be commonly implicated in 2024. While the number of deaths in which Bromazolam was implicated has increased significantly from 9.6% in 2022 to 34.1% in 2023, this appears to have been largely due to it replacing etizolam (which was implicated in 31.3% of deaths in 2022 but only 4.4% in 2023).

Table 7A. Prescribable benzodiazepine implications in 2023, source: NHS Lothian data

Prescribable or street benzodiazepine	Drug name	Percentage (number) of drug-related deaths implicated in		
		2023	2022	2021
Prescribable	Diazepam	36.8% (67)	34.3% (57)	32.8% (59)
	Clonazepam	1.1% (2)	2.4% (4)	3.9% (7)
	Nitrazepam	0.5% (1)	0.6% (1)	1.1% (2)

Table 7B. Street benzodiazepine implications in 2023, source: NHS Lothian data

Prescribable or street benzodiazepine	Drug name	Percentage (number) of drug-related deaths implicated in		
		2023	2022	2021
Street	Bromazolam	34.1% (62)	9.6% (16)	-
	Alprazolam	4.9% (9)	4.2% (7)	3.9% (7)
	Flubromazepam	4.4% (8)	8.4% (14)	2.2% (4)
	Etizolam	4.4% (8)	31.3% (52)	55.6% (100)
	Phenazepam	3.3% (6)	1.8% (3)	-
	Clonazolam	2.7% (5)	3.6% (6)	4.4% (8)
	Flualprazolam	1.1% (2)	4.8% (8)	1.1% (2)
	Flubromazolam	0.5% (1)	0.6% (1)	5.0% (9)
	Desalkylflurazepam	0.5% (1)	-	-

Table 7C. Non-benzodiazepine GABAergic implications in 2023, source: NHS Lothian data

Class		2023	2022	2021
Non-benzodiazepine GABAergic	Zopiclone	2.7% (5)	4.2% (7)	3.3% (6)

3.6 Gabapentinoids

Implications of both pregabalin and gabapentin are commonly implicated in drug-related deaths with the class (Gabapentin and/or Pregabalin) implicated in 51.1% of deaths. Gabapentinoids remain an important contributor to multi-drug deaths due to their depressant effects. Despite being prescription drugs, gabapentinoids are not commonly prescribed to the person whose death they are implicated in. The rate of gabapentinoid implications in drug-related deaths remains higher in Lothian at 51.1% of deaths (based on data from NRS) than the national rate of 38.4%.

Table 8. Gabapentinoid implications in 2023, source: NHS Lothian data

Drug name	**Percentage (number) of drug-related deaths implicated in**		
	2023	**2022**	2021
Pregabalin	41.8% (76)	42.2% (70)	35.6% (64)
Gabapentin	16.5% (30)	15.7% (26)	10.0% (18)

3.7 Stimulants

Stimulants are often contributors to multi-drug drug related deaths; however, they also have a higher prevalence of being the sole drug implicated in a drug-related death potentially with an underlying pathology such as ischaemic heart disease. The chronic use of stimulants is also linked to an increased risk of heart disease. In Lothian stimulants accounted for 10 out of the 19 deaths where only one drug was implicated. The demographic profile of those who suffered a drug related death where stimulants were the only drug implicated also differs slightly from the overall average. Although the average age of death was 43, consistent with the average for all drug types, 40% of deaths in which stimulants were the only drug implicated were in females, a higher proportion than for all deaths. It is however important to note that this is based on a relatively small number of deaths in which stimulants were the only drug implicated.

In 2023 there has been an increase in cocaine implications, with cocaine implicated in 45% of deaths, compared to 39% in 2022 in Lothian. A similar increase was seen across Scotland

with cocaine implicated in 41% of drug-related deaths in 2023 compared to 35% in 2022. The proportion of drug-related deaths where cocaine was implicated has increased from 6% in 2008 to 41% in 2023, and Edinburgh is the local authority in Scotland with the highest proportion of deaths in which cocaine was implicated (50% in 2023). The number of deaths in which other stimulant drugs amphetamine, MDMA and methamphetamine has remained similar. Table 8 below provides a breakdown of stimulants implicated in primary drug-related deaths in 2023.

Table 9. Stimulant implications in 2023, source: NHS Lothian data

Drug name	**Percentage (number) of drug-related deaths implicated in**		
	2023	**2022**	2021
Cocaine	45.1% (82)	39.2% (65)	44.4% (80)
Amphetamine	3.3% (6)	4.2% (7)	3.3% (6)
MDMA (ecstasy)	3.3% (6)	1.8% (3)	1.7% (3)
Methamphetamine	1.1% (2)	0.6% (1)	0.6% (1)

3.8 Alcohol

Due to its depressant effects, alcohol can exacerbate the effects of other depressant drugs such as benzodiazepines and opioids. Alcohol is recorded as being implicated in drug related deaths in conjunction with other drugs, however deaths solely related to alcohol are captured in separate national statistics on alcohol-specific deaths. The level of implications of alcohol has remained similar to previous years.

Table 10. Alcohol implications in 2023, source: NHS Lothian data

Drug name	**Percentage (number) of drug-related deaths implicated in**		
	2023	**2022**	2021
Alcohol	13.7% (25)	11.4% (19)	12.2% (22)

4. Social circumstances at time of death

Key findings:

- 42.8% of those who suffered a drug-related death were in current contact with substance use services at the time of their death
- 17.5% of those that suffered a drug related death had been in contact with substance use services in the year leading to their death
- 15.9% had a recorded recent non-fatal overdose
- 73.1% lived in their own rented or owned accommodation
- 52.7% lived alone
- 26% were known to have children under the age of 16

4.1 Contact with substance use services

All drug-related deaths were checked for their contact with services in NHS Lothian only, including community substance use services and the General Practitioner National Enhanced Service (GP-NES). A person was deemed as currently in contact with substance use services if they had not been discharged from the service. For GP-NES, where patients are never 'discharged', two data sources were used: records of appointments and prescription data. Persons with a history of GP-NES registration were classified as currently in contact with the service if they had an appointment or a prescription in the 60 days prior to their death. Table 11 below shows the service status for all drug-related deaths in Lothian in 2022 and 2023.

Table 11. Number of drug-related deaths by status and engagement with substance use service, source: NHS Lothian data

Service and status	**2023**	**2022**
Substance Use Service - Current	26.9% (49)	27.7% (46)
Substance Use Service - discharged within 60 days of death	2.7% (5)	3.0% (5)
Substance Use Service - discharged within 61 and 365 days of death	8.2% (15)	2.4% (4)
Substance Use Service - discharged >1 year of death	8.2% (15)	6.6% (11)
GP-NES - last contact within 60 days of death	15.9% (29)	15.1% (25)
GP-NES - last contact within 61 to 365 days of death	6.6% (12)	9.6% (16)

GP-NES - last contact > 1 year of death	3.3% (6)	4.8% (8)
No known contact with services at any point	28.0% (51)	30.7% (51)

Over a third (42.8%) of those who suffered a drug-related death were in current contact (not discharged from substance use service or having been seen by GP-NES within the past 60 days at the time of their death). This is in keeping with the level in 2022, 42.9%. A further 17.5% (25 persons) who suffered a drug-related death in 2023 were in contact with services in the year prior to their death, this is also similar to the level seen in 2022 (17.6%). Less than 30% of those who died in 2023 in Lothian had no history of contact with drug services compared also in keeping with 2022.

There was no significant difference between males and females being in contact with services at the time of their death. This is in contrast with the caseload of substance use services[7], with 63.9% of the caseload being male and 36.1% female. The age groups 40 to 44 and 45 to 49 were the most likely to be in contact with services at the time of their death, at 62.2% and 51.7% respectively. This is in keeping with caseload of substance use services[7] with those aged 40 to 44 and 45 to 49 representing 22% and 19.9% of the caseload.

4.2 Previous non-fatal overdoses

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

In 2023, 29 (15.9%) of those who died of a drug-related death in Lothian had a recent non-fatal overdose recorded, this is consistent with previous years in Lothian (15% in 2022), but lower than in 2021 (19%). Males were more likely to have a recorded non-fatal overdose (24 of 29 recorded). Nineteen of those that died of a drug-related death had multiple previous near-fatal overdoses recorded.

Under the Medication Assisted Treatment (MAT) Standard 3 each drug treatment service should provide assertive outreach to those categorised as high risk of drug-related harm, including those who have experienced a near-fatal overdose.

[7] Note this caseload includes individuals receiving support for alcohol, drug use or both.

4.3 Previous contact with police custody

Police reports for each person who suffered a drug-related death were checked to ascertain inf individuals had had a recent (within 6-months prior to death) record of police custody. In 2023, 29 (15.9%) of those that suffered a drug-related death had recently been in police custody, compared to 27 (16.3%) in 2022. In both years there remains a group of deaths where police reports were not accessible, or information was not shared in time for reporting, in 2023 this was in 10 cases and in 2022, 9. Males were more likely than females to have aa record of recent police custody prior to death.

4.4 Housing circumstances at time of death

The majority (73.1%) of those that died of a drug-related death in Lothian in 2023 lived in their own home (owned or rented). Sixteen (8.8%) of those that died of a drug-related death lived in homeless accommodation such as bed and breakfasts and hostels. Thirteen (7.1%) people were living at a relative's home and ten (5.5%) were living with a friend.

Table 12. Accommodation status, source: NHS Lothian data

Accommodation type	**Percentage and number of persons – 2023**	**Percentage and number of persons – 2022**
Own home (owned or rented)	73.1% (133)	69.9% (116)
Relative's home	7.1% (13)	9.0% (15)
Friend's home	5.5% (10)	4.2% (7)
Homeless Accommodation	8.8% (16)	9.6% (16)
Supported Accommodation	1.1% (2)	4.8% (8)
Prison	2.2% (4)	1.2% (2)
Other (includes hospital, hotel, sleeping rough and unknown)	2.2% (4)	1.1% (2)

4.5 Immediate circumstances at time of death

Understanding the immediate circumstances of drug related deaths is crucial given the success of interventions such as Take Home Naloxone (THN). Unfortunately, the vast majority of those that died of a drug related death in Lothian in 2023 were found already dead (86.8%), meaning there was no opportunity for the person who found them to

administer an intervention such as naloxone. This is in keeping with findings from previous years.

The majority of those who died (84.6%) were found in private property rather than in a public place. Two-thirds (66.5%) were found in their own home, consistent with previous years. Others were found other's homes (19.2%). More than half (52.7%) of those that died of a drug-related death lived alone. People were also commonly alone in the property when they died (39.0%) and more commonly alone in the room when they died (71.4%).

Table 13. Immediate circumstances at time of death, source: NHS Lothian data

	Yes	No	Unclear/ Unknown	Other
Found dead	86.8% (158)	12.1% (22)	1.1% (2)	0
Lived alone	52.7% (96)	40.1% (73)	3.8% (7)	3.3% (6)
Found in private property	84.6% (159)	11.5% (21)	1.1% (2)	0
Alone in property at time of death	39.0% (71)	52.7% (96)	2.2% (4)	6% (11)
Alone in room at time of death	71.4% (130)	21.4% (39)	1.1% (2)	6% (11)

4.6 Family circumstances at time of death

The majority of those who suffered a drug-related death were found by their friend (28%), family (19.8%) or partner (17.6%). There were also a number of deaths discovered by the police including welfare checks (19.8%).

Not all of those who died of a drug-related death had complete family information available. Of those who had this information available 26% were known to have children under the age of 16, compared with 19% in 2022. Of these, 13 had children living with them at the time of their deaths and 3 drug-related deaths occurred with children present. There was an almost equal split of males and females who had children, however females were more likely to have a child living with them at the time of death (10/13). Additionally, 33 of those who suffered a drug-related death in Lothian had a young-person aged 16 to 25, of which 4 lived with them and 2 were present at the time of the death. Note that data is collected in line with the National Drug Related Death Database (NDRDD) in which children are defined as under 16. NHS Lothian otherwise classifies children as those aged under 18.

5. Conclusions and recommendations

Sadly, the number of drug related deaths in Lothian remain high, with a slight increase compared to 2022, but similar numbers to 2021. This could potentially represent a levelling-off of what had previously been an increasing trend in Lothian. The increase seen in Lothian this year was comparable to the average increase across Scotland. This is despite ongoing national and local work to implement the Medication Assisted Treatment Standards, against which Lothian's ADPs are now ranked 'green'. The fact that over half of those who suffered a Drug Related Death were not in contact with substance use services at the time of their deaths, with 30% not known to have ever been in touch with substance use services, suggest an ongoing need for further work to identify, offer and maintain engagement with those who could benefit from support, with this being a key focus of Lothian's ADPs new strategies.

The ongoing changes in the profile of drugs implicated in deaths suggests the need for continued work to monitor and relay information about new trends, as is done through our newly adopted Local Early Warning System, in conjunction with the national RADAR approach. Further work is also needed to ensure users of a range of substances are supported, as is proposed within Edinburgh ADPs new Crack Cocaine Action Plan, as well as the inclusive approach taken by harm reduction services to support users of a range of substances. The fact that the majority of people who suffer from drug related deaths continue to be found alone, and already dead at the point of identification, continues to make the case for the potential benefits of the provision of Safer Drug Consumption Facilities, whereby people have the opportunity to take substances in a location where support is available, without the risk of criminalisation.

The fact that fewer drug related deaths occurred amongst those living in supported accommodation, and other institutional establishments is promising, although this could potentially reflect a smaller number of individuals being supported in this way. However the relatively high number of deaths amongst those not in permanent accommodation, as well the deaths occurring with children in the family, or in a small number of cases, being present at the time of death, remains concerning. While we continue to await further national guidance from Public Health Scotland, we are committed within Lothian to moving to a process of thematic reviews, where, in addition to an overall Annual Report, we would review deaths occurring in certain populations to allow us to better understand the non-substance use touchpoints that these populations have, and any future opportunities for prevention.

Recommendations

1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to efforts to fully implement the Medication Assisted Treatment Standards, as well as reaching out to those not currently in contact with services, to support them to access treatment and harm reduction opportunities.

2. NHS Lothian's public health directorate, in conjunction with other partners, should continue to utilise the current Local Early Warning System approach, to support identification of and action on newly identified harms or clusters of harms should remain in place, linked to new national guidance on Drug Death Incident Management.

3. The Edinburgh ADP Crack Cocaine Action Plan should be implemented, with all services, including harm reduction services, seeking to be as inclusive as possible in the support offered for users of different substances, with the learning from this shared with wider Lothian ADPs.

4. The Edinburgh ADP should continue the scoping work for the potential establishment of a Safer Drug Consumption Facility, with the learning from this shared with wider Lothian ADPs.

5. NHS Lothian's public health directorate, in conjunction with other partners, should begin a process of thematic reviews of deaths, where in addition to an overall annual report, we review deaths occurring in certain populations in more detail, to identify any future prevention opportunities.

As with the recommendations made in last year's Drug Related Death Annual Report, actions following on from these recommendations should be integrated into, and reported via, existing partner organisation workplans and governance arrangements. A brief update against the recommendations included in the 2022 Annual Report is included in Annex C.

Annex A. NRS definition of drug-related deaths

A2. The definition

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

a) deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':
   (i) opioids (F11);
   (ii) cannabinoids (F12);
   (iii) sedatives or hypnotics (F13);
   (iv) cocaine (F14);
   (v) other stimulants, including caffeine (F15);
   (vi) hallucinogens (F16); and
   (vii) (vii)multiple drug use and use of other psychoactive substances (F19).

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

(i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);
(ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);
(iii) assault by drugs, medicaments and biological substances (X85); and
(iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).

A3. Deaths which are excluded

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

- deaths coded to drug abuse where the direct cause of death was secondary infections or later complications of drug use. The statistics therefore exclude deaths from:
  - secondary infections such as clostridium or anthrax infection resulting from the injection of contaminated drugs:
  - conditions which could be regarded as later complications of drug use, such as bronchopneumonia, lobar pneumonia, bilateral pneumonia, septicaemia or organ failure where drug misuse was not specified as the direct and immediate cause of death (even though it may have damaged greatly the person's health

over the years - so reference to, for example, 'chronic' or 'long-term' drug abuse does not necessarily mean that it was the direct and immediate cause of death).

- deaths where a drug listed under the Misuse of Drugs Act was likely to be present only as part of a compound analgesic or cold remedy. For this purpose, NRS identified the following compound analgesics and cold remedies when producing its statistics:
    - for 2018 and earlier years:
    - Co-codamol (paracetamol and codeine sulphate);
    - Co-dydramol (paracetamol and dihydrocodeine);
    - Co-proxamol (paracetamol and dextropropoxyphene); and
    - Dextropropoxyphene alone (as explained below).
    - for 2019 onwards:
    - Codeine and aspirin (co-codaprin);
    - Codeine and brompheniramine maleate;
    - Codeine and dextropropoxyphene;
    - Codeine and diphenhydramine hydrochloride;
    - Codeine and ibuprofen;
    - Codeine and paracetamol (co-codamol, as before);
    - Dextropropoxyphene and paracetamol (co-proxamol, as before);
    - Dextropropoxyphene alone (as before, as explained below);
    - Dihydrocodeine and aspirin;
    - Dihydrocodeine and dextropropoxyphene;
    - Dihydrocodeine and paracetamol (co-dydramol, as before);
    - Pholcodine;
    - Tramadol and paracetamol.

Source: https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/23/drug-related-deaths-23-annex-A.pdf

Annex B. Prescribable and street benzodiazepines

Annex H: 'Prescribable' and 'street' benzodiazepines[8]

H1. In 2019, when preparing statistics for the Chief Medical Officer's Annual Report, the Information Services Division (ISD) of NHS National Services Scotland, which is now part of Public Health Scotland (PHS), proposed a distinction between 'prescribable' and 'street' benzodiazepines. The two categories are defined as follows:

[8] Source: https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-annex-H.pdf

- ‘Prescribable benzodiazepines’ are benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland (but which may not actually have been prescribed to the person who died after taking them); and
- ‘Street benzodiazepines’ are benzodiazepines (or metabolites thereof) which are:
    - a) not licensed for prescription in the UK; or
    - b) thought to have originated from an illicit source (due to their having
    - very low overall levels of prescribing in Scotland).

H5. ‘Prescribable’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Chlordiazepoxide
Clobazam
Clonazepam
Chlorazepam
Desmethyldiazepam
Diazepam
Librium
Loprazolam
Midazolam
Nitrazepam
Nordiazepam
Oxazepam
Temazepam
Valium
7-aminoclonazepam
7-aminonitrazepam

H6. ‘Street’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Adinazolam
Alprazolam
Bromazepam
Bromazolam
Clonazolam
Cloxazolam
Delorazepam
Desalkylgidazepam
Desalkylflurazepam
Diclazepam
Etizolam
Flualprazolam
Flubromazepam
Flubromazolam

Flunitrazepam
Lormetazepam
Phenazepam
Pyrazolam
8 aminoclonazolam

Annex C. Update in relation to recommendations from the Drug Related Death Report 2022

Recommendations from the Drug Related Death Annual Report 2022 were agreed with members of the pan-Lothian Drug and Alcohol Harm Reduction Partnership Group (DAHPG) which members of the group being responsible for actions following on from these recommendations being integrated into, and reported via, existing organisational workplans and governance arrangements. A high-level update against the recommendations is however provided below.

Recommendation from 2022 Annual Report	Update from October 2024
1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to implement the MAT Standards, including ensuring they benefit non-opioid, as well as opioid users.	MAT Standards 1-5 can now be considered fully implemented in Lothian, with all 3 ADPs scoring 'green', comparable with national benchmarking. The national ambition is now for further focus on MAT Standards 6-10, with additional evidence being requested from Boards against these Standards going forward, so work will need continue to ensure we meet all national requirements.
2. Alcohol and Drug Partnerships in Lothian should use learning from the areas in Scotland that saw the greatest reduction in drug related deaths to influence future work in Lothian.	ADP leads have regular contact with leads from other areas across Scotland, in particular through a number of MAT implementation groups. Learning from Greater Glasgow and Clyde has been drawn on in particular, in order to influence the scoping of a Safer Drug Consumption Facility in Edinburgh.
3. Substance use services in Lothian should work to improve data collection on the protected characteristics of those in contact with them and ensure that services are accessible and acceptable to all demographics.	Data collection has been improved as part of the MAT standards process, with ethnicity data now available for a greater proportion of service users.
4. NHS Lothian's public health directorate should continue to monitor real-time suspected drug death reports, and to facilitate two-way sharing of information with Public Health Scotland, to identify	A defined Local Early Warning System Process is now written up, describing the processes for two-way information sharing, in line with Public Health Scotland Guidance. Public Health Scotland have also recently published Guidance on the

and cascade information on risks from novel substances.	Management of Drug Harm Clusters and this is currently being integrated in the East Region Health Protection Service Clinical Manual.
5. NHS Lothian's pharmacy directorate should explore opportunities to strengthen current activity around prescribing and medicines utilisation review, to support safe, appropriate and effective use of medicines and contribute to ambitions to reduce harm in the context of drug related deaths.	Initial steps have been taken to map out existing activity undertaken by Pharmacy services. Next steps, to convene a short life working group to explore this further, was paused due to service capacity within Pharmacy services. Recruitment to relevant posts has been undertaken and it is planned to revisit this and take forward over the remainder of 2024/25.
6. NHS Lothian's public health directorate, analytical services and alcohol and drug partnerships should ensure the continuation of work to identify vulnerable individuals and provide assertive outreach work to support them, including those who have experienced a non-fatal overdose and / or come into contact with police custody.	The process for this was reviewed in 2023, with minor changes made for information governance purposes, to allow this essential early identification process to continue.
7. All services that work with people who use drugs should continue to promote harm reduction messages that encourage individuals to avoid being alone when taking drugs and to carry naloxone, in order to reverse the effects of opioid overdose, including through the extension of community pharmacy provision of take-home naloxone to East, West and Midlothian.	Lothian Harm Reduction Team continue to provide services across the Lothian, with funding for Injecting Equipment Provision increased in 2023 in recognition of increased levels of demand. Community Pharmacy provision of Take Home Naloxone to West and Mid/East is not yet in place, however operational details are being finalised. This will also fall under remit of new post holder mentioned in relation to recommendation 4, above, and will be taken forward once they are in post.
8. Edinburgh Alcohol and Drug Partnership should continue work to explore potential options for safer drug consumption facilities in Lothian.	Initial reports on this are complete and published, and further scoping work is ongoing to determinate the content of a business case to Scottish Government from whom funds need to be sought.

9. Alcohol and Drug Partnerships in Lothian should continue work to identify and support the children and families of substance users and those bereaved by drug related deaths.	All Alcohol and Drug Partnership Strategies include commitments to support children and families of substance users. In Edinburgh work is now underway to identify what data sharing could be used to alert substance use services to families where child protection processes identify substance use as a factor.
10. NHS Lothian's public health directorate should await the publication of the Scottish Government and Public Health Scotland review of drug death review processes and implement relevant recommendations.	Work has only recently started on the development of national guidance, and a representative from Lothian is involved. In the meantime, a commitment has been made to begin thematic reviews of deaths in Edinburgh, in addition to the processes already in place.

NHS Lothian

4.13

Meeting:	**NHS Lothian Board**
Meeting date:	**4 December 2024**
Title:	**Appointment of Members to Committees & Integration Joint Boards**
Responsible Executive:	**Board Chairman**
Report Author:	**Darren Thompson, Board Secretary**

1 Purpose

This report is presented for:

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

This report relates to:

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

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

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

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

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

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

2 Report summary

2.1 Situation

Lothian NHS Board's Standing Orders reserve certain matters to the Board, including decisions on the appointment of members to its committees.

This Report has been prepared so that the Board may ***approve*** the following:

Audit and Risk Committee

- The appointment of Ms Elizabeth Gordon, Non-Executive Director, to the Audit and Risk Committee membership, with effect from 4 December 2024.

- The appointment of Mrs Patrica Cantley, Non-Executive Director, to the Audit and Risk Committee membership, with effect from 4 December 2024.

Healthcare Governance Committee

- The appointment of Professor Amjad Khan, Non-Executive Director, to the Healthcare Governance Committee membership, with effect from 4 December 2024.

- The removal of Councillor Harry Cartmill, Non-Executive Director, from the Healthcare Governance Committee membership, with effect from 4 December 2024.

Remuneration Committee

- The appointment of Mr Jonathan Blazeby, Non-Executive Director, to the Remuneration Committee membership, with effect from 4 December 2024.

Integration Joint Boards

- The appointment of Dr Wendy Metcalfe, Renal Clinical Director, as, Non-Voting Member of the Midlothian Integration Joint Board, with effect from 04 December 2024.

Additionally, the Board is asked to ***note*** the following non-executive board member appointments and re-appointments, approved by the Cabinet Secretary for Health and Social Care:

- The appointment of Councillor Margaret Graham, as a non-executive member of the Lothian NHS Board from 1 November 2024, replacing Councillor Stephen Jenkinson as the City of Edinburgh Council's nominated stakeholder non-executive.

- The reappointment of Val De Souza, as a non-executive member of the Lothian NHS Board from 1 April 2025 to 31 March 2029.

- The reappointment of Peter Knight, as a non-executive member of the Lothian NHS Board from 1 April 2025 to 31 March 2029.

- The reappointment of Elizabeth Gordon, as a non-executive member of the Lothian NHS Board from 1 April 2025 to 31 March 2029.

- The reappointment of George Gordon, as a non-executive member of the Lothian NHS Board from 16 May 2025 to 31 December 2026.

2.2 Background

Appointments to the Board's Committees are recommended by the Board Chairman, following discussions with the relevant Committee Chairs and the recommended appointees. Considerations include the collective skills and experience required by each Committee, as well as the resource capacity and time commitments of individual non-executives.

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.

Midlothian IJB

Dr Johanne Simpson, Consultant Physician, Acute Medicine, currently holds the position at (h) above on the Edinburgh IJB and has indicated her intention to step down, due to a conflicting commitment.

Dr Wendy Metcalfe, Renal Clinical Director, has been nominated for appointment to position (h) above, replacing Dr Simpson. It is therefore recommended that the Board approve Dr Metcalfe's appointment as non-voting member of the IJB and specifically as the *"… registered medical practitioner employed by the Health Board and not providing primary medical services..,"* with effect from 04 December 2024 until 03 December 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 have been sought.

2.4 Recommendation

- ***Decision*** – The Board is asked to approve recommended appointments to the Board's Committees and the appointment of a non-voting member to the Midlothian IJB, as set out above.
- ***Awareness*** – The Board is asked to note recent decisions taken by the Cabinet Secretary for Health and Social Care in relation to the appointment and reappointment of NHS Lothian non-executive board members.

3 List of appendices

- None.

NHS Lothian

4.14

Meeting: NHS Lothian Board

Meeting date: 04 December 2024

Title: NHS Lothian Board and Committee Dates 2025/26 & 2026/27

Responsible Executive: Board Chair

Report Author: Darren Thompson, Board Secretary

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☐	Awareness	☐

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The schedule of future Board and Committee meeting dates requires to be provided as per section 4 of the Lothian NHS Board Standing Orders. This schedule for 2025-2027 is presented for the Board's approval.

2.2 Background

Lothian NHS Board's Standing Orders state: "The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates." This report is presented for that purpose.

2.3 Assessment

In preparing the schedule of Board and Committee meeting dates, the competing demands upon members' time has been considered as far as possible.

In a change to previous years, we have scheduled Board and Committee meetings across the next two years, rather than just the next financial year. This better aligns with the Board's governance and assurance reporting and provides meeting dates over a longer period, better supporting both strategic and operational planning efforts and individual diary management.

Once approved, the schedule of dates will be circulated to the Board's integration partners with a request to ensure that, as far as possible, the scheduling of future IJB meetings and committees avoids any clash with NHS Lothian Board or Committee meetings.

The schedule of dates is provided at **Appendix 1**.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The Board or one of its committees does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

Poor or insufficient scheduling of meetings means that the members cannot carry out their responsibilities in other roles that they may have.

The need to respond to emerging events may lead to the need for additional meetings, which not all members may be able to attend.

There is no need to add anything relating to this matter to the Corporate Risk Register.

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

2.3.6 Other Impacts

2.3.6.1 Resource Implications

The key currency is members' time and the availability of suitable calendar slots.

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.

As part of the process of developing the timetable, we have engaged committee services colleagues within the integration joint boards, and considered their published timetables of board meetings, committees and sub-groups of integration joint boards. We have also considered any appropriate Scottish Government groups for clashes.

2.3.8 Route to the Meeting

In addition to the engagement outlined about, this timetable has also been developed with input from the office of the Chair and Chief Executive and the NHS Lothian Charity. Support has been received and feedback has informed the development of the content presented in this report.

2.4 Recommendation

- **Decision** – It is recommended that the Board approves the schedule of Board and Committee meeting dates for 2025-2027.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** Proposed list of NHS Lothian Board and Committee Dates 2025-27.

Appendix 1

NHS LOTHIAN BOARD AND COMMITTEE DATES

2025/26 & 2026/27

LOTHIAN NHS BOARD
9:30am – 1:00pm

2025/2026

Meeting Date
23 April 2025
25 June 2025*
13 August 2025
08 October 2025
03 December 2025 *
04 February 2026

2026/2027

Meeting Date
22 April 2026
24 June 2026*
12 August 2026
07 October 2026
02 December 2026*
03 February 2027

*** 10.30am start due to preceding NHS Lothian Charity Board of Trustees meeting**

STRATEGY, PLANNING & PERFORMANCE COMMITTEE
9:30am – 1:00pm

2025/2026

Meeting Date
21 May 2025
11 September 2025^
13 November 2025^
21 January 2026
18 March 2026

^ Meeting is on a Thursday

2026/2027

Meeting Date
13 May 2026
02 September 2026
11 November 2026
20 January 2027
17 March 2027

FINANCE & RESOURCES COMMITTEE
9:30am – 1:00pm

2025/2026

Meeting Date
11 June 2025
20 August 2025
22 October 2025
17 December 2025
11 February 2026
25 March 2026

2026/2027

Meeting Date
10 June 2026
19 August 2026
21 October 2026
16 December 2026
10 February 2027
24 March 2027

HEALTHCARE GOVERNANCE COMMITTEE
1:00pm – 4:00pm

2025/2026

Meeting Date
20 May 2025
22 July 2025
23 September 2025
18 November 2025
27 January 2026
17 March 2026

2026/2027

Meeting Date
19 May 2026
21 July 2026
22 September 2026
17 November 2026
26 January 2027
16 March 2027

STAFF GOVERNANCE COMMITTEE
9.30am – 1:00pm

2025/2026

Meeting Date
27 May 2025 - **Tuesday**
30 July 2025
29 October 2025
15 December 2025 – **Monday**
11 March 2026

2026/2027

Meeting Date
27 May 2026
29 July 2026
28 October 2026
09 December 2026
10 March 2027

AUDIT & RISK COMMITTEE
9:30am – 12:30pm

2025/2026

Meeting Date
14 April 2025
16 June 2025
11 August 2025
17 November 2025
16 February 2026

2026/2027

Meeting Date
13 April 2026
15 June 2026
10 August 2026
16 November 2026
15 February 2027

REMUNERATION COMMITTEE
2:00pm – 4:00pm

2025/2026

Meeting Date
07 April 2025
21 July 2025
06 October 2025
01 December 2025
23 February 2026

2026/2027

Meeting Date
06 April 2026
20 July 2026
05 October 2026
07 December 2026
22 February 2027

LOTHIAN PARTNERSHIP FORUM
(Pre-Meetings @ 10.00am)
12:00pm – 3:00pm

2025/2026

Meeting Date
21 April 2025
30 June 2025
25 August 2025
27 October 2025
08 December 2025
09 February 2026

2026/2027

Meeting Date
20 April 2026
29 June 2026
24 August 2026
26 October 2026
14 December 2026
08 February 2027

NHS LOTHIAN CHARITY MEETING DATES 2025/26 & 2026/27

NHS LOTHIAN CHARITY, BOARD OF TRUSTEES
1:00pm – 3:00pm

2025/2026

Meeting Date
25 June 2025*
10 September 2025
03 December 2025*
04 March 2026

2026/2027

Meeting Date
24 June 2026*
09 September 2026
02 December 2026*
03 March 2027

*** 09.30am start, preceding the NHS Lothian Board meeting**

NHS LOTHIAN CHARITY, CHARITABLE FUNDS COMMITTEE
1:00pm – 3:00pm

2025/2026

Meeting Date
10 June 2025
12 August 2025
04 November 2025
03 February 2026

2026/2027

Meeting Date
09 June 2026
11 August 2026
03 November 2026
02 February 2027

DRAFT V14 - 19/11/2024

NHS Lothian

6.

Meeting: **NHS Lothian Board**

Meeting date: **4 December 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	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The 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 – December 2024**

Appendix 1

Chief Executive's Report
NHS Lothian Board Meeting, 4 December 2024
Professor Caroline Hiscox

1. NHS Scotland Board Chief Executives / Executive Group Update

The NHS Scotland Executive Group was recently established, comprising the Chief Executives of each NHS body in Scotland and chaired by the Scottish Government's Director-General of Health and Social Care. This Group has been created to bring greater focus and energy to decision-making and cooperation between NHS boards and the Scottish Government. Two meetings have been held so far, (October and November) and good progress has been achieved on refining the Group's terms of reference and agreeing its approach to forming recommendations. Areas of policy discussion have included the Darzi Review, digital reform, a revised national approach to gaining assurance on quality and safety, and plans for transforming the delivery of planned care.

2. Princess Alexandra Eye Pavilion

As board members are aware, the Princess Alexandra Eye Pavilion (PAEP) was officially closed for essential repair work on 25 October 2024 with services moving to other sites within Lothian beginning week commencing the 28 October 2024. Works by specialist contractors to remove asbestos and to remove and replace the two damaged waste pipes began on 11 November 2024. Based on the current information available to NHS Lothian, the site is expected to return to operation after the works are completed and a full recommissioning is complete.

Our teams have worked quickly and innovatively to minimise the impact on staff and patients. I have been extremely impressed by the conscientious and professional approach of our staff and extend my sincere thanks to all teams involved.

NHS Lothian volunteers are providing a Meet, Greet and Guide service where possible to assist patients arriving at unfamiliar sites. Regular communication has been maintained with third sector partners including Sight Scotland and the Royal National Institute of Blind People (RNIB) and NHS Lothian is grateful for the support received in cascading up-to-date information through their advice services.

Utilisation of both outpatient and inpatient lists will be maximised to mitigate the impact of the PAEP closure. However, the full impact of staff movement to new base locations is still being worked through and will be kept under close review.

3. Unscheduled Care Improvement Plans

As board members are aware from recent discussions at the Strategy, Planning & Performance Committee (SPPC), an opportunity arose in early November for NHS Lothian to explore and develop specific proposals intended to improve the Board's performance in unscheduled care for winter 2024/25 and beyond. In the very short time available, a detailed proposal was rapidly developed via a short-life working group, led by the Deputy Chief Executive, with modelling input from the Centre for

Sustainable Delivery (CfSD), and submitted to the Scottish Government on 11 November. Alongside this submission was a request for the financial investment required to achieve delivery of the proposed work.

I was delighted with the way in which NHS Lothian was able to move at significant pace in responding to this opportunity from the Scottish Government to propose how we could better match service capacity to demand if additional funding was made available. It is of particular note that our response was developed collaboratively and with the full involvement of all four integration joint boards.

Whilst we await a response on our proposals from the Scottish Government, I want to note the very positive discussions I have had with the leaders of each local authority within Lothian. As a consequence, we have established a Lothian Systems Leadership Group, comprising the chief executives and chief officers of each constituent body within the NHS Lothian integrated system. I hope this will provide a useful additional vehicle for ongoing supportive discussion and collaboration.

4. Pre-Budget Planning and System Leaders Event

Whilst all teams continue to remain focused on the work required to deliver financial balance in the current year, the development of our Financial Plan for 2025/26 is already underway. This is in advance of the Scottish Government's Budget announcement on 4 December and therefore the position around allocations remains fluid and uncertain. However, it is clear that NHS Lothian and other boards will continue to face significant challenges in delivering a breakeven outturn in 2025/26.

An early overview of a 2025/26 Financial Plan, based on current assumptions, was received and discussed by the Board's Finance and Resources Committee (FRC) on 23 October. This forecast a financial recovery gap for NHS Lothian that was broadly comparable to the gap at the start of the 2024/25 financial year and indicated the need for a similar programme of financial recovery. Since then, a letter has been issued to each business unit within NHS Lothian, setting out the expected challenge and the planning and recovery work required now to finalise a 2025/26 Financial Plan for the Board's consideration prior to the start of the next financial year. Initial recovery plans and proposals have been sought from each business unit by 15 January 2025.

Following the Scottish Government's 4 December budget announcement, I will be convening an in-person System Leaders Event on 13 December, which will be an early opportunity to discuss the funding position and develop financial recovery options with collaborative input from senior leaders across NHS Lothian. This will inform a second draft Financial Plan for consideration by the FRC at its next meeting on 18 December.

5. Winter Planning

Members are aware, from previous discussions at the Board on 10 October and at SPPC on 19 November, that Winter Planning arrangements are in place with assurance levels in key areas reported to the Scottish Government. Beyond this high-level reporting, winter pressures continue to be monitored and addressed through a range of more detailed measures. In particular, the Corporate Management Team is reviewing its protocols for escalation in response to system pressures to ensure that key triggers are agreed, and that response actions can be decided and deployed quickly and effectively, to the extent that current resources and infrastructure challenges allow.

6. Fire Safety at the Royal Infirmary of Edinburgh

The Board's Staff Governance Committee (SGC) has continued to receive assurance against the current corporate risk relating to fire safety at the RIE. At its meeting on 30 October, the SGC received a detailed report on the significant range of ongoing actions to manage and mitigate the risk. These actions include fire training and drills, lifecycle works on fire stopping measures and alarm and detection systems, as well as the development of an overall fire risk strategy for the entire site. SGC members were content with the thoroughness of the report and the actions it detailed but requested additional assurance on the overall impact of the various mitigating actions. The Director of Finance has agreed to arrange a separate information briefing session on this for board members, to ensure there is full understanding of the range and effectiveness of mitigating actions.

7. Scotland's Health Awards 2024

I know board members will join me in congratulating two members of NHS Lothian staff who won key awards at this year's Scottish Health Awards.

Lindsey Todd, Specialist Radiographer, Department of Clinical Neurosciences, picked up the Allied Health Professional Award. Lindsey identified the need for greater CT Guided Lumbar Nerve Root Injection (CNRI) provision, which is a minimally invasive treatment for severe back pain, both longstanding and acute, and can offer up to six months of relief for patients who struggle on a daily basis.

Lindsey said: *"It is a fantastic honour to be nominated for such an award, let alone win it. It feels amazing to be recognised for all the hard work put in developing the CNRI service, but ultimately, I could not have done it without the support of my colleagues and mentor."*

Dr Rosamunde Burns, Consultant Anaesthetist, won this year's Doctor Award. Rosamunde provides a high standard of care for high-risk pregnancies and complex cases. Known as the go-to expert for obstetric anaesthetic advice, she's often said to be "better than the textbook."

Rosamunde said: *"Winning this award feels both overwhelming and truly heartwarming. It's not just for me, but for all the incredible colleagues who took the time to teach, encourage, and support me. They've lifted me through the tough times*

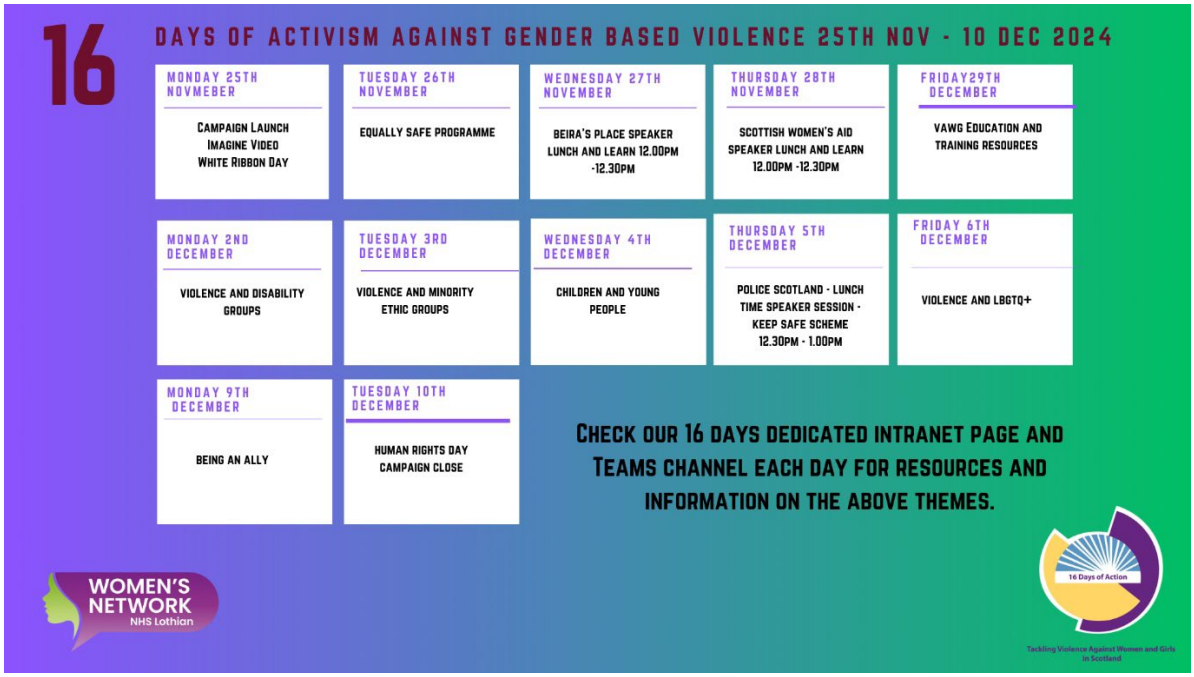
with their humour and wisdom. It has been the privilege of my life to work in such skilled teams, enabling us to be alongside our patients when they need us most."

I also extend our congratulations to a further seven Lothian nominees who missed out on the night, but who nonetheless should be proud to have reached the finalist stage.

8. Activism against Gender-Based Violence – NHS Lothian Women's Network

I wish to highlight, for the Board's interest, the excellent work being led by the NHS Lothian Women's Network to support "16 Days of Activism against Gender-Based Violence", a global campaign running from 25 November (International Day for the Elimination of Violence Against Women and Girls) to 10 December (Human Rights Day). This advocates for the prevention and elimination of violence against women and girls, calling on individuals, communities, and organisations to take meaningful action to create a world free of gender-based violence. This year, the launch coincides with White Ribbon Day, marking men's commitment to ending violence against women and girls.

The Women's Network is supporting the campaign by offering resources, themed topics, webinars, and expert speakers discussing their vital support services. Resources are provided through the staff intranet pages and the Network's dedicated MS Teams channel. The image below illustrates the schedule of planned events.



NHS Lothian

8.

Meeting:	**NHS Lothian Board**
Meeting date:	**4 December 2024**
Title:	**Annual Ministerial Review 2023/24 – Outcome Letter**
Responsible Executive:	**Caroline Hiscox, Chief Executive**
Report Author:	**Darren Thompson, Board Secretary**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

This report presents the outcome of the Board's 2023/24 Annual Review, held on Monday, 7 October at the Usher Building at Edinburgh BioQuarter. The Annual Review was undertaken by Jenni Minto, Minister for Public Health and Women's Health. The Minister was supported by Caroline Lamb, Director General of the Scottish Government's Health and Social Care Directorate. The attached outcome letter was received from the Minister on 26 November 2024 and summarises the full range of issues that were discussed during the Annual Review.

2.2 Background

The core purpose of the Annual Review is for NHS Boards to be held to account for their performance. It is normal practice for the Scottish Government Minister undertaking an Annual Review of an NHS Board to issue a letter summarising discussions and outcomes. It is a requirement that NHS boards publish these outcome letters, as evidence of the Annual Review having been undertaken and to ensure that members of the public are informed of the outcomes. Following the Board's acknowledgement of the outcome letter attached this will be published on the NHS Lothian website.

2.3 Assessment

Board members who attended the Annual Review will already be aware of the broad substance of discussions held during the public session. The attached letter provides a summary of those discussions, as well as those held during the preceding stakeholder sessions and the subsequent private session.

2.3.1 Quality/ Patient Care

There are no direct quality or patient care impacts.

2.3.2 Workforce

There are no direct workforce impacts.

2.3.3 Financial

There are no direct financial impacts.

2.3.4 Risk Assessment/Management

The letter discusses a number of issues relating to risks which are already reflected within the Corporate Risk Register.

2.3.5 Equality and Diversity, including health inequalities

This report is provided for information and does not relate to a specific proposal which has an impact on an identifiable group of people. There are no statutory duties that apply.

2.3.6 Other impacts

There are no other impacts to record.

2.3.7 Communication, involvement, engagement and consultation

The Board publishes the outcomes of Annual Reviews on its website: https://org.nhslothian.scot/keydocuments/annual-reviews/.

2.3.8 Route to the Meeting

The outcome letter has been shared with members of the Corporate Management Team prior to circulation to the Board but has not been formally discussed at any other meetings or groups within NHS Lothian.

2.4 Recommendation

The Board is recommended to accept this report and the attached letter as a source of **significant assurance** that the Scottish Government has carried out an Annual Review of Lothian NHS Board's performance for 2023/24 and to note that the letter will be published on the Board's website.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Annual Review 2023/24 Outcome Letter *(received from the Scottish Government's Minister for Public Health and Women's Health, 26 November 2024)*

Ministear airson Slàinte Phoblach is Slàinte Bhoireannach
Jenni Minto BPA

Minister for Public Health and Women's Health
Jenni Minto MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

John Connaghan, CBE
Chair
NHS Lothian

georgia.sherratt@nhs.scot

26 November 2024

Dear John

NHS LOTHIAN ANNUAL REVIEW: 7 OCTOBER 2024

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Edinburgh on 7 October. I was supported by Caroline Lamb, DG Health and Chief Executive, NHS Scotland.

2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.

3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective

clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment/retention, alongside staff wellbeing performance management and improvement, service reform, financial sustainability/management (not least through the effective pursuit of the *Realistic Medicine* programme).

5. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work including: how new technology and the advent of reliable video-conferencing is helping to facilitate professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new roles and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others: with strong levels of local interest in the partnership with the Open University on the *Earn as you Learn* programme; the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time.

6. Whilst the general terms and conditions benefits of the reduced working week were welcomed, we noted some concerns elicited around certain initial practical impacts, in terms of the overall availability of working time and potential unintended consequences for patients and staff. We also noted some concern in relation to the allocation and funding of less than full time trainees for the Emergency Department at the Royal Infirmary of Edinburgh (RIE). Finally, we were pleased to hear about how the local Area Nursing and Midwifery Advisory Committee had radically overhauled its way of working, terms of reference and membership, in line with the national *Blueprint for Good Governance*. This change has seen very positive engagement from across the profession, with more than 50 nurses and midwives across all grades contributing regularly. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

7. We were pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range

of this work, including: informing policy development and workforce redesign; actions to support attendance management and safe staffing; alongside important health and safety responsibilities. As with the Area Clinical Forum, we heard some concerns about some of the potential impacts of the reduced working week for NHS nurses and healthcare staff, which had been agreed in partnership with NHS trade unions. The first half hour of this reduction was implemented from 1 April 2024, with a temporary transitional allowance in place to allow NHS Boards to work in partnership with staff to safely implement the initial reduction. We have agreed with NHS Boards and trade unions that, by 30 November 2024, staff will reduce to the 37-hour week, and we are working in partnership to agree the next steps towards the 36-hour week; but will continue to keep any unintended impacts under close review with NHS Boards and their planning partners.

9. In terms of local support for staff wellbeing we were pleased to note that further funding had been provided for the continuation of the local staff psychological support service; alongside *Reading for Wellbeing* reflective book club sessions, financial wellbeing support; and a pilot of menopause peer support sessions, as part of a dedicated focus on Women's Health. It was confirmed that work is underway on a refresh of the local *Work Well* strategy with a view to rolling this forward for 2024-2027. Finally, we were pleased to note that staff-side and management have a strong relationship and that you felt comfortable in expressing concerns frankly, whilst respectfully; which is a positive sign of a mature and successful working partnership.

Patients/Carers' Meeting

10. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

11. The local patients and carers in attendance spoke about a wide range of experiences of services and the standard of care and support received, including both positive reflections and more difficult but nonetheless constructive feedback. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including continuity of care; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure.

12. We are also grateful for the attendance of a local Healthcare Improvement Scotland: Community Engagement representative, alongside patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

https://www.nhsinform.scot

Annual Review: Public Session

13. The full public session was recorded for online access and began with the Chair's presentation on the Board's key achievements and challenges, looking both back and forward;

moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board and local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

14. We then moved into private session with the Board Chief Executive and Chair to discuss local performance in more detail.

Finance

15. NHS Lothian achieved a break-even position by the end of 2023-24; the Board having received additional funding (including new medicines and sustainability funding) of £33.4 million in-year from the Scottish Government. In terms of 2024-25, the Board's initial financial plan anticipated a gross deficit of £100.4 million, reducing to £38.9 million after £61.5 million of targeted savings. As at month 5, the Board presented a year-to-date deficit position of £15.1 million, with a revised, year-end forecast deficit of £31.9 million. This improvement is in part due to £7.5 million of additional new medicines funding provided.

16. We noted that key local pressures included non-pay cost inflation, delayed discharge, drug and medical supplies costs. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Lothian has had to absorb a range of inflationary and demand-related pressures. The Government's Financial Delivery Unit will continue to work with NHS Lothian to monitor the position and assist with longer term financial planning and improvement.

17. Whilst we share in NHS Lothian's desire to invest in its local infrastructure to meet the needs of a growing population, for example providing a new Cancer Centre and a replacement for the Princess Alexandra Eye Pavilion, we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest

and improve your existing facilities; and we noted the actions underway to minimise the impact on patients in relation to the regrettable six-month closure of the Princess Alexandra Eye Pavilion from the end of October, for essential repairs.

Workforce

18. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

19. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. Nonetheless, as of June 2024, the Board had reported a significantly lower vacancy rate for consultant staff (1.7% against the national average of 7.1%); alongside a lower than the national average rates for both nursing/midwifery and AHPs. We were assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. You also confirmed a positive reduction in nursing/midwifery agency spending with a corresponding increase in bank use over the last year: average agency utilisation has reduced from 288 WTE per month in 2023/24 to 62 WTE in the first quarter of 2024/25.

20. We were also pleased to note local success with the international recruitment programme: with 60 staff recruited, including those recently appointed into mental health services for the first time. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Lothian is taking in terms of the wellbeing and resilience of local staff: in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace. Such measures will also be material in terms of the local staff recruitment and retention efforts.

Resilience

21. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Lothian, have already been confronted with a sustained period of unprecedented pressures on local services.

22. It was therefore reassuring to hear about the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. I understand that lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

Unscheduled Care & Delayed Discharge

23. Given the sustained pressures experienced across services, bed capacity at the main acute sites (particularly the RIE) remains a key issue, with recent occupancy averaging around 97%. Pressure on services includes: workforce constraints, wait for first assessment, delayed discharges and increased patient acuity. The latest published 4-hour A&E standard monthly performance was 65.8% for July 2024 (all sites); a decrease when compared to same period last year (66.4%) and lower than 92.1% recorded in same pre-Covid period in 2019. Performance in the year to July 2024 was 62.4%.

24. We heard that a key corporate objective for the Board in 2024/25 is to achieve 85% non-admitted standard performance: the current work underway focuses on enhancing patient flow through the non-admitted pathway to reliably achieve this. The longest unscheduled care waits (12-hours and over) remain a significant concern: there were 1,545 attendances over 12 hours in Lothian during July 2024, up by 144% compared to the same period last year. Despite significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges: particularly in relation to Edinburgh and West Lothian, with persistent pressures on available social care packages and care home places. We were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making progress with the longest waits and avoidable delays remain key priorities.

25. The Government will continue to work with all Boards, including NHS Lothian, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme; offering alternatives to hospital, such as *Hospital at Home* where NHS Lothian has acted as an exemplar Board; directing people to the most appropriate urgent care settings. We will keep local progress against the key priority area under close review.

Planned Care Waiting Times

26. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. You confirmed there was a 2% increase in outpatient demand during 2023/24 with a shift in urgency profile: there was a 12% increase in referrals with a suspicion of cancer impacting capacity that could have been used for routine patients. The local outpatient redesign programme continues to make improvements to booking processes and waiting list management, with an expected completion date of early 2025. This includes patient focused booking, text reminders and online booking; and this supported a reduction in new outpatient Did Not Attends from 8.7% in December 2022 to 6.8% in December 2023. This programme also continues to tackle key pressure specialties such as ophthalmology, dermatology and urology.

27. For inpatient and day case procedures, the recovery of local Treatment Time Guarantee performance has been more challenging than for outpatients, with activity remaining below pre-pandemic levels. Throughout 2023/24, just less than a third of local patients were being seen within the 12-week period. In terms of long waits, there were 498 patients waiting over 104 weeks at the end of March 2024, although there continues to be an improving trend; with the end of March 2023 position being 951 patients. At the end of March 2024, NHS Lothian had a waiting list proportion of 1.9% of inpatients and day cases waiting over 104 weeks, against the Scotland average of 4.6%. You confirmed that there has been a continued focus of local capacity on the most clinically urgent patients, in addition to considering the longest waiting patients. Initiatives include the ring-fencing of orthopaedic capacity at the RIE and are on track to deliver the intended sessions. Ring-fencing of day surgery capacity at St John's Hospital targeted to specialties with the longest waits has seen a positive improvement, especially in general surgery. NHS Lothian has also played a key role in the NHS Scotland pilot of the *INFIX eScheduling* system.

28. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures. NHS Lothian has been allocated around £2 million of this funding, with a local focus on delivering additional diagnostic, orthopaedic and cancer treatments. Our new National Treatment Centres will also be providing around 20,000 additional procedures across Scotland each year, with the centre in Fife providing Lothian with 576 procedures per annum and the Golden Jubilee National Hospital providing an annual allocation of 4,804 procedures for NHS Lothian patients, across orthopaedics, plastic surgery, general surgery and colorectal surgery. Other supporting improvement workstreams include: the redesign of preoperative assessment services; development of prehabilitation pathways; the extension of enhanced recovery pathways; and maximising procedures undertaken as day cases; alongside the continuing rollout of *INFIX eScheduling*. We will continue to keep progress on planned care recovery under close review.

Cancer Waiting Times

29. The management of cancer patients and vital cancer services remains a clinical priority and local performance against the 31-day standard has been consistently around the target. As with most Boards, local performance against the 62-day target has been more challenged, with NHS Lothian achieving an average of 76.5% during 2023/24, against a national figure of 71.7%. We recognise a key pressure impacting cancer wating times remains the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started. The most impacted pathway includes urology and that is an area where the Board is focusing its improvement activity. We also noted that NHS Lothian had provided mutual aid for cancer services to other Boards during 2023/24, including lower GI and prostate services for NHS Highland and continued colorectal support for NHS Greater Glasgow & Clyde. In addition, NHS Lothian established joint posts with NHS Tayside (hosted by NHS Lothian) to support breast and renal Systemic Anti-Cancer Therapy.

30. In terms of local improvement activity underway to maximise performance in 2024/25, you confirmed that: Urgent Suspicion of Cancer activity is being prioritised in all areas, including

endoscopy, colorectal and dermatology; additional planned care funding of around £43,000 had been allocated for high-risk gynaecology cancer queues, allowing 80 new patients from the colposcopy list to be seen in the first month; a short-life working group is being set up to focus on reducing the urology prostate pathway length; and linking with the Government, Centre for Sustainable Delivery and other Health Boards, increasing capacity for Robotic Assisted Radical Prostatectomy.

Mental Health

31. As in other Board areas, NHS Lothian is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. In terms of the Board's performance against the CAMHS waiting standard, 62.7% of patients started treatment within 18 weeks of referral in the quarter ending June 2024; a decrease from 73.2% in the previous quarter and a decrease from 66.8% in same quarter in the previous year. For Psychological Therapies patients, 81.6% started treatment within 18 weeks of referral in the quarter ending June 2024; an improvement from 79.8% in the previous quarter, but a decrease from 82.6% in same quarter in the previous year. The Board has a focus on addressing the most urgent cases whilst reducing the longest waits and we recognise that the challenges faced around recruitment and retention of staff impacts on performance and in making progress. Nonetheless, you assured us that the Board remains committed to achieving and sustaining the 90% national standards and the Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

National Drugs Mission

32. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Lothian and its planning partners. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

Local Strategies

33. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. I note that the Board remains committed to *The Lothian Strategic Development Framework* and am pleased to note the progress being made. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

https://www.nhsinform.scot

Conclusion

34. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely,

Jenni Minto MSP

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NHS Lothian

9.

Meeting:	**NHS Lothian Board**
Meeting date:	**4 December 2024**
Title:	**NHS Lothian Board Assurance Framework**
Responsible Executive:	**Caroline Hiscox, Chief Executive**
Report Author:	**Darren Thompson, Board Secretary**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☒
Discussion	☒	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

This paper sets out the concept and potential components of a Board Assurance Framework (BAF) for the NHS Lothian Board that meets the specific assurance needs of the Board and its members, reflects established good practice in NHS corporate governance and demonstrates robust compliance with the principles of the Blueprint for Good Governance.

The Board is invited to discuss the proposal, noting both the need to demonstrate alignment with the Blueprint and the current environment and content in which the Board is actively seeking more robust forms of evidence-based assurance across all areas of delivery.

The outcome sought is that Board should commission the development of the proposed BAF and its various components, taking a priority-based approach to their delivery. This supports the delivery of the actions agreed at the Board's Development Session in March 2024, in response to its initial self-evaluation against the Blueprint.

2.2 Background

The Blueprint for Good Governance (Second Edition, 2022)[1] provides guidance to NHS boards on how to deliver and sustain good corporate governance. It states as its fourth and fifth Principles of Good Governance for NHS Boards (emphasis added):

*"iv. Good governance requires an **assurance framework** that aligns strategic planning and change implementation with the organisation's purpose, aims, values, corporate objectives and operational priorities.*

v. Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight."

The Blueprint expands these principles further, by describing what it calls the Delivery Approach:

*"To support the delivery of good governance NHS Boards **should construct an assurance framework** and implement an integrated governance system that brings together the organisation's strategic planning, risk management and assurance information systems."*

[1] NHS Scotland - blueprint for good governance: second edition - gov.scot (www.gov.scot)

In early 2024, the NHS Lothian Board completed a Scottish Government-mandated self-assessment exercise against the various requirements of the revised Blueprint. This culminated in a Board Development Session on 20 March 2024 where the Board agreed to pursue the following action:

> *"Review and refine our board assurance arrangements, developing these into a clearly defined and more easily accessible framework that improves the ability of board members to take assurance, with increased confidence."*

The intended outputs from this Board-generated action include the creation of:

> *"Integrated Assurance and Performance Reports for the Board and its Committees, designed according to their specific responsibilities and remits, subject to continuous improvement principles."*

A return was submitted to the Scottish Government reporting this outcome and indicating that the work would be undertaken during 2024/25 with a view to begin implementing revised arrangements during 2025/26.

A significantly more challenging financial and operating environment has emerged across the NHS in Scotland and the wider public sector. This has required senior management and the Board of NHS Lothian to take and implement difficult decisions, based on prioritising limited resources to sustain key services. The likely significant and ongoing impacts of these decisions on patients and staff and the wider system are acknowledged but not necessarily yet quantified in full. There are limited tools currently available to support the Board in monitoring the ongoing collective impacts on the system. In order to fulfil its duties and functions, senior management and the Board both need to better understand these impacts to be able to respond and make decisions accordingly. This need has been expressed strongly by non-executive board members in recent months. The concept of a revised Board Assurance Framework is proposed as a response to this need.

Fulfilling the Board-approved action and addressing the requirements of the Blueprint provides an opportunity to also respond to the Board's needs for enhanced assurance reporting.

2.3 Assessment

The concept of a **Board Assurance Framework (BAF)** for NHS Lothian has been developed by reflecting upon the specific requirements of the Blueprint and NHS Lothian's current Board reporting arrangements. It has also been informed by considering practice within other Scottish NHS boards and amongst NHS trusts in England (where some arrangements are arguably more mature due to formal "Board Assurance Frameworks" being a regulatory requirement for a number of years). The proposals have also been informed by discussions with the Board Chair, Vice Chair, the chairs of the Board's

committees, and members of CMT, to ensure that they will address the assurance needs of the NHS Lothian Board.

The information below sets out **eight key components of the BAF** and their definitions, drawing upon the Blueprint's stated requirements and other sources or examples of good practice. Also provided is an initial assessment of whether the prerequisite arrangements for each component already exist in NHS Lothian.

NB. *Examples of performance and risk reports used by other NHS boards or trusts are available for review within the Admincontrol folder for this meeting (i.e. the secure Board portal). These examples are provided only to illustrate potential.*

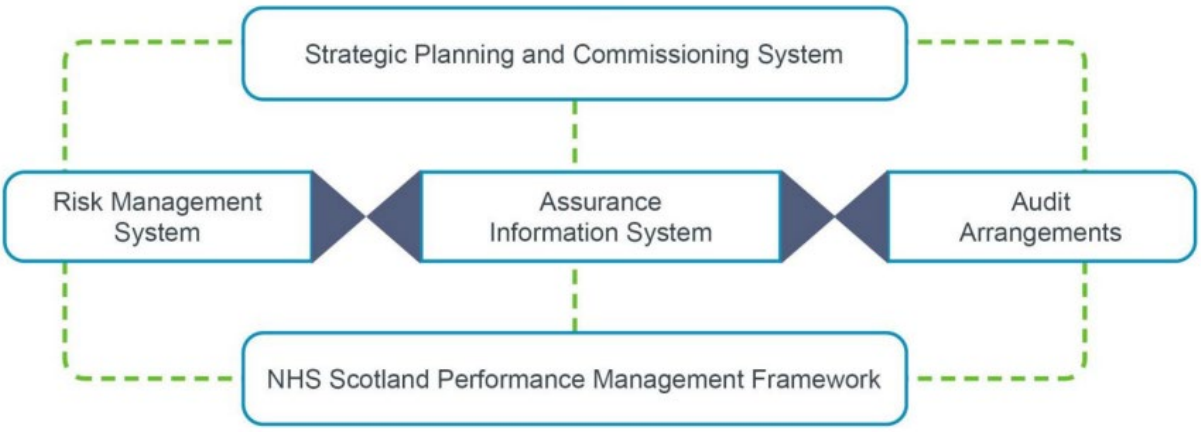
THE BOARD ASSURANCE FRAMEWORK

There are two potential definitions of what a Board Assurance Framework (BAF) is and therefore defining the terminology at the outset and what we mean by it is important.

HM Treasury guidance (2012)[2] defines a BAF as something that describes and represents the total arrangements for managing an organisation's assurances. This provides overall clarity on how the Board receives and considers assurance across the system, describing high level governance arrangements and the various assurance systems.

It is this definition of a BAF that is proposed for adoption and further development within NHS Lothian. This terminology aligns with the Blueprint's specific expectation that NHS Boards will implement, maintain and be able to clearly describe an Assurance Framework. The NHS Lothian BAF would also describe those systems that the Blueprint considers to be parts of the “Integrated Governance System” and from which the Board derives its primary assurances (as illustrated in the figure below).

Figure Three – The Integrated Governance System



[2] Assurance frameworks guidance - GOV.UK (www.gov.uk)

It is anticipated that the NHS Lothian BAF would be clearly defined and described in a standalone document forming part of the Board's Operating Guidance. This would be widely accessible to board members, staff, partners and the public to aid understanding about how the Board seeks and receives assurance.

Elsewhere in the UK public healthcare sector (and particularly in English trusts), the term "BAF" is used differently. In that context, it refers to a specific tool used to record and regularly report to the Board the organisation's key strategic risks (linked to the delivery of strategic objectives) and the associated controls and assurances in place to address them.[3] Developing a similarly dynamic strategic risk reporting tool for NHS Lothian is considered essential, but as one key component of the wider BAF. Therefore, in a Scottish context, this would be more sensibly named as a Strategic Risk Assurance Report (SRAR). This component is covered below in more detail.

COMPONENTS OF THE BOARD ASSURANCE FRAMEWORK

1: STRATEGIC RISK ASSURANCE REPORT

NHS Boards should agree and continually monitor the key strategic (or principal) risks that, if they were to occur, would threaten the achievement and delivery of its agreed strategic aims and corporate objectives. The Blueprint states:

> *"In practice, the application of the assurance framework means that longer-term strategic issues and risks are considered in a holistic fashion by the Board, with the standing committees focusing on the delivery of delegated, specific corporate objectives, operational priorities and the more immediate annual operating plans."*

The principles and concepts that support effective public sector risk management are set out in The Orange Book and include the following Supporting Principle around governance and leadership:

> *"The board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk.* ***The board should determine and continuously assess the nature and extent of the principal risks[4] that the organisation is exposed to and is willing to take to achieve its objectives – its risk appetite – and ensure that planning and decision-making reflects this assessment.*** *Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed."*

[3] rsm-board-assurance-framework-health-sector.pdf (nhsproviders.org)
[4] A principal risk (or "strategic risk") is defined as a risk or combination of risks that can seriously affect the performance or reputation of the organisation.

In order to meet the requirements of good governance and to demonstrate that it is discharging its risk management duties effectively, the Board must therefore have the means to regularly consider its strategic or principal risks, scrutinise and assess the various controls in place to mitigate them and take evidence-based assurance that these are operating effectively. This includes identifying any gaps in control or assurance and being satisfied that these are being addressed. There is currently no single tool available to the NHS Lothian Board to fulfil this need. A Corporate Risk Register, which escalates those operational risks that cannot be effectively managed at a lower level, is not, on its own, considered an adequate tool for this purpose.

As part of this revised approach to strategic risk, the Board should be supported to consider its level of risk appetite in a more nuanced way and to take more considered decisions about the level of risk it might be willing to tolerate in relation to different objectives. This concept is explored further below.

The proposed SRAR would be separate to (but underpinned by) the Corporate Risk Register (CRR) and should likewise be an extension of the Board's wider Risk Management System. The SRAR will identify and describe strategic risks i.e., those principal risks that, if realised, will have a fundamental impact on the achievement of one or more of the Board's strategic aims or corporate objectives, resulting in a material loss of some kind or lost opportunity. These strategic risks should be determined jointly by senior management and the Board from the top down, rather than escalated from the bottom up (in the way that operational risks are on the Corporate Risk Register). Strategic Risks are usually fewer in number and require evidenced assurances, as well as controls.[5]

An ongoing research project between Coventry and Edinburgh Napier Universities is investigating the requirements of a Strategic Risk Assurance Tool for Scottish NHS Boards, drawing upon and developing the "BAF" model in place within English NHS Trusts. Outputs emerging from this work may help inform NHS Lothian and other boards in developing their thinking in this area.

Proposed Actions:

- *Develop and implement an NHS Lothian SRAR, working with the Quality Directorate to ensure alignment with the NHS Lothian Risk Management Framework.*
- *Link this to the Board Committee reporting framework, cycle of business, and work plans to ensure an integrated approach in reviewing and assuring against each of the strategic risks.*

[5] Corporate risk register vs. board assurance framework | Blog | Good Governance Institute | Good Governance (good-governance.org.uk)

2: INTEGRATED PERFORMANCE AND QUALITY REPORT

On the matter of **performance reporting**, the Blueprint states:

> *"In order to hold the Executive Leadership Team to account the NHS Board requires a clear and accurate picture of current and past delivery of services. This understanding of performance over time is necessary to assist Board Members in identifying systemic change which requires further investigation and be assured that appropriate action plans are in place to address any ongoing performance issues."*

To fulfil its performance monitoring function effectively, the Board and its standing committees require regular and appropriately structured performance reports covering both statutory performance measures and the key metrics specific to the delivery of approved strategic aims (based on LSDF) and corporate objectives. As part of developing the BAF, it is proposed that, in future, regular performance reports to the Board should include, in one place, the key, corporate-level performance indicators (under different sections) relating to Quality and Safety, Operational Performance, Workforce, and Finance to provide the Board with greater insight and assurance in relation to delivery.

It is proposed that this need should be fulfilled by revising the current performance report to create an **Integrated Performance and Quality Report (IPQR).** As part of the process of reviewing and populating the IPQR, the Board's relevant assurance committees would receive and scrutinise the component sections and measures relevant to their remits, prior to the overall combined IPQR being presented to the Board. The Board's Strategy, Planning and Performance Committee (SPPC) would be an appropriate forum to oversee the ongoing development of an IPQR.

Proposed Actions:

- *Develop the existing Board performance reporting framework to produce an IPQR for NHS Lothian.*
- *Once developed, assign ongoing governance responsibility for oversight and review of the IPQR and its reporting processes to the Board's Strategy, Planning & Performance Committee (SPPC)*

3: STRATEGIC PLANNING AND COMMISSIONING SYSTEM

Requirements are set out in the Blueprint (Supplementary Guidance A) relating to both the development and commissioning of plans but also the level of assurance required by the Board and its committees on their implementation and the realisation of the intended outcomes / benefits.

The Blueprint states:

> *"The implementation plans should also be clear about how success will be measured and the governance arrangements for oversight of delivery, including details of the information flows to the Board Members on the progress being made with implementation."*
>
> *"NHS Boards should put in place a strategic planning cycle that clearly indicates where and when the Board is involved in considering options, debating risk, giving approval and thereafter in monitoring delivery of the Board's strategic plans. To facilitate this approach, a strategic planning framework should be maintained."*

Whilst the core elements of a Strategic Planning Framework exist and are in operation within NHS Lothian, the implementation of regular and systematic Board-level reporting against defined strategic objectives has not yet matured. The current arrangements address many of the requirements of the Blueprint, not least by the close involvement of the Board in approving and the HSCPs in developing both the LSDF and the various Implementation Books that underpin its delivery.

However, the measures of success of these plans and the monitoring of their delivery arguably should be better defined, more visible to the Board and more regularly reported upon in a structured and systematic way. This could be achieved by integrating the reporting of agreed performance/delivery metrics for the LSDF within the regular **IPQR** (alongside national performance targets) and by linking the key LSDF strategic objectives with the principal risks to their achievement within the **SRAR**. The **Assurance Information System** (AIS) component of the BAF will set out and explain how and when assurance on progress against LSDF and other supplementary or underpinning plans and strategies (e.g., Patient Experience Strategy, Quality Strategy, etc.) is reported to the Board and its Committees. This would support the establishment of a clearer "golden thread" from planning and commissioning through to delivery.

Successful achievement of this will be reliant on ensuring the clarity of strategic objectives for each of the LSDF Pillars and Parameters. It will also require each of the LSDF Programme Boards to clearly define the measures of success and specific KPIs, to be approved and thereafter monitored by the Board and its committees. This process should be supported by the development of the fledgling "Intelligence" parameter within the LSDF, which is concerned with the application and use of data. For example, the Mental Health, Illness & Wellbeing Programme Board has begun to develop performance indicators as part of its engagement with this new parameter.

Proposed Actions:

- *More clearly defined strategic objectives for each LSDF Pillar and Parameter should be agreed and documented (this is critical for both the SRAR and the IPQR)*
- *Development of the BAF and IPQR should explicitly reflect the performance and risk reporting requirements of the LSDF and its Implementation Books.*
- *Each LSDF Programme Board should be supported to define and recommend the specific deliverables and measures of performance that are required to support assurance reporting to the Board against each defined strategic objective (and thereby inform the content of the SRAR, IPQR and the BAF overall)*
- *The new Intelligence Parameter of LSDF should include a specific remit to develop and provide this support.*

4: RISK MANAGEMENT SYSTEM

The Blueprint describes the requirements of the Risk Management System (Supplementary Guidance B).

NHS Lothian policies and processes are largely aligned with core risk management requirements. A Risk Management Policy and Risk Management Operational Procedure are in place. However, the Corporate Risk Register (CRR) currently provided to the Board includes a mix of operational risks that cannot be managed at a lower level, risks associated with not meeting national targets and some strategic-level risks. Historically, these risks have not been explicitly linked to the delivery of strategic aims and corporate objectives. There is also a lack of consistently structured and specific assurance information provided to the Board in relation to each risk. Often, the CRR simply reports the date on which the assurance and mitigation plan was last considered by the relevant committee and any decision taken.

There is also a question of whether assurance is updated and provided on a sufficiently frequent basis. Some risks on the CRR only report assurance information to the Board or one of its committees once a year (e.g., Cyber Security). This level and frequency of visibility for strategic risks may not be sufficient to meet the aims and needs of Active Governance.

Within NHS Lothian, there is a need to actively consider the Board's level of "risk appetite," defined as 'the amount and type of risk that an organisation is prepared to pursue, retain or take"[6] in pursuit of its strategic objectives. This is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings, and therefore should be at the heart of an organisation's risk management strategy – and indeed its overarching strategy. The Blueprint makes clear that an NHS Board should agree the organisation's risk appetite.

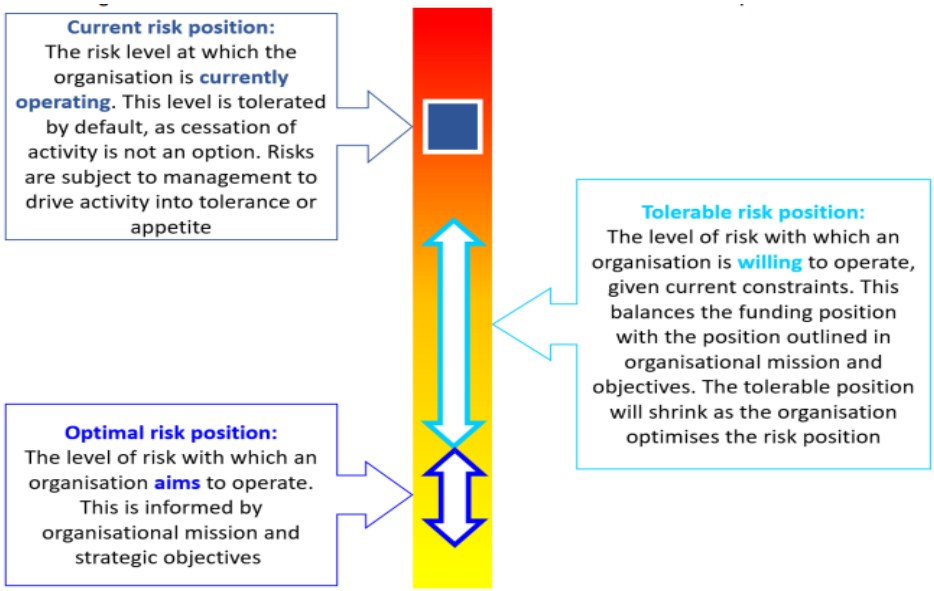
[6] ISO - ISO 31000 — Risk management

NHS Lothian's current level of risk appetite is defined in the Board's Risk Management Policy as:

> *"NHS Lothian operates within a low overall risk appetite. The Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (No appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance)."*

Arguably, applying this overarching description and level of risk appetite to all risk and decisions is not currently practical within NHS Lothian and the Board has effectively already accepted a higher appetite for some risks, for example through its recent decisions based on the principle of "pause and assess" related to financial decision-making. In addition to having an overarching risk appetite statement, organisations should develop statements which describe their attitude, at a point in time, to accepting risk in each of their areas of principal risk. Applying risk appetite in this more nuanced and considered way would support strategic decision making, particularly where resources are constrained and need to be prioritised, by confirming where the Board has a higher tolerance for risk and where it does not.

CMT has recently accepted the recommendation of an Internal Audit Report that risks on the CRR should each be set a target risk grading, which is a basic principle of risk management. Taking this a stage further would involve also defining the range of **risk tolerance** that might be acceptable, between the target and residual risk scores. The relationship between target, tolerable and residual risk positions is illustrated in the diagram below, taken from the Orange Book[7].



[7] https://assets.publishing.service.gov.uk/media/61239758e90e0705481fc085/20210805_-_Risk_Appetite_Guidance_Note_v2.0.pdf

There is an opportunity to build upon existing arrangements and, alongside the CRR, produce a more focused strategic risk register in the form of the Strategic Risk Assurance Report (SRAR). This would ensure that the Board has a thorough oversight of the strategic risks relating to objectives and the appropriate evidence of controls and actions from which to take assurance, structured by first, second and third lines of defence. This would also support the Board's understanding and decision-making around risk appetite and tolerance.

It is anticipated that the development and production of the proposed SRAR could address many of the risk management-related areas set out above.

Proposed Actions:

- *Acknowledge the SRAR as a key, strategic and Board-level reporting output of the organisation's Risk Management System and commission its delivery.*
- *Review the Board's current Risk Appetite Statement (via Audit & Risk Committee) and consider if and where the tolerance for risk should be amended (e.g., to prioritise resources on key services or support innovation and transformation).*
- *Consider the establishment of a formal "Risk Management Group" at a senior management level, reporting to CMT, to better coordinate reporting and make recommendations on the Board's Risk Management System and on the content of both the CRR and the future SRAR.*

5: ASSURANCE INFORMATION SYSTEM

The Blueprint defines the Assurance Information System within its Supplementary Guidance C.

This refers to the full range of information regularly provided to the Board and its committees to offer assurance. The contents and scheduling of the Assurance Information System (including quarterly submission of the SRAR and IPQR) will be set out in documented Cycles of Board and Committee Business, aligned to the assurance needs and Terms of Reference of each. These should set out the key information required for the Board and its committees to take assurance on both the management of current operations and on general compliance with regulatory and legislative requirements (triangulated against other source of information and reports). For regulatory compliance, this would include the areas set out within Appendix A of the **Framework Document for NHS Boards** issued as DL (2024) 08.

Much of this information is likely to be presented to the Board or its committees through regular, periodic internal assurance reports relevant to particular service delivery functions or compliance areas e.g., Healthcare Acquired Infection, Whistleblowing, Vaccination Programme, Research & Development, iMatter, etc. External, third line of defence reports will also feature here e.g., Audit Scotland, Healthcare Improvement Scotland, Care Opinion feedback, etc.

Proposed Actions:

- *Produce revised and assurance-focused Committee Work Plans (informing Committees' Annual Reports and the Annual Governance Statement and any associated disclosures).*
- *The Board should receive and endorse the Annual Board and Committee Cycle of Business (demonstrating clear linkages to LSDF Pillars and Corporate Objectives)*
- *Provide more focused and summarised "Highlight Reports" from Committees to each Public Board meeting (instead of or alongside the narrative approved minutes). These would summarise and focus attention on the key assurances or risks/issues that the Board needs to be alerted to.*

6: AUDIT ARRANGEMENTS

The Blueprint's Supplementary Guidance D describes the audit arrangements required to be in place within NHS Boards, with reference to relevant legislation and external guidance. There is no significant variation between the Blueprint's requirements and current audit arrangements in NHS Lothian.

However, the role of the Board's Audit & Risk Committee is critical in reviewing the appropriateness and effectiveness of the overall Board Assurance Framework and its components, particularly the SRAR process. This role is in line with the ARC's remit to be assured that arrangements for corporate governance, internal control and risk management meet the needs of the Board. This role would be described within the BAF documentation.

7: NHS SCOTLAND PERFORMANCE MANAGEMENT FRAMEWORK

The Blueprint's Supplementary Guidance E describes the requirements of the NHS Scotland Performance Management Framework. These requirements are and will be incorporated within NHSL's local Performance Management Framework. As such, they should be explicitly reflected and covered within Integrated Performance & Quality Reports (to the Board and its committees).

Proposed Actions:

- *Review and update the information on the NHS Lothian Intranet[8] that details the local Performance Management Framework to demonstrate how this aligns to both local Board reporting needs and national requirements.*

[8] http://intranet.lothian.scot.nhs.uk/Directory/ExecutivePerformanceManagement/Pages/Performance-Management-Framework.aspx

8: THE BOARD'S "OPERATING GUIDANCE

This refers to the portfolio of documents that describe the Board's governance arrangements and provide guidance on how these are implemented. These documents (other than the IJB Integration Schemes) should be reviewed annually and include:

- The Board's Standing Orders
- Committee Terms of Reference
- The Integration Schemes (for IJBs)
- Annual Cycle of Business
- Standing Financial Instructions
- Scheme of Delegation
- Instructions on document classification and preparation (e.g., paper templates)
- Board Protocols (e.g., Board Members' Handbook and Code of Conduct)

It is proposed to create and add to this portfolio a new overarching document or resource that describes the Board Assurance Framework and its components. This will support enhanced understanding of NHS Lothian's corporate governance and assurance arrangements amongst board members, senior managers, staff and wider stakeholders. It will also provide a tool with which to demonstrate NHS Lothian's alignment with the "Delivery" requirements of the Blueprint for Good Governance.

Proposed Actions:

- *Review committee terms of reference and work plans to ensure these are assurance-focused and reflect other components of the BAF.*
- *Create the document that defines and explains NHS Lothian's BAF and its component parts.*
- *Establish an "Integrated Governance Programme Steering Group" comprised of the Vice Chair, Non-Executive Board Committee Chairs, the Chief Executive and the Executive Lead for each Committee, to oversee the work required to develop the Board Assurance Framework and its component parts.*

2.3.1 Quality/ Patient Care

Delivering improvements to corporate governance arrangements as proposed should deliver improvements to performance oversight, assurance reporting, effective decision-making and risk management across the system, including in relation to healthcare governance. It is anticipated therefore that there should be positive impacts, indirectly, on the safe, effective and person-centred delivery of care.

2.3.2 Workforce

Delivering improvements to corporate governance arrangements as proposed should deliver improvements to performance oversight, assurance reporting, effective decision-making and risk management across the system, including in relation to staff governance.

It is anticipated therefore that there should be positive impacts, indirectly, in relation to workforce.

2.3.3 Financial

Delivering improvements to corporate governance arrangements as proposed should deliver improvements to performance oversight, assurance reporting, effective decision-making and risk management across the system, including in relation to financial governance. It is anticipated therefore that there should be positive impacts in relation to satisfying the Board's financial governance and annual audit reporting requirements.

2.3.4 Risk Assessment/Management

There are significant governance, financial and reputational risks for the Board if it is unable to demonstrate, in an evidenced and structured way, that is has effective and system-wide corporate governance and risk management arrangements in place. The proposals seek to mitigate these risks.

2.3.5 Equality and Diversity, including health inequalities

Proposals relate to the Board's internal governance and reporting arrangements. There are no anticipated additional requirements arising from the Board's statutory equality and diversity duties at this time. However, the proposals, if enacted, should enable the Board to better demonstrate the effectiveness and evidence-based nature of it decision-making and contribute positively to public understanding in this area.

2.3.6 Other impacts

Primary impacts of enacting the proposals relate to the leadership and management resource that will be required to develop and deliver them. It is anticipated that this impact would be felt across all parts of the NHS Lothian leadership but particularly so in the areas of Corporate Governance, Business Performance, Strategy and Planning, Quality Assurance, and Analytics.

2.3.7 Communication, involvement, engagement and consultation

There are no specific community engagement duties arising from the proposals.

2.3.8 Route to the Meeting

The headline proposals set out within this paper have been discussed with key leaders, including Executive Directors, the Board Chair and Board Vice Chair.

The paper has been formally discussed within CMT and senior managers are supportive of the proposals. There will be a requirement for further extensive engagement with a range of individuals and groups within NHS Lothian, as the proposals progress.

2.4 Recommendation

The Board is invited to:

- **(Discussion)** Scrutinise the concept of a Board Assurance Framework set out within the paper, which is intended to fulfil the assurance needs of the Board and its committees.
- **(Decision)** Agree, in principle, to the development of the proposed Board Assurance Framework and its components, as a suitable response to the Board's previously agreed action from its Blueprint Development Session in March 2024.
- **(Awareness)** Note that there will be an iterative approach taken to developing and delivering the various components of the Board Assurance Framework, which will be influenced by both the prioritisation of assurance needs and available resource capacity.
- **(Awareness)** Note that regular updates will be provided to the Board and its committees as the required programme of work progresses.

3 List of appendices

The following appendices are included with this report:

- None

NHS Lothian

10.

Meeting:	**NHS Lothian Board**
Meeting date:	**4th December 2024**
Title:	**Corporate Objectives**
Responsible Executive:	**Colin Briggs, Director of Strategic Planning**
Report Author:	**As above**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

This paper provides an update on progress against the Corporate Objectives for 2024-25, as noted at the end of the first six months of the financial year.

2.2 Background

The NHS Lothian Board has agreed that the organisation should operate to deliver Corporate Objectives which progress the organisation's strategic direction, and which illustrate the link between this direction and improved organisational (and system) performance. This means that there is one Corporate Objective for each of the 6 pillars and 5 parameters of the LSDF.

For each of the 6 pillars the Implementation Books provided detailed plans on how these objectives will be delivered.

Over and above these 11, the Board has also adopted Corporate Objectives for four key additional priorities – quality and safety; contract management for the Royal Infirmary of Edinburgh PFI agreement; equality and human rights; and protecting the people's health.

Each Corporate Objective appears in the personal objectives of at least one member of the Corporate Management Team and therefore links to individual performance assessment.

The Board has delegated the scrutiny of progress against Corporate Objectives to the Strategy, Planning, and Performance Committee (SPPC) to allow more detailed discussion and assessment and SPPC discussed these at its November meeting.

Board members have received previous reports and asked that CMT members preparing summaries have a stronger focus on providing performance data where it exists, and in ensuring that there is a tracking against the Annual Delivery Plan.

The intention underpinning this system is that the different elements of individual performance, ADP, Corporate Objectives, and LSDF, should be mutually reinforcing in focussing team efforts.

2.3 Assessment

The submissions from objective owners are appended to this paper. Clearly, there is a significant amount of material presented, but it remains the case that focussing on 15 objectives this year is a significant improvement on 2021-22, when the organisation had 137 objectives agreed by the Board.

The organisation's performance remains in line with average performance across the country, with the exception of financial performance, where the Scottish Government assumes that NHS Lothian will break-even this year. This would put the organisation in a minority of three or four territorial Boards.

Other performance is shown in table 1, below;

Performance above Scottish average	**Performance below Scottish average**
Treatment Time Guarantee	12-week Outpatients
62-day Cancer Waiting Times	31-day Cancer Waiting Times
Delayed Discharges (as a proportion of the country total)	A&E 4-hour standard
Early Access to Antenatal Services	Child and Adolescent Mental Health
Psychological Therapies	
Financial balance	

Source: NHS Lothian Performance Paper, October Board

It is clear from discussions and from returns from objective owners that the financial position is perceived as acting as a constraint on the organisation's ability to meet its other objectives. This is compounded by the position of other public sector bodies, including our close Integration Authority partners (IJBs). This has both direct and indirect impacts on performance against Delayed Discharges, Psychological Therapies, the A&E 4-hour standard, and Child and Adolescent Mental Health.

A concern in multiple streams is the balance between short and longer-terms, and the risks that any tension in this balance may mean for the longer-term health of the organisation, the system, and ultimately, for the people we serve. This is particularly noticeable in areas where there may be a lag in seeing the output of work, for example around preventative support in child and adolescent mental health, and indeed in prevention work generally. This is also noted in the reporting of unscheduled care, scheduled care, primary care, and mental health, illness, and wellbeing. SPPC members are very aware of the longer-term impacts of the halt to capital project initiation announced in December 2023.

Our broader resources, encompassing digital, workforce, and capital, is clearly significantly constrained by availability of central funding. Multiple pillar returns emphasise the desire to go further with digital – the organisation was able to allocate £5m to digital funding this year, against a minimum request to meet identified priorities of £8m. Members are very aware of the challenges the health and care system faces in regard to other capital investment. Workforce has offered some positive news in terms of achievement in bringing in newly-qualified and not-yet-qualified nursing staff, but this is within the context of national recruitment to undergraduate nursing programmes which is below target.

Overall, the returns demonstrate that there is significant work ongoing to deliver the corporate objectives, and that appropriate plans and processes are in place to deliver these. In some cases, the performance output is not commensurate and there is therefore doubt that agreed outcomes will be met. SPPC therefore drew **moderate** assurance on this work.

2.3.1 Quality/ Patient Care

There is a dedicated Corporate Objective on "quality and safety" and that is appended to this document. Improvements to quality and patient care are the ultimate aim of all the Corporate Objectives.

2.3.2 Workforce

The Corporate Objective on “Workforce” illustrates the work being undertaken in this space, and the committee’s attention is particularly drawn to the points made in that document regarding both recruitment at qualification and at reducing the size of the workforce overall.

2.3.3 Financial

Corporate Objectives are in place for both revenue and capital, and progress on these is very solid.

2.3.4 Risk Assessment/Management

Significant entries on the risk register relate to the Corporate Objectives for Unscheduled Care, Scheduled Care, Primary Care, Mental Health, Illness, and Wellbeing, revenue, and capital. In addition, the Corporate Objective on the Royal Infirmary of Edinburgh PFI contract illustrates the risk management linkage on the issues with that site.

2.3.5 Equality and Diversity, including health inequalities

The Equality and Human Rights Corporate Objective, led by the Chief Executive, illustrates the approach being taken to these issues, including from an anti-racist position.

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

Corporate Objectives are drafted by the Corporate Management Team and agreed by the Board following consideration by SPPC.

2.3.8 Route to the Meeting

Corporate Management Team reviewed the appendices to this paper in October and SPPC reviewed in November.

2.4 Recommendation

In line with the recommendation of SPPC. The Board is asked to take **moderate** assurance that this work is progressing appropriately and that the Corporate Objectives will be delivered.

3 List of appendices

Appendix 1 – Highlights and Challenges in Corporate Objectives
Appendix 2 – Detailed Corporate Objectives Progress Information

Appendix 1

Highlights and Challenges in Corporate Objectives

Objective	Lead	Highlights	Challenges
Anchor Institutions *Implement the revised 2024-25 plan of the LSDF Anchor Institutions pillar Implementation Book, with a specific focus on meeting outcomes linked to the Annual Delivery Plan related to workforce, procurement and land and assets that demonstrate our role as an Anchor organisation in addressing inequalities. Anchors work will be part of the Board's new Prevention Framework.*	Dona Milne	Local employability pilots Social enterprises – cafes and provision Buy-in across organisation	Financial situation has posed challenges for work linked to procurement and land and assets.
Children and Young People *Implement the 2024-25 step of the LSDF CYP Implementation Book, with specific focus on neurodevelopmental pathway, single point of access for mental health, UNCRC, and The Promise.*	Allister Short	Broad progress across multiple streams. HENRY programme – child health weight – progressing well Universal services programme	"Best Start" midwifery continuity of care not deliverable due to staff availability. Clear that increased pressure on education and children's services leading to more pressure on NHS services – cf mental health services in particular.
Primary Care *Review the Primary Care LSDF implementation book and adjust due to resource constraints. Implement 24/25 step, with particular focus on developing the plan B for primary care premises due to capital restrictions and driving revenue efficiencies while still sustaining access to primary care services for a growing population.*	Jenny Long	Number of allocations to general practice lists relatively low compared to last few years. Sustaining of GPOOH and dental services.	Capital funding. Continued pressure in multiple areas of CoE and Mid.

Objective	Lead	Highlights	Challenges
Mental Health, Illness, and Wellbeing *Implement the 23-24 and 24-25 steps of the LSDF MHIWB Implementation Book, with a particular focus on implementing plans to reconfigure our bedded capacity in adult mental health and services for people with intellectual disabilities, reflecting the longer-term vision for people to live in communities and not institutions wherever possible. Specifically, we will focus on delayed discharges in older people's mental health and in changing the model of care to deliver this.*	Alison White	CAMHS 18-week performance increased from 54% to 69% Psychological therapies performance increased from 79% to 82%	Older People's Mental Health inpatient capacity within REH remains severely constrained. Little overall improvement in delayed discharges in this area. Pressure continues on Adult Mental Health services in Edinburgh. Demographic change suggests one extra bed required annually – but LoS increased from 19 days to 31 days.
Unscheduled Care *Review the Implementation Book and implement the revised 24-25 step, with a focus on non-admitted performance to be at least 85% across the system*	Fiona Wilson	Revised performance measurement framework in place. Programme well-regarded by CfSD as focussed on correct areas and with robust structures and focus. Delayed discharge numbers steady and below expected as share of national position (14.4% of total, expected 16.5%). Occupancy for East Lothian and Edinburgh steady. Mid and West over 100%.	DD LoS increased by 26%. Non-admitted performance steady at 70% - not deteriorated but target for year-end 85%. Fluctuations in performance difficult to explain. SOPs in place in RIE and embedding, but work to do.

Objective	Lead	Highlights	Challenges
Scheduled Care *Oversee delivery of scheduled care trajectories as per ADP, prioritising USOC, urgent and clinically urgent returns (ie. Surveillance of precancerous conditions, conditions at risk of clinically significant deterioration, necessary disease or drug monitoring), within available financial resource and demonstrating efficiency and productivity against agreed KPIs.*	Michelle Carr	Ahead of ADP trajectory in most areas. Ahead of national 62-day Cancer Waiting Times performance. Digital waiting list validation process commenced in July with very good engagement and results – 1 in 7 on waiting lists do not wish treatment any longer. Roll-out of eComms shows 54% of patients utilising this method, vs 3% historical figure.	Colorectal and Urology performance in CWTs remains poor. Longer delays on routine lists correlates with higher number of "urgent" referrals.
Revenue *Maximise options to deliver a balanced financial outturn in 24/25 by reducing the current financial plan gap of £39m (including cost reductions for Access) through the identification of non-recurrent corporate flexibility, additional resources derived via the Scottish Government and other cost reducing actions, minimising impact on direct patient care as far as possible. In achieving this, ensure full recurrent delivery of the 3% efficiency target and management of other risks within the Financial Plan, and contain the current estimated recurrent gap of £96m as far as practicable in support of longer-term financial sustainability.*	Craig Marriott	Q1 projection for year-end £32m vs original projection of £39m. Financial recovery programmes at or close to 3%.	Recurrency of financial recovery programmes not clear. Recurring deficit unchanged from £96m.

Objective	Lead	Highlights	Challenges
Workforce *Optimise workforce capacity and efficiency by delivering key enabling and supporting actions through the Workforce Efficiency Programme Board to reduce workforce costs and implement revised complimentary actions from the 3-year Workforce Strategy, alongside the necessary actions to implement Agenda for Change Reform which may adversely affect capacity and efficiency plans.*	Janis Butler	620 newly-qualified nurses recruited September and October 2024, reducing establishment gap to <5%. B4 final year programme recruited 228 students, equivalent to 70 wte. Staff turnover reduced 6% 75% reduction to agency nurse spend. Reduction in staffing of 181.5wte (payroll), 196 wte (agency), 84.7 wte supplementary.	Reduction in SG funding across multiple programmes (MH, Primary Care, Earn As You Learn) Sickness rate remains at 6%. Misalignment of national aspirations re A4C reform with financial realities. NHSL has a target to reduce staffing by 1200 wte to support financial balance.
Environmental Sustainability *Maximise the opportunities of carbon and financial savings through delivery of NHS Lothian Sustainable Development Framework and Action Plan.*	Jim Crombie	On-track for 2.3% reduction in CO2 emissions. Improved grip and control on energy systems.	May not delivery food and clinical waste reductions to dimension of 10% of each, as aspired.
Digital *Agree Digital Implementation Book and deliver the 24/25 funded components thereof.*	Martin Egan	Earlier budget indication from NHSL allowed earlier procurement/provision decisions. Significantly improved visibility of pillar asks of digital.	Budget allocation £5m vs £8m requested. Delays to national laboratory information system (LIS).

Objective	Lead	Highlights	Challenges
Protecting the people's health *Continue to develop collaborative strategies which address the social determinants of health, poverty and inequality by taking a place and wellbeing approach and embedding a programme of prevention activity across the Lothian health and care system. These programmes will include Children's, Poverty, and Safe and Health Communities*.	Dona Milne	Prevention approach Visibility of people and place teams with partners	Changes in the staff across system Need for patience in pay-off
Quality and safety *Increased clarity will be brought to areas reported through Healthcare Governance committee by introduction of an assurance framework approach for all annual reports. This will take two years to implement, 24/25 will focus on safety and 25/26 will incorporate reporting on person centred and effective care. This will ensure the reporting from all areas of clinical care for which the board committee has oversight and governance responsibility describes and shows the evidence that the assurance proposed is based on. Internal and external sources will be referenced as appropriate.*	Tracey Gillies and Alison MacDonald	Engagement in development of assurance framework Increased assurance in service reviews	Reporting still time-consuming (first time round) and lengthy

Objective	Lead	Highlights	Challenges
Equality and Human Rights *To lead compliance with our statutory equality duties and delivery of NHS Lothian Equality and Human Rights Strategy by ensuring equality and children's rights impact assessments are embedded into decision-making processes and integrating anti-racist actions into corporate strategies and action plans.*	Caroline Hiscox	Strong senior messaging on need for ECRIA, and significant increase in ECRIAs completed. ECRIAs recognised as assisting services in decision-making. Positive respond to anti-racism work	ECRIAs not always fully-engaged – perception that this is extra work and will not lead to positive change CMT needs to apply ECRIA to its own work. Continued reporting of racism and lack of structures to hear experiences
Royal Infirmary *To continue mitigation measures to increase safety at the RIE with a specific focus on fire detection and control via working with the other duty holders and Scottish Fire and Rescue Service. This will be facilitated by finalising a commercial agreement with the PFI provider which will enable the Board to dictate interim fire safety measures, lifecycle and remedial works to be undertaken in the RIE. The Board will be presented options on the future management of the RIE and its relationship with the PFI provider.*	Craig Marriott/Jim Crombie	SFRS recognition of improved risk management Heads of terms agreed in compromise agreement Decant continues	Fire solution will take a year to develop and longer to implement Compromise agreement will fall short of what is required. Costs of decant reduce available financial resources for other elements

Appendix 2

Detailed Corporate Objectives
Progress Information

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

For 2024-25 the NHS Lothian Corporate Objectives are directly related to the LSDF, for 11 of the 15 objectives. CMT has agreed that a report should be taken on all 15 to the November Strategy, Planning, and Performance Committee.

The intention is to provide assurance to both CMT and non-executive directors that appropriate progress is being made in each of the pillars and parameters, and to ensure that we have an overview of this progress in a single place.

Pillar or parameter	Anchor Institution
CMT lead member	Dona Milne, Director of Public Health
Corporate Objective	Implement the revised 2024-25 plan of the LSDF Anchor Institutions pillar Implementation Book, with a specific focus on meeting outcomes linked to the Annual Delivery Plan related to workforce, procurement and land and assets that demonstrate our role as an Anchor organisation in addressing inequalities. Anchors work will be part of the Board's new Prevention Framework.
Key measures of progress for the year	**Procurement** • Pilot Public Sector Procurement Partnership options • Publicise and monitor large contract community benefit clauses to ensure local organisations are aware/bidding • Establish a plan to support local companies to access the supply chain • Work with local suppliers and public sector partners to increase accessible procurement opportunities (local supplier development programme) with a particular focus on SMEs, social enterprises and supported businesses • Review and monitor new community benefit framework/targets for large contracts **Workforce** • Year two Employability Strategy, review evaluation data and take action to improve reach of activity to the target recruitment pools • We will build on year one work that supports people access and navigate

	our recruitment processes, including help to identify and convey their transferable skills/experience • We will build on year one work to maximise youth volunteering as an experience of work and key entry path into NHS careers **Land and Assets** • Support a strategic planning/masterplanning exercise to lay out a five-year plan for the use of the Astley Ainslie Hospital site, including removing inpatient services from the site, informed by Anchors principles • Map NHS Lothian's and key partners existing use of buildings and spaces to support communities and accessible public services to help identify shared needs • Initiate work with partners to investigate options for an exemplar Anchors capital project i.e. identify shared partnership development opportunities • Focus on 'Delivery' aspect of land and assets: an anchors informed approach to sites while occupied e.g. Community use and maintenance of NHS Lothian facilities, Community Gardens **Sustainability** • Develop clear Anchors deliverables as part of NHS Lothian Sustainable Development Framework: circular economy/social enterprise opportunities **Partnership** • Participate in Community Planning Partnership work on Community Wealth building across Lothian to develop shared objectives and local opportunities and establish/promote the NHS Lothian contribution • Anchors as a platform for whole system change with local partners
Current position against key measures	**Procurement** Community benefits work progressing but affected by slowdown in large capital contracts.

	Procurement colleagues continue to publicise tender opportunities. Work ongoing to ensure local economic development teams aware of NHS contract opportunities. Working to support social enterprises to deliver hospital cafés on NHS Lothian sites. Hospital income maximisation service continues to be effective. **Workforce** Good progress on NHS Lothian Local Employability Partnership pilot work placement programme, which builds on learning and ambitions within the Employability Strategy. New workforce sub-group investigating options around co-ordinated recruitment and flexible working. **Land and Assets** Active engagement with AAH Site Steering Group. Proposal for NHS Lothian City of Edinburgh Council Shared Use project around capital assets and plans. Community use sub group looking to clarify and, if possible, co-ordinate community use and greenspace approach. Contributing to new Community Asset Transfer guidance. **Sustainability** All work ties into sustainability goals but better links required with Framework. **Partnership** Active participation in CWB activity in East Lothian and engagement with other economic development forums in other local authority areas.
What's gone well this year?	NHS Lothian Local Employability work placements pilot Significant progress on hospital cafes and social enterprises work – an example of NHS Lothian departments collaborating effectively (Finance, Procurement, Estates and Facilities, Public Health)
What's gone not so well?	Financial situation has posed challenges for work linked to procurement and land and assets.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints*	The Anchor Institution Programme Board has supported work effectively this year. Executive and senior management support for projects (e.g. NHS Lothian/LEP placements, hospital cafes) would not have happened without that

Remedial actions to be put in place	engagement. Important to retain and develop this whole system buy-in.

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

For 2024-25 the NHS Lothian Corporate Objectives are directly related to the LSDF, for 11 of the 15 objectives. CMT has agreed that a report should be taken on all 15 to the November Strategy, Planning, and Performance Committee.

The intention is to provide assurance to both CMT and non-executive directors that appropriate progress is being made in each of the pillars and parameters, and to ensure that we have an overview of this progress in a single place.

Pillar or parameter	Capital
CMT lead member	Craig Marriott, Colin Briggs
Corporate Objective	Develop "plan B" for capital plan in light of capital restrictions to both formula and specific allocations. Develop response to Scottish Government DL for "business continuity" plan by 31st March 2025, and develop first draft of "long-term plan" for submission in 2025-26. Continue to develop capital prioritisation process to include backlog, digital, and medical equipment replacement streams.
Key measures of progress for the year	- Development of 'Plan B's' - Development of Business Continuity Plan (BCP) - Development of Capital Prioritisation Process (CPP)
Current position against key measures	<u>Plans B's</u> - As part of the CPP and Rolling Programme prioritisation 'Plan B's' for projects halted by the stop to capital funding are being identified and developed where feasible. - Link to PC IA programme board for Plan Bs, current work now reflected within CPP. - Plan Bs linked into new 'emerging' projects section within CPP for awareness as detail develops. <u>BCP</u> - Construction of the BCP is underway and the draft document is due to start through Governance in December 2024 prior to submission to SG in early 2025. - NSHL staff have proactively engaged in the BCP Network meetings to further understand the Scottish Government's (SG's) requirement for the BCP - A letter was sent to SG by the Directors of Finance outlining NSHL's approach to completion of the BCP for submission by 31 January 2025. This was acknowledged and no issues were raised with the approach to be taken. - Data collection is presently ongoing. This includes: risk assessed 3-year plans for the rolling Programmes (Digital, Backlog Maintenance (BLM), Medical Equipment, Capital Steering Group), identification of capital

	priorities through the CPP, and compilation of capital requirements for Leases and PFI sites. - Governance timeline agreed as below **Committee** / **Date** / **BCP Version** CMT (Strategic) / 17 Dec 2024 / Draft LCIG / 19 Dec 2024 / Draft SPPC / 22 Jan 2025 / Draft **SG** / **31 Jan 2025** / **Draft** FRC / 12 Feb 2025 / Final **SG** / **Mid-Feb** / **Final** <u>CPP</u> - The CPP meeting was held for the 4th time on 26th September 2024 and the outputs of the meeting will be communicated to CMT in October. - The process is evolving to acknowledge where actions taken during the period of capital constraint may impact the context of original solutions, to reflect where mitigating actions and/or failure impacts prioritisation, and to note the emerging work developing from risks and Plan B work that further supports BCP submissions. - The Rolling Programme (RP) prioritisation process, completed for the 1st time in January 2024, is embedding with the next iteration of the process due in January 2025. - RP reflected in CPP submissions (BLM items)
What's gone well this year?	The RP Leads Group which was established as part of the RP Prioritisation process has provided oversight across programmes allowing information sharing and development of cross programme projects allowing more efficient use of resources. Development of the quarterly reporting of the RP delivery plans to Masterplanning (MP) groups and request for MP feedback on investment priorities – this is providing further transparency on risks and understanding of site/service views on impact. Iterative BCP shift and accompanying processes, e.g. Rolling Programme and Capital Prioritisation, allows maintenance of developing /emerging view of capital risk across organisation.
What's gone not so well?	The BCP process has been challenging due to evolving communication from SG through the BCP Network meetings and no updated DL being issued. To address this NHSL have written to SG to confirm our approach to BCP submission. The ongoing emergence of Plan B work which could impact BCP need and related costs. Emerging business continuity risks that impact availability of existing capital resource and deliverability of existing plans (e.g. BLM delivery programme)

What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	The Capital objectives require continued engagement from stakeholders to ensure escalation of risks and submission of required data for completion of prioritisation processes and BCP. Continued engagement from MP groups to inform the quarterly reports and increase the understanding around the impact of unfunded work items.

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

For 2024-25 the NHS Lothian Corporate Objectives are directly related to the LSDF, for 11 of the 15 objectives. CMT has agreed that a report should be taken on all 15 to the November Strategy, Planning, and Performance Committee.

The intention is to provide assurance to both CMT and non-executive directors that appropriate progress is being made in each of the pillars and parameters, and to ensure that we have an overview of this progress in a single place.

Pillar or parameter	Children and Young People
CMT lead member	Allister Short
Corporate Objective	Implement the 2024-25 step of the LSDF CYP Implementation Book, with specific focus on neurodevelopmental pathway, single point of access for mental health, UNCRC, and The Promise.
Key measures of progress for the year	**Implement the 2024-25 step of the LSDF CYP Implementation Book** - Efforts are underway to establish metrics for each programme in order to evaluate progress more effectively, however, due to the variation of programmes with the CYP there are no key measures that can be used to evaluate its overall progress. Progress is measured by actions within the allocated timeframe. **Specific focus on implementing neurodevelopmental pathway, single point of access for mental health, UNCRC, and The Promise.** - **Neurodevelopmental Pathway:** <u>Complete Review of Neurodevelopmental Pathways:</u> Conduct and finalize a review of ND Pathway to identify areas for improvement across all HSCP areas. <u>Initiate ND Pathway Improvement Planning:</u> Begin planning for ND Pathway improvements and develop an evaluation plan and ND framework. - **Single Points of Access:** <u>Establish SPAs Across Four Local Authorities:</u> Continue efforts to implement SPAs in each of the four local authorities. <u>Develop Evaluation Measures:</u> Identify and establish measures to assess and evaluate the progress of SPA implementation.

	Initiate Digital Hub Development: Begin exploratory work to develop a digital hub that supports all SPAs. - **UNCRC** Embed Child-Friendly Complaints Procedure: Fully integrate the child-friendly complaints procedure into the organization. Test Engagement System with Children and Young People: Pilot a system of engagement with children and young people to gather feedback and input. Outline Reporting Mechanisms: Define and establish reporting. Evaluate Staff Training: Assess the effectiveness of staff training and disseminate the learning outcomes. - **The Promise** Monitor and Improve Corporate Parenting Programme: The Corporate Parenting Programme Board will oversee the delivery of the new strategic plan, identify improvement areas, and collaborate with partners and young people to enhance service delivery and outcomes. Enhance Understanding and Delivery of The Promise: Develop and implement a communication plan to ensure all NHSL staff understand and effectively deliver on The Promise.
Current position against key measures	**Implement the 2024-25 step of the LSDF CYP Implementation Book** - Due to the change in the organization's financial position, the Implementation Book is undergoing a review with programme leads and key staff to assess objectives and create actions plans with tangible measures to define and showcase progress or areas for improvement. - No significant change to current work has taken place yet. Programme action plans will seek similar objectives as those established in the original implementation plan, but with defined measures and established pathway to reach the goals. Some programmes will require extended timelines to reach objectives. **Neurodevelopmental Pathway:** - Review of current ND Pathway is complete. - Actions currently underway to establish a new strategic framework, pan-Lothian steering group, and operational groups to

	carry out work on transferring the ND service, reviewing and creating a prioritized referral pathway, etc. - The steering group will determine measures and evaluation planning. First meeting will be in November 2024. **Single Points of Access:** - SPAs are operational in Edinburgh and East Lothian. West Lothian has a 'Single Point of Information' and a 'Listen and Link' service, which operate similarly to the SPAs in the other localities. Midlothian is in the process of setting up their SPA. - The SPA Oversight Group has begun meeting every 6 weeks. Group will establish evaluation measures and consistency between the four SPAs. - Work has begun to explore opportunities to create a digital hub for the SPA work. Meetings are to be scheduled soon with the Digital Innovation Team. **UNCRC** - Completed NHS Lothian self-assessment - Engaged children and young people to assess their needs regarding a UNCRC framework - UNCRC framework draft in progress - Work underway to determine design and establish a child-friendly complaints procedure into the organization. - Established several groups and points of contact for a more robust engagement network with children and young people. - Additional action planning is forthcoming. **The Promise** - Work to be complete by the December Corporate Parenting Board meeting on an update of the current Corporate Parenting Plan. The Plan will align with a new Promise plan 24-30 released by Scottish Government and includes some new streams of work around collaborating with children's partnerships, increasing NHSL staff understanding of the Promise, and improved engagement with care-experienced children and young people.
What's gone well this year?	**Overall Pillar:** Most programmes are on track to meet current objectives with plans to establish metrics for ongoing evaluation in each programme. Established NHSL representatives from specific services with each children's

	partnership and corporate parting board meetings. Strengthened connection with mental health strategic programme around CYP mental health. **Best Start:** Implementation of most measures related to Best Start and established Community Hubs model with increased use of hubs in 2 locations. Improved referral pathways for third sector organisations in collaboration with Information Governance, third sector and HSCP colleagues. **Family Support:** Programme is not on track – details in next section. **Complex Social Factors:** Model under design with input from frontline staff, resulting in additional buy-in for the model. **Perinatal Mental Health Teams:** Programme is not on track – details in next section. **Trauma-Responsive Care:** Developments made in restarting the work to develop a training plan and evaluation metrics. **Preconception:** Programme is not on track – details in next section. **Universal Services:** Lothian leading the way for Universal home Visiting program delivery across Scotland and workforce has strong/clear lines of leadership and lines of reporting. Decision to include vaccinations in Universal Services reporting going forward. **Child Death Review Process:** Process has been stood up. **Infant and Child Mental Health Services:** Programme is not on track – details in next section. **Single Points of Access:** Edinburgh's remit to the whole of the city. Agreement across SPAs to explore opportunities to collaborate and coordinate data, funding, and services offered. **ND Pathway:** Momentum has been built and efforts to consult with neurodiverse people and CYP in service design is established. TRAK change timelines created bottleneck. **Children's Environment:** Public Health teams are positioned to strategically influence local place-making decisions using agreed health impact assessment tools. **Baby Friendly/Infant Feeding:** Work is on track. Centralised infant feeding service working towards UNICEF Gold standards for all of

	Lothian and identifying additional support for families living in areas of deprivation. **Solihull Training:** Programme not on track – details in next section. **Child Healthy Weight:** New model is well accepted; Using national data collection tool for all referrals through to outcomes – standardised dataset now for local and national reporting. **HENRY Programme:** Increasing numbers of local staff trained; Continued good relationship with funding partners; Evaluation reports show strong benefits; HENRY programme recognised on locality plans and within childhood obesity prevention work. **UNCRC:** Workshop held and action plan in development. Buy-in across the organization and with partners. Engagement with CYP going well. **Adolescent Health and Wellbeing:** Youth work model developed in collaboration with a range of stakeholders, including independent expert advice, based on local and national data, as well as feedback from young people. **Transition:** Option was selected, and implementation has begun. Good connection with people with lived experience. Employability: Partners engaged and committed; steering group established; pathway developed; young people have been referred with a few securing jobs or on the pathway; connected work with volunteering work; Progress on JIG nationally - Meeting held with NHS Anchors Workforce Policy Manager SG; first draft proposal to amend content of JIG question on Jobtrain, to include care experience **Corporate Parenting:** Several actions to improve access to care were completed, especially those around primary care access. Programme is on track.
What's gone not so well?	**Overall Pillar:** Programmes and initiatives that are not on track are largely due to capacity and financial constraints. Need to establish mechanisms to track and evaluation programme progress to better identify which initiatives meet needs appropriately. Opportunities to improve service and programme efficiency through digital innovation are not built into plans.

	Best Start: Challenges in rolling out continuity of carer due to staffing capacity and strains on workforce. Complexities in neonatal unit regional model with gaps in NNU workforce, neonatal accommodation challenges. **Family Support:** Work has not yet begun with need to define a programme lead and set objectives. **Perinatal Mental Health:** Funding changes will require redirection of current objectives. **Trauma Responsive Care:** Challenges in release of staff for certain levels of delivering and receiving training. **Preconception:** Work will be redefined as current objectives are poised to follow a Scottish Government model which is now uncertain if it will be released. **Universal Services:** Need to establish objectives inclusive of school nursing and vaccination programmes. Programme otherwise on track. **Child Death Review:** Data sharing issues and multiple single points of failure identified that need to be addressed. **Infant and Child Mental Health Services:** Funding challenges have impacted some of this work and not allowed services to expand as they were initially planning to. Work is not linked with mental health LSDF measures. **Single Points of Access:** Some delay in progress due to funding rollback resulting in extended timelines. Issues with data sharing between NHSL and localities. **ND Pathway:** Pressure to improve ND in localities and NHSL made coordination challenging between partnerships but has improved. Issues with data sharing between NHSL and localities. Progress is slow due to competing priorities across staff working on this programme. **Children's Environment:** Challenges in broad scope of work with limited capacity from staff. **Baby Friendly/Infant Feeding:** Some challenges in capacity and in delivery of work around preconception nutrition due to limited connection points with preconception population outwith individuals who have already been pregnant and connected to services. **Solihull Training:** Train the trainer model has not been successful due to trainer availability to

	be released from daily work – has decreased capacity for training opportunities. **Child Healthy Weight:** Cost of living is a significant factor in ability of families to implement healthy options; unable to use text reminders in CHW service. **HENRY Programme:** Increasing pressures on staff, with less time to attend training and potential trainers unable to commit due to staffing/budget constraints. **UNCRC:** Staff capacity issues and lack of understanding from staff outwith children's services around UNCRC. **Adolescent Health and Wellbeing:** Lack of progress to develop and embed approach to developmentally appropriate healthcare provision, due to staff capacity. **Transition:** Limited engagement from adult services and TRAK change timelines created bottleneck. **Employability:** Pace of engagement is likely to be slow and financial capacity is low. **Corporate Parenting**: Needs to have buy-in and commitment to The Promise across the organization – not only in children's services spaces.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	**Digital Innovation:** Under the CYP Pillar there is an interest in exploring opportunities to use digital innovations to improve service efficiency and effectiveness. To raise awareness and suggest opportunities to prioritize some resource investment in modernizing processes, here are a few examples detailing explicit need for improve use of tech. - Digital constraints around data sharing persist across all programmes. Data sharing between NHSL and third sector is a particular issue for SPA, income maximization work related to poverty, and ND Pathway. - Limitations of digital innovation prohibit ability to properly evaluate programmes. For example, there is not a mechanism to follow up with individuals who have been referred to income maximization services to see if those referrals helped improve the individual's financial situation. - Advancement around digital literacy among organization staff as well as capability to use the data we do have

	more effectively and efficiently is needed across the organization. Another example, data pull requests must be done at least 20 days in advance. Often, data for decision making is needed before that time. **Staff Capacity:** Staff capacity has been a barrier to progress across several program areas. For example, the Test of Change for the SPA and ND referrals in East Lothian proved a need for additional administrative staff due to the intensive nature of the referral information for that service. Releasing staff for additional training – either as a trainer or trainee – has also been an issue in reaching goals around trauma-responsive care training and Solihull training. **Trauma-Informed Training Pillar Placement:** Consideration as to whether CYPPB is the best place for Trauma Informed Care given it requires a whole of organisation approach.

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

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Pillar or parameter	Digital
CMT lead member	Martin Egan
Corporate Objective	Agree Digital Implementation Book and deliver the 24/25 funded components thereof.
Key measures of progress for the year	24/25 workplan agreed with the Digital Portfolio Group
Current position against key measures	Mostly progressing to plan and within acceptable tolerances with the exception of the National Laboratory System implementation.
What's gone well this year?	Visibility of available budget much earlier in the process that previous years Improved clarity on Digital aspirations from the Pillar/Parameter approach compared to previous planning round.
What's gone not so well?	Reliance on other Boards to advance the progress of Lothian's implementation of the national LiMS has taken longer than anticipated. Timescales currently moved from Feb 25 to Aug 25 with further slippage anticipated on the vendor's side.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	None

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Pillar or parameter	Environmental Sustainability
CMT lead member	Morag Campbell
Corporate Objective	Maximise the opportunities of carbon and financial savings through delivery of NHS Lothian Sustainable Development Framework and Action Plan.
Key measures of progress for the year	See below
Current position against key measures	See below
What's gone well this year?	Embedding Energy Team and Grip and Control, delivery of two GPSEDs energy efficiency projects within short timescale, development of Green Theatres work with support from secondees from capital planning, Greenspace and Biodiversity Programme and engagement with NHS Lothian Charity in relation to wider environmental sustainability programme. Step change in engagement with HSCPs and IJBs. Good progress on adaptation. Development of environmental data and analysis is providing NHS Lothian and NHS Scotland foundations for future delivery.
What's gone not so well?	Progress on analysis of scope 3 emissions, circular economy and support for Greener Primary Care and direct support from sustainability team to other clinical services. Benefits of environmental sustainability not maximised across the system.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	Key issue is skill and capacity within the environmental sustainability team. Demands for reporting continue to pull resources from programme development and delivery.

Environmental Sustainability Corporate Objective 24-25
Maximise the opportunities of carbon and financial savings through delivery of NHS Lothian Sustainable Development Framework and Action Plan.

Energy efficiency	
Deliver 2.3% reduction in energy consumption and £985.5K 1185 tonnes CO2	On track
For development (dependent on increased team capacity) yr1 £800k 1082 tonnes CO2	Developing market engagement through East Region Sustainability and National Procurement. Supplier day 8th October.
In concept scoping (dependent on team capacity) yr2 £3.8M saving £4M revenue income 4.52 tonnes CO2 saving	See above – also includes exploration of potential procurement options re EV charging.
Model impacts in terms of prescribing patterns, cost and carbon of implementation of Respiratory Guidelines in NHS Lothian	On track with baseline established for 23-24. Poster prepared for LUCS annual conference.
Scope and review available transport and travel data and monitoring.	Good progress, with robust data on fleet, grey fleet and business travel. Grey fleet data dashboard and reporting development ongoing.
Plan to reduce grey fleet mileage by 3% saving 21.36 tonnes of CO2 and £70K	Grey fleet dashboard being tested by pathfinding sites with high grey fleet mileage.
Enhance reporting of cost and carbon reporting and scope savings opportunities on scope 3 emissions not covered above.	Not progressing.
Adaptation	
Raise awareness and embed adaptation within key functions and plans across NHS Lothian and with partners.	Good progress and distribution of responsibilities across NHS Lothian now agreed.
Waste and circular economy	
Reduce food waste by minimum of 10% and quantify financial saving	Weighing food waste now implemented across NHS Lothian catering, though requires consolidation into catering quality management system. Good plans in place and initial estimate of saving quantified. Requires validation.

	Delivery at risk re reduction of 10% by end of March 2025.
Reduce clinical waste by minimum of 10% and quantify financial saving	Action plan developed and campaign about to commence focusing on Orange Stream waste segregation. Delivery at risk in terms of delivery of reduction by end of March 2025.
Review and consolidate existing circular economy action plan	Plan will be reviewed to incorporate more detailed actions in line with NHS Scotland CE and S Strategy. Some progress on guidelines for disposal of goods and equipment. Senior Circular Economy and Waste Minimisation Manager post developed and submitted for approval. Implementation of plan will not progress without additional capacity in Sustainability Team.
Transport and travel	
Maximise spend of existing earmarked funding for investment in EV points and fleet vehicles. Prepare financial plans and priorities for future investment.	On track.
Greenspace, biodiversity and environmental management	
Confirm approval and resources for delivery of NHS Lothian Biodiversity Action Plan.	Draft Biodiversity Action Plan has had feedback and plan is being finalised for approval.
Maintain or improve on NHS Lothian Biodiversity Score	Some progress on implementation of specific improvements but not at scale.
Establish robust corporate governance arrangements for Environmental Management System	Good progress – paper in progress for CMT 22nd October
Sustainable Care	
Maximise carbon and cost saving of implementation of National Green Theatres Programme 2199 tonnes C02 and £488K savings (including energy and clinical waste savings)	Energy savings setback of AGSS and HVAC- good progress but implementation unlikely by end of financial year.

	Clinical Waste – good progress. Measuring specific impact of campaign in theatres a key challenge.
Maximise the carbon and cost savings of the Tracking and Traceability System (including in relation to Green Theatres)	Good progress and some specific options now in view re tray rationalisation.
Progress scoping of carbon and cost savings across primary care	No progress.

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Pillar or parameter	Equality & Human Rights
CMT lead member	Caroline Hiscox, Chief Executive Officer
Corporate Objective	To lead compliance with our statutory equality duties and delivery of NHS Lothian Equality and Human Rights Strategy by ensuring equality and children's rights impact assessments are embedded into decision-making processes and integrating anti-racist actions into corporate strategies and action plans.
Key measures of progress for the year	**Equality & Children's Rights Impact Assessments (ECRIAs)** 1. The equality and children's rights impact of proposed financial decisions have been assessed or there is a clear explanation why this is not required. 2. There is evidence that CMT is giving due regard to the equality and children's rights impact of proposed financial decisions. 3. NHS Lothian staff have access to guidance and resources that supports them to understand when they need to carry out impact assessments and how to do them well. 4. The Board is provided with information annually about NHS Lothian's compliance with its duties to have due regard to equality and act in a way that's compatible with children's rights. **Anti-racist actions** 1. Senior leaders continue to make an explicit, visible commitment to anti-racism through the delivery of their anti-racism objectives.

	2. An anti-racist leadership development session for Executive and Non-Executive Board members results in agreed actions that contribute to the delivery of NHS Lothian's equality and human rights strategic priority to be an anti-racist organisation. 3. The Transatlantic Slavery Recommendations Implementation Group is established and is overseeing work to deliver the transatlantic slavery project recommendations. 4. NHS Lothian's anti-racism action plan is included within our updated statutory equality outcomes which will be published by end of April 2025.
Current position against key measures	**Equality & Children's Rights Impact Assessments (ECRIAs)** 1. We have completed almost half of the ECRIAs of the decisions to pause and assess additional investment in scheduled care. All the impact assessments should be complete by November and the findings will be reported to FIG and CMT in December. 2. FIG & CMT agreed in April/ May to enact a central monitoring system to ensure cumulative impact of decisions are not disproportionate. FIG started recording information about proposed financial decisions and ECRIAs in August 2024. The decision log should be shared monthly with the Head of Equality & Human Rights, who will produce a cumulative impact assessment report for FIG and CMT every 6 months. 3. Although there is a system agreed for monitoring cumulative impact there is a gap/ need to embed a system for supporting CMT to have due regard to equality and children's rights when making each financial (and other types of) decision. 4. There is a dedicated webpage with guidance for NHS Lothian staff, including flowchart, report template and completed reports. There is also specific guidance

	about making fair financial decisions and a flow chart for decision-makers. In person and online training is available for all NHS Lothian staff. 5. The E&HR Team has developed a system for monitoring compliance with ECRIAs. The first reporting period was Dec 2023 – May 2024. A template reporting document was provided, and information requested from members of CMT in June 2024. Responses have been collated. In December we will request information for the period June – Nov 2024. These findings will be reported to CMT and the Board in March/ April 2025. **Anti-racist actions** 1. Several members of CMT and the Chair have made visible commitments to anti-racism by speaking at the Staff EDI Conference, on the Transatlantic Slavery apology video, Understanding Racism video and by attending meetings about racism for REAS staff. 2. A public apology for historical connection with transatlantic slavery and legacies that remain today has been made. An official report has been published on the NHS Lothian website. Co-chairs of the Implementation Group have been appointed (1 non-exec member and 2 from the BME staff network). Staff have been invited to express an interest in joining the Group. NHS Lothian Charity has consulted with the BME Staff Network about ways to commemorate the people enslaved at Red Hill Pen. 3. The NHS Lothian understanding racism training video has been produced and widely promoted (internally and externally). Three members of CMT participated in the film. 4. Work has started to draft equality outcomes that align with NHS Lothian equality and human rights strategy and strategic priorities and planning public engagement that will be complete by end of January 2025.

What's gone well this year?	**ECRIAs** • There has been consistent messaging from senior leaders that ECRIAs need to be done, or reasons given as to why they are not needed. • There has been a significant increase in the number of completed ECRIA reports published this year - 17 to date, compared to 7 in 2023, 4 in 2022 and 1 in 2021. • When ECRIAs have been done, the feedback is that the process and findings help to make better decisions. • The monitoring process is helping to identify areas of good practice and areas that may need support. **Anti-racist action** • There has been overwhelmingly positive feedback internally and externally towards the NHS Lothian Understanding Racism training video. • We have appointed three co-chairs for the Transatlantic Slavery Implementation Group.
What's gone not so well?	**ECRIAs** • In some areas there may be a reluctance to incorporate ECRIAs into the development of proposed new or revised activities. There is some feedback that this might be because there is a belief that the process will not lead to any positive change. • We still have work to do to embed systems that support decision-makers to have due regard to equality and children's rights at the point when they make decisions. • Not all members of CMT have provided a response to the request for information for the first ECRIA monitoring compliance reporting period. **Anti-racist action** • We continue to hear that some BME staff are experiencing racism while they are at work. We need to put in place better systems for recording people's experiences,

	understanding and acknowledging the impact of their experiences and taking action to eliminate racism. • We don't have in place structures to hear the experiences of BME communities using our services and taking action. We do have funding from the charity to support this work but so far this year there has been a lack of staff capacity in the E&HR Team to take forward.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	**ECRIA** • Agree a system to ensure CMT is having due regard to equality and children's rights when making decisions and records are kept. **Anti-racist action** • Anti-racist development session for Executive and Non-Executive members to be agreed.

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Pillar or parameter	Improving the people's health
CMT lead member	Dona Milne
Corporate Objective	Continue to develop collaborative strategies which address the social determinants of health, poverty and inequality by taking a place and wellbeing approach and embedding a programme of prevention activity across the Lothian health and care system. These programmes will include a focus on children, poverty, and safe and healthy communities.
Key measures of progress for the year	**Prevention** – Prioritise and embed prevention activity across the health and care system. **Community planning** – Partnership and Place teams actively contribute to Local Outcome Improvement Plans along with community planning partners. **Tackling poverty** - Continue efforts to reduce poverty and strengthen NHS tackling poverty activity.
Current position against key measures	**Prevention** - Paper and recommendations on whole-system approach to prevention approved by the NHSL Board and four Lothian IJBs in April and June 2024 respectively. Strategic whole-system prevention plan in development, for approval by the CMT in October 2024. **Community planning** – Our four Partnership and Place teams continue to work closely with Community Planning Partners in each of our local authorities – leading a health in all policies approach to inequalities. Work includes health evidence submissions for Local Development Plans (spatial planning); leading public health elements of Local Outcome Improvement Plans and improving approaches to Joint Strategic Needs Assessments which inform policy and practice.

	Tackling poverty - Anti-poverty work continues with Community Planning Partners. A significant focus on this work remains around mitigating the impact of the present cost of living crisis with well developed anti-poverty plans in all four CPPs. Work includes developing and strengthening income maximisation and financial advice pathways. Teams are aiming to have more of our focus around preventative interventions for example, we are engaging with local employability partnerships and supporting emerging work around establishing Community Wealth Building approaches when opportunities have been identified.
What's gone well this year?	• Senior leadership support for a whole-system approach to prevention. • Public Health Partnership and Place teams are increasingly well established as partners in the Community Planning space with both CPPs and IJBs. This affords opportunities to influence policy and strategic direction around the breadth of the building blocks of health. We have commenced a programme of self and stakeholder quality and impact assessment across our Partnership and Place teams to inform improvements in team quality and effective practice. This will complement self-assessment work happening in each CPP.
What's gone not so well?	• Staffing changes have occurred both within the NHS and our partner organisations. These have introduced some elements of disruption in most areas. Public Health teams have worked to identify opportunities within this disruptive change; however, building strong relationships between new partners necessarily takes time.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	• Support for the strategic whole-system prevention plan and its direction of travel. • Work around the building blocks of health and wellbeing to reduce inequalities takes time. This evidence-informed work requires ongoing commitment by NHS Lothian to continue to support the resources we have put in place to progress towards our objectives. Present financial pressures across the public sector can create an understandable focus on short-term pressures which can detract from

	longer-term strategic ambitions (e.g. reduced funding of local authority, NHS services and, especially, community and voluntary sector and reductions in house building will impact upon health, wellbeing and inequalities).

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Pillar or parameter	Mental Health, Illness, and Wellbeing (MHIWB)
CMT lead member	Alison White
Corporate Objective	Implement the 23-24 and 24-25 steps of the LSDF MHIWB Implementation Book, with a particular focus on implementing plans to reconfigure our bedded capacity in adult mental health and services for people with intellectual disabilities, reflecting the longer-term vision for people to live in communities and not institutions wherever possible. Specifically, we will focus on delayed discharges in older people's mental health and in changing the model of care to deliver this.
Key measures of progress for the year	• Implementation of the 2023-25 steps of the LSDF MHIWB • Bedded capacity in adult mental health • Bedded capacity in intellectual disabilities • Delayed discharges in older people's mental health
Current position against key measures	**Review of the Implementation Book & 2024-25 steps** The MHIWB LSDF implementation book has been revised for 24/25 for a series of reasons. These include: • Changed and challenging financial landscape as of December 2023 • Series of new recommendations received since original development of the LSDF. • New Projects & Programmes not sufficiently captured within LSDF, which includes new MHIWB governance structures & reporting systems. • Addition of key strategic focus areas – inclusion of Mental Health Forensic Services & Prisons; return of CAMHS into MHIWB pillar from Children and Young People Pillar In addition, the annual review was undertaken and the LSDF book outlines the key impacts the programme achieved in 23/24. Several specific workstreams have been initiated and have received positive engagement across the system: • **Established Older People's Mental Health (OPMH) Group**: Ongoing reviews of Pan-Lothian patient pathways, in particular dementia beds and delayed discharges to improve community support; integration of Edinburgh HSCP OPMH Project Group.

	• **Edinburgh Adult CMHT/IHTT Review:** Develop review in community mental health teams (CMHT) and the Intensive Home Treatment Team (IHTT) to provide acute mental health support in the community as an alternative to hospital admission. • **Ways of Working improvement programme** reviewing of safe staffing levels, staff absences, reduction in agency and establishing clear guidelines and processes • **DWD Programme for AMH & OPMH** established reviewing processes, policy, and operational reporting; embedment of MH representation in Lothian DWD Programme; establishing interface between Acute Unscheduled Care into REH patient flow. • **Out of Hours Mental Health Pathway SLWG**: Progression of Pan-Lothian implementation of Mental health and distress pathway via NHS24/111 with improved clinical electronic information flow from LUCS/NHS24 into Trak and improving robustness and efficiency of clinical handover with all HSCP MH assessment service models Continued adult **Intellectual Disabilities bed base** reduction, with a focus on transitioning patients from existing inpatient acute beds to community-based alternatives. SG funding for enhanced community resources, including a consultative service for Children & Young People with Intellectual Disabilities.
What's gone well this year?	The review of the implementation book has offered the opportunity to strengthen the MHIWB Programme Governance & Lothian Health & Social Care decision-making utilising existing or new 9 strategic groups including triumvirate representation covering 15 MHIWB LSDF strategic focus areas across six business units. Established reporting cycle within MHIWB programme structure. In process of establishing measurement framework to track progress of objectives and embedding of Analytical support withing programme structure for data-driven decision making. The MHIWB Implementation Book, approved by both the Mental Health Operational Group and the MH&LD Programme Board, consolidates all key workstreams under the MHIWB pillar of the LSDF into one cohesive master document. This comprehensive approach is designed to ensure that mental health achieves parity within the wider NHS Lothian Health & Social Care system. A whole-system, pathway-focused approach has been adopted, improving community service delivery, which includes: • **Adopting a whole-system, pathway-focused approach**: Emphasising integrated community service delivery to ensure seamless transitions and high-quality care across all levels of the mental health journey. • **Reviewing and optimising admission and discharge processes**: Refining thresholds and procedures to enhance efficiency and patient flow, with a focus on reducing delayed discharges. • **Minimising duplication and enhancing system efficiency**: Strategic subgroups have been established to reduce overlap in workstreams, fostering more effective partnerships and streamlined efforts.

	• **Embedding mental health in NHS Lothian-wide initiatives**: Ensuring mental health is a central focus in broader programmes such as the development of a Prevention Public Health Strategy and the "Waiting Well" initiative. **Establishment of the Pan-Lothian Adult Neurodevelopmental Subgroup:** This newly formed subgroup, representing all partnership areas, unites key stakeholders to enhance pathways and service delivery for adults with neurodevelopmental needs. The subgroup is focused on addressing the waiting list of over 10,000 across Lothian, reviewing treatment options, including the potential closure of referrals to the waiting list, applying patient cohort stratification, and developing a clear policy regarding private care provision. **Development of the Mental Health Intelligence Strategy,** a comprehensive approach to understanding the data and analytics needs within the MHIWB Pillar. This strategy focuses on leveraging intelligence to drive informed decision-making, enhance service delivery, and promote better mental health outcomes for the Lothian population. Improvement in the percentage of those receiving **treatment within 18 weeks for CAMHS**, increasing from 54% in November 2022 to 69% in August 2024. Similarly, the percentage for **Psychological Therapies** has risen from 79% in November 2022 to 82% in August 2024.
What's gone not so well?	**AMH Bed Pressures:** Bed occupancy continues to exceed 100%, with a 15-bed ward opened without recurring funding (only 12 beds currently funded). The average length of stay has increased by 63%, rising from 19 days in July 2023 to 31 days in July 2024, reflecting ongoing and sustained pressures. This aligns with the demographic growth in Lothian, as identified in recent bed modelling work. Total occupancy bed days for delayed discharge has reduced by 33.7% [from July 2023 (73.6) to July 2024 (48.8)]. While initiatives are underway to develop safer and more efficient processes for managing acute admissions at REH, including those presenting at acute adult ED sites, a broader strategic review may be necessary to effectively address these challenges. **Delayed Discharges in OPMH:** Delayed discharges have remained steady since April 2024 across all HSCPs (Appendix 1), particularly in Edinburgh, where 29 of the 60 beds are impacted. A key issue is the shortage of dementia care home beds that align with national contract rates, along with the limited availability of male only HBCCC beds. A workstream is in progress to tackle dementia-related delayed discharges, which account for 16 of the 30 affected beds, by enhancing community care pathways. However, further strategic direction is necessary to fully resolve these challenges. **Additional challenges include:** • **Increasing demand** across all mental health services.

	• **Melville Unit**: An operational improvement action plan has been undertaken, and a formal options appraisal has started to explore changes to the care model and location.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	Recent **bed modelling** highlights REH as NHS Lothian's most pressured site, with increasing demand for mental health bed occupancy. To improve patient flow and ensure appropriate use of community resources, there is an urgent need to develop and support alternative, non-bed-based care models. These alternatives are essential to alleviating pressure on inpatient services and addressing future demand projections effectively. The proposed 2024/25 **MTFF savings and reduced SG funding** pose a significant risk to delivering the MHIWB Strategic Objectives. This is already impacting the progress in psychological therapies and CAMHS, as non-recurring investment reduces. **Ongoing recruitment and retention challenges**, particularly in mental health nursing, continue to impact safe staffing levels and workforce wellbeing. The **closure of the Digital Mental Health Programme** requires senior management to prioritise sustaining digital systems and support, as digital and IT issues have been identified as a major source of workplace stress. The **REH redevelopment** has been paused for the next five years, including three Category A initiatives and anti-ligature door installations. The lack of capital redevelopment increases the urgency to accelerate the shift from inpatient to community settings for patients with older people's mental health, rehabilitation needs, and intellectual disabilities. Managing core performance at the business unit level can lead to short-term financial decisions that may undermine long-term system performance. Strengthening **collaboration across Lothian Health and Care System** components (REAS, Acute, HSCPs), fostering strong relationships among leadership, standardising approaches, and conducting thorough impact assessments are necessary to mitigate these risks.

Appendix 1: Average Delayed Discharge Patients in Older Peoples' Mental Health by HSCP and Month (April 2024-September 2024)

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Total
Edinburgh	29	30	25	25	26	29	163
West Lothian	6	5	4	4	8	13	39
Midlothian	5	5	6	6	7	6	34
East Lothian	4	2	1	0	1	1	9
Total	44	42	37	36	43	48	245

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

For 2024-25 the NHS Lothian Corporate Objectives are directly related to the LSDF, for 11 of the 15 objectives. CMT has agreed that a report should be taken on all 15 to the November Strategy, Planning, and Performance Committee.

The intention is to provide assurance to both CMT and non-executive directors that appropriate progress is being made in each of the pillars and parameters, and to ensure that we have an overview of this progress in a single place.

Pillar or parameter	Primary Care
CMT lead member	Jenny Long, Director of Primary Care
Corporate Objective	Review the Primary Care LSDF implementation book and adjust due to resource constraints. Implement 24/25 step, with particular focus on developing the plan B for primary care premises due to capital restrictions and driving revenue efficiencies while still sustaining access to primary care services for a growing population.
Key measures of progress for the year	• Review and adjust the PC LSDF implementation book • Review and update of primary care premises priorities and development of mitigations or alternatives • Progress return of several 2c practices to 17j independent contractors • Review of GP Enhanced Services with new package focussed on VfM commissioned for 25/26 • Development of revised Pharmaceutical Care Services Plan • Deliver revised Community Pharmacy Core Hours of Service Scheme • Complete review of GDS provision and deliver report with recommendations for priority areas for SDAI grants to SG • Identification of additional '4% savings' from the primary care pillar portfolio for 24/25 • Patients can continue to be able to be registered with a GP practice • Patients can continue to access urgent dental care • Delivery of Community Glaucoma Service with patients registered by 1 April 2025 • Develop a primary care intelligence framework for one long term condition (T2DM) that supports data-informed decisions that supports improvements in patient care
Current position against key measures	• PC LSDF implementation book has been updated and presented to strategic CMT in August 2024

	• Review and update of primary care premises priorities are reviewed through quarterly project board and fed into board-wide capital prioritisation panel. Mitigations have been documented and alternatives options without capital investment continued to be developed. • Agreement by EHSCP to progress tendering of four 2c practices, which follows successful tendering of one other 2c earlier this year. • Review of GP Enhanced Services package review is underway and will be finalised by December 2024 to commission from practices in January for 25/26. This will simplify and provide greater value for money with clearer measurement of benefits to patient care. • Revised Pharmaceutical Care Services Plan on track to be taken to the April 2025 NHS Lothian Board meeting. • Revised Community Pharmacy Core Hours of Service Scheme agreed in principle by CLO and CPL, and will now go through NHSL governance before submission for agreement by Scottish Ministers. • Review of GDS provision complete with clear report outlining priority areas with unmet GDS need. To be submitted and discussed with the SG policy team by end of calendar year. • Identification of additional '4% savings' from the primary care pillar portfolio for 24/25 complete (on a non-recurrent basis). • Patients can continue to be able to be registered with a GP practice – number of practices with closed lists stable, and number of assignments lower than has been seen historically. • Patients can continue to access urgent dental care – while a number of patients are not registered with a GDP, they can access urgent care from the PDS. • Delivery of Community Glaucoma Service is on track for patients to be registered by 1 April 2025 – this project has been delayed by the PAEP decant work and so will not be delivered by the end of the calendar year, but still on track currently to deliver by 1 April 2025. • An initial primary care intelligence framework for T2DM has been developed, with key questions and data identified. A further workshop is planned for November 2024 to develop further before sharing more widely with CMT members.
What's gone well this year?	Priority areas being progressed working collaboratively across many teams.
What's gone not so well?	• Progress is inevitably slow when working collaboratively across many teams.

	• Resource has had to be focussed on immediate operational pressures rather than strategic development.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	• Continued support for consistent pan-Lothian approach. • Continued awareness of the different nature of the programme when most of primary care is delivered by independent contractors with nationally agreed contracts population / demographic changes which impact on primary care delivery within current finance and workforce constraints.

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Pillar or parameter	Working towards **safe and quality** service delivery resulting in safe and effective person-centred care.
CMT lead member(s)	Tracey Gillies and Alison MacDonald
Corporate Objective	Increased clarity will be brought to areas reported through Healthcare Governance committee by introduction of an **assurance framework approach for all annual reports**. This will take two years to implement, **24/25 will focus on safety** and 25/26 will incorporate reporting on person centred and effective care. This will ensure the reporting from all areas of clinical care for which the board committee has oversight and governance responsibility **describes and shows the evidence that the assurance proposed is based on.** Internal and external sources will be referenced as appropriate.
Key measures of progress for the year	Annual reports are presented to Healthcare Governance Committee in a consistent format that: - provide committee members with an understanding of the scale and scope of services being delivered, including the volume of activity being delivered and the locations in which it is delivered. - outline the key indicators in relation to safe care describing the frequency and processes of routine reporting and review. - provide evidence to committee members about the effectiveness of processes to manage and oversee safety.

Current position against key measures	In collaboration with services the Quality Directorate have developed templates to support a consistent approach to service annual reports to HGC, including: - development of a **Service Scope template** to support services in describing what the service does, how many patients are seen, number of appointments / interventions carried out, etc. - development of an **Assurance Mapping Framework template** for services to describe key indicators in relation to safe care outlining the frequency and processes of routine reporting and review, including rationale for why specific evidence is being provided. - development of a **Report template** providing clear instructions for each section of the report, highlighting the importance of using data to support and justify the proposed assurance level.
What's gone well this year?	Positive engagement from all services in the development of the assurance framework and the completion of the templates and reports. Services using the framework to identify improvements, for example assurance mapping identified gaps in reporting and review in some areas.
What's gone not so well?	Completing the templates for the first time is time consuming, particularly the Scale and Scope and Assurance Mapping Framework. Reports are still often too lengthy, with many sections lacking data to support the narrative.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	Continued engagement from services particularly as we begin to think about the process for person-centred and effective care as we move into planning for 2025/26.

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Pillar or parameter	Revenue
CMT lead member	Craig Marriott
Corporate Objective	Maximise options to deliver a balanced financial outturn in 24/25 by reducing the current financial plan gap of £39m (including cost reductions for Access) through the identification of non-recurrent corporate flexibility, additional resources derived via the Scottish Government and other cost reducing actions, minimising impact on direct patient care as far as possible. In achieving this, ensure full recurrent delivery of the 3% efficiency target and management of other risks within the Financial Plan, and contain the current estimated recurrent gap of £96m as far as practicable in support of longer-term financial sustainability.
Key measures of progress for the year	• Forecast year end position less than £39m by exploration of non-recurring corporate flexibility, additional SG resource and cost reduction measures. • 3% recurring Financial Recovery Plans (FRP) delivering on target to maintain the underlying financial gap c£96m.
Current position against key measures	• The Q1 review process forecast the year-end financial gap to be £31.8m, this is an improvement on £39m, this has been achieved through in year FRPs schemes delivering, further SG funding notified e.g. NMF @£7.5m, corporate flexibility and the cost reduction programmes. • Whilst we are largely on target to deliver in full the 3% FRPs in place this year

	there is a shortfall at month 5 in these delivering on a recurring basis.
What's gone well this year?	• Ongoing engagement in the financial challenge and the work involved in delivering the reduced forecast and the 3% FRPs in year.
What's gone not so well?	• The challenge to get into financial balance in 2024/25 remains therefore the cost reduction workstreams are vitally important. These workstreams are still trying to quantify the financial benefit from their work programmes. • Whilst FRPs and cost reduction workstreams have progressed and will reduce the gap in year it remains unlikely that there will be any material reduction in the recurring deficit.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	• Ongoing support from Organisation and CMT on delivering financial balance. An updated forecast will be reported once MYR financial process is underway.

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Pillar or parameter	Royal Infirmary of Edinburgh
CMT lead member	Craig Marriott /Jim Crombie
Corporate Objective	To continue mitigation measures to increase safety at the RIE with a specific focus on fire detection and control via working with the other duty holders and Scottish Fire and Rescue Service. This will be facilitated by finalising a commercial agreement with the PFI provider which will enable the Board to dictate interim fire safety measures, lifecycle and remedial works to be undertaken in the RIE. The Board will be presented options on the future management of the RIE and its relationship with the PFI provider
Key measures of progress for the year	Introduce interim safety measures to reduce risk of fire and consequences to life should a fire occur. Develop longer term solutions to the short falls identified in the Scottish Fire and Rescue Service Enforcement Notices. From a number of options, recommend and progress a commercial solution for the future management of investment in the RIE.
Current position against key measures	Introduced intermediate fire measures to reduce likelihood of a fire developing in the RIE and its impact to life while a fire strategy is developed and address the issues identified in the Scottish Fire and Rescue Service Fire Enforcement notices issued March 2024. The Fire Strategy Development and Implementation Working Group (FSDIG) has been established the fire safety improvements required to the building fabric and systems and operational practices, that will be most efficient

	in addressing levels of risk as assessed under the Fire (Scotland) Act 2005 considering constraints and what level of ongoing operational costs are associated with managing the residual risks. Progression of the Board approved Commercial Compromise Joint Lifecycle Management ("Option 3a") with Consort via the continued development of the Heads of Terms and finalise a Supplemental Agreement which will effectively allow NHSL full control of the lifecycle funds available to Consort.
What's gone well this year?	SFRS has recognised improvement in the fire safety management of the RIE as a result of the intermediate measures. Head of Terms have been agreed for the Commercial Compromise Joint Lifecycle Management (subject to Board approval on 10th October) and Supplemental Agreement partially drafted to reflect Heads of Terms.
What's gone not so well?	The long term fire solution for the RIE is likely to take a year to develop and many years to implement. The ongoing costs of the interim fire measures reduces available investment in the RIE infrastructure. The Commercial Compromise Joint Lifecycle Management arrangement, although of financial benefit to NHSL compared to the original Project Agreement position, is anticipated to still fall significantly short of what will be required to address fire and previous investment shortfalls.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	Continued input and rapid decision making via ESG and delegation from the Board on future lifecycle/capital investment decision to ESG and Finance and Resources Committee. Ongoing input and development of the Transition Team and introduction of resource to commence preparation of handback activities.

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<table>
<tr><td>Pillar or parameter</td><td>Scheduled Care</td></tr>
<tr><td>CMT lead member</td><td>Michelle Carr</td></tr>
<tr><td>Corporate Objective</td><td>Oversee delivery of scheduled care trajectories as per ADP, prioritising USOC, urgent and clinically urgent returns (ie. Surveillance of precancerous conditions, conditions at risk of clinically significant deterioration, necessary disease or drug monitoring), within available financial resource and demonstrating efficiency and productivity against agreed KPIs.</td></tr>
<tr><td>Key measures of progress for the year</td><td><u>Waiting Times Performance:</u>
OP & IP patients waiting over 52, 78, or 104 weeks
Diagnostic patients waiting over 6, 26, or 52 weeks
Cancer 31-day and 62-day performance
Planned activity

<u>Delivery Group Key Performance Indicators:</u>
<table>
<tr><th>Group</th><th>KPI</th><th>Target</th></tr>
<tr><td>OP</td><td>Triage within 7 days</td><td>90%</td></tr>
<tr><td></td><td>DNA Rate</td><td>6%</td></tr>
<tr><td></td><td>Virtual Appointments</td><td>10%</td></tr>
<tr><td></td><td>Clinic outcomes</td><td>85%</td></tr>
<tr><td>IP</td><td>Same day cancellations</td><td>7%</td></tr>
<tr><td></td><td>Session Uptake</td><td>95%</td></tr>
<tr><td></td><td>In-session utilisation</td><td>90%</td></tr>
<tr><td></td><td>Cataracts per session</td><td>8</td></tr>
<tr><td></td><td>4 joints on Arthroplasty sessions</td><td>40%</td></tr>
</table></td></tr>
<tr><td>Current position against key measures</td><td>See summary table below showing current position against key measures outlined above.</td></tr>
<tr><td colspan="2">Waiting time performance
<table>
<tr><th></th><th></th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th></tr>
<tr><td>Outpatient</td><td>Over 52 weeks</td><td>8,729</td><td>9,918</td><td>11,366</td><td>12,566</td><td>13,787</td><td>13,882</td></tr>
<tr><td></td><td>Trajectory</td><td></td><td></td><td>12,550</td><td></td><td></td><td>18,604</td></tr>
</table></td></tr>
</table>

	Variance			-1,184			-4,722
	Over 78 weeks	1,636	2,141	2,539	2,659	3,188	3,268
	Trajectory			4,072			7,158
	Variance			-1,533			-3,890
	Over 104 weeks	52	77	128	245	343	498
	Trajectory			283			1,073
	Variance			-155			-575
	Activity (cumulative)	17,883	36,656	53,805	71,341	88,529	105,023
	Planned	16,677	34,612	52,857	70,186	88,708	106,473
	Variance	+1,206	+2,044	+948	+1,155	-179	-1,450
Inpatient Daycase	Over 52 weeks	6,519	6,638	6,738	6,695	6,704	6,731
	Trajectory			7,901			7,872
	Variance			-1,163			-1,141
	Over 78 weeks	2,420	2,408	2,340	2,349	2,386	2,424
	Trajectory			3,240			3,258
	Variance			-900			-834
	Over 104 weeks	445	454	461	448	453	447
	Trajectory			631			662
	Variance			-170			-215
	Activity (cumulative)	3,660	7,423	10,857	14,304	17,489	20,342
	Planned	3,377	6,866	10,543	14,041	17,763	21,408
	Variance	+283	+557	+314	+263	-274	-1,066
Cancer	31-day	92.2%	92.5%	97.2%	94.3%	91.6%	94.1%
	Trajectory	93.9%	93.9%	93.9%	93.6%	93.6%	93.6%
	Variance	-1.7%	-1.4%	+3.3%	+0.7%	-2.0%	+0.5%
	62-day	71.2%	76.0%	76.7%	71.1%	77.5%	73.7%
	Trajectory	80.8%	80.8%	80.8%	81.0%	81.0%	81.0%
	Variance	-9.6%	-4.8%	-4.1%	-9.9%	-3.5%	-7.3%
Diagnostics Endoscopy	Over 6 weeks	2,716	2,900	3,198	3,540	3,833	4,105
	Trajectory			3,212			4,193
	Variance			-14			-88
	Over 26 weeks	774	961	1144	1344	1657	1,945
	Trajectory			1,239			2,420
	Variance			-95			-475
	Over 52 weeks	233	232	249	248	294	329
	Trajectory			341			536
	Variance			-92			-207
	Activity (cumulative)	1,129	2,415	3,428	4,527	5,732	6,748
	Planned	1,053	2,106	3,159	4,257	5,355	6,453
	Variance	+76	+309	+269	+270	+377	+295
Diagnostics Radiology	Over 6 weeks	7,250	9,097	10,512	11,663	11,498	11,255
	Trajectory			5,325			7,575
	Variance			+5,187			+3,680
	Over 26 weeks	239	260	295	410	630	950
	Trajectory			100			1,850
	Variance			+195			-900
	Over 52 weeks	72	86	92	130	164	172
	Trajectory			0			0
	Variance			+92			+172
	Activity (cumulative)	7,115	14,782	21,695	29,358	37,506	44,884
	Planned	6,317	14,195	20,725	27,197	35,192	41,336
	Variance	+798	+587	+970	+2,161	+2,314	+3,548

Key performance indicators

		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Outpatient	Triage within 7 days	In development					
	KPI: 90%						
	Variance						
	DNA Rate	6.8%	7.2%	7.1%	7.1%	6.6%	6.8%
	KPI: 6%						
	Variance	+0.8%	+1.2%	+1.1%	+1.1%	+0.6%	+0.8%

	Virtual Appointments	8.3%	8.5%	8.7%	9.1%	9.2%	9.8%
	KPI: 10%						
	Variance	-1.7%	-1.5%	-1.3%	-0.9%	-0.8%	-0.2%
	Clinic outcomes recorded	In development					
	KPI: 85%						
	Variance						
Inpatient Daycase	Same day cancellations	8.6%	9.7%	9.4%	9.7%	8.6%	10.1%
	KPI: 7%						
	Variance	+1.6%	+2.7%	+2.4%	+2.7%	+1.6%	+3.1%
	Session uptake	91.9%	94.1%	93.1%	88.9%	91.7%	88.2%
	KPI: 95%						
	Variance	-3.1%	-0.9%	-1.9%	-6.1%	-3.3%	-6.8%
	In-session utilisation	80.0%	79.5%	79.5%	78.1%	80.3%	80.9%
	KPI: 90%						
	Variance	-10.0%	-10.5%	-10.5%	-11.9%	-9.7%	-9.1%
	Cataracts per session	5.39	5.48	5.46	5.07	5.11	5.29
	KPI: 8						
	Variance	-2.61	-2.52	-2.54	-2.93	-2.89	-2.71
	4 joints on arthroplasty sessions	35.5%	44.1%	40.6%	44.1%	43.4%	44.0%
	KPI: 40%						
	Variance	-4.5%	+4.1%	+0.6%	+4.1%	+3.4%	+4.0%

*data not yet available

What's gone well this year?	
	Structure & Oversight The programme has restructured and is now overseen by the Scheduled Care Delivery Board. This board meets monthly and oversees :- performance against ADP trajectories and supporting KPIs as managed through the Access Delivery Group (led by Hazel Neilson); and progress of improvement plans to support ADP delivery managed through the 3 (reduced from 4 with Cancer & Diagnostics being combined) constituent Delivery Groups for ➢ Cancer & Diagnostics ➢ Outpatient ➢ Inpatient Daycase The programme has introduced a comprehensive performance management framework which brings all programme metrics together within a newly developed scorecard. Pause & Assess (Capacity) is now fully integrated into the Scheduled Care programme including service assessment of delivery against clinical prioritisation and early escalation to CMT. Specifically, ECRIA have been completed for Dermatology, Children's Neurodevelopmental, Gynae, Ophthalmology & Radiology. Consistent findings demonstrate the groups at particular disadvantage include Older people, Women, and

	those from more deprived areas especially children. The principles of Realistic Medicine continue to underpin the programme with contribution to relevant projects being undertaken this year around:- Varicose Vein referrals – adherence to guidance (showing 16% referrals seen do not comply with agreed national guidance) TAVI – advanced shared decision making MRI prostate in over 80's Introduction of a Realistic Medicine toolkit in April, and the projects outlined above, have helped services focus on embedding and evidencing RM interventions within Scheduled Care. Governance around CfSD workstream delivery has been introduced. High impact changes are reported monthly through Heatmap. All agreed SDG pathway improvements reported through Acute wide tracker. Additional Funding Received Q1 comprising :- £7.5m for utilisation of offered GJNH capacity amounting to 2589 Ophthalmology See & treat patients and 1832 Treat only patients across Orthopaedics, Plastic Surgery, General Surgery and Colorectal Surgery. £1.6m approved bids for both short term additional activity and protection of some unfunded activity in specialties including Gynaecology, Urology, Orthopaedics, General Surgery and Paediatric Audiology. This amounts to 1116 outpatients, 1746 inpatient/daycases and 526 diagnostics. £600k to deliver an additional 1600 endoscopy procedures . £236k to deliver an additional 2230 Radiology investigations in CT, MRI and ultrasound. **<u>Delivery Group Improvement Action Update</u>** **Cancer & Diagnostics** <u>Timed Cancer pathways</u> – 10 reviews complete, 4 awaiting sign off at Oct meeting; 1 to be completed (Head & Neck)

	Regrading of referrals – delays in implementation due to Intersystem issues, expected November. Optimal cancer pathway delivery continues for Lung; progressing with Head and Neck, additional funding secured June to support additional histopathology equipment; colorectal bid in development (due end Oct). Prehab & ERAS – programme extended until March 25. Prehab resources launch planned for November – a comprehensive suite of information for patients and clinical teams including collation of all community resources available to support patients across Lothian. ERAS programme extended to neurosurgery, maxillofacial and urology – at varying stages of data collection, clinical discussion. Patient Communication – funding secured for Single Point of Contact Navigators (Cancer services). Endoscopy Reporting System go live August 24. **Outpatients** ANIA project for digital dermatology now delayed now until Jan 25. Interim digital dermatology pilot round image transfer piloted from June – impact under evaluation. Clinic utilisation – SOP implemented in 2 of 3 acute sites with overall utilisation 75% against a target of 80%. Outpatient Redesign 81% of all in scope specialties are onboarded. Benefits realisation workstream is currently focused on PFB and PIFU. PFB enabled for a further 51 lists within 15 specialties. PFB review of all Health Records managed services will be complete at the end of September. PIFU KPI of 2% of return demand has been agreed with specialty specific targets allocated. eComms – go live since May has demonstrated 54% digital access, compared with 3% in historic system. Roll out to OPWL letters due 26th Oct.

	Waiting Well toolkit – project group established, led by Gillian Cunningham, to agree priority focus areas. Significant background work achieved due to Prehab workstream as outlined above. Contributing to national network. Monitoring Clinical model review – SLWG to maximise the use and opportunities of the monitoring service established and SOP being developed. Development of sustainable model continues to be progressed. Waiting List Validation – digital process started July, have increased to approx. 3200 contacts per week with 14% removal rate. **Inpatient Daycase** Digital Pre op assessment review of 3 suitable applications underway with preferred supplier due to be selected mid Oct, agreed specialties for phase 1 are breast & general surgery. Robotics – strategic plan agreed August and clinical strategic group being established to oversee implementation – plans to convene Dec 24. Business case for TORS (ENT) pending approval. Escheduling via Infix – in place in 6 specialties, currently implementing in General Surgery with Breast, Colorectal and Orthopaedics up next. Productive opportunities :- 30% of Cataract Surgeons booking 8/ list Cataract only lists 61% 4 joints per list (arthroplasty) achieving 41%
What's gone not so well?	Shift in demand profile, increasing USOC and urgent referrals and reducing available capacity for routine long waits. ECRIAs have been complex and time consuming identifying the need for training across all services. Delays with introduction of Referral Regrading process – ehealth (Intersystems) NTC & GJNH under delivery to plan

	Reduction in Prostatectomy capacity due to resignation SJH Theatre down time SJH impacting activity
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	Acknowledgment of risk and support for recommendations arising from service overview assessments against delivery of Scheduled Care priorities. Support to develop Communications strategy for patients and staff.

Lothian Strategic Development Framework – Corporate Objectives

Mid-Year Review 2024-25

For 2024-25 the NHS Lothian Corporate Objectives are directly related to the LSDF, for 11 of the 15 objectives. CMT has agreed that a report should be taken on all 15 to the November Strategy, Planning, and Performance Committee.

The intention is to provide assurance to both CMT and non-executive directors that appropriate progress is being made in each of the pillars and parameters, and to ensure that we have an overview of this progress in a single place.

Pillar or parameter	Unscheduled Care
CMT lead member	Fiona Wilson
Corporate Objective	Review the Implementation Book and implement the revised 24-25 step, with a focus on non-admitted performance to be at least 85% across the system.
Key measures of progress for the year	• Review the Implementation Book • Non-Admitted Performance
Current position against key measures	**Review the Implementation Book** The LSDF implementation book has been revised for 24/25 for a series of reasons. These include; - A changed and challenging financial landscape - A series of recommendations that were received by the Board since the original development of the LSDF - New projects and programmes that had resultantly emerged and were not sufficiently captured within the LSDF and therefore the LSDF reporting systems and governance structures. In addition, the annual review was undertaken and the LSDF book outlines the key impacts the programme achieved in 23/24. This included the development of new strategic groups to drive priority workstreams, consolidating existing workstreams into more strategic groups, and proposing revised outcome objectives and associated timelines. The USC LSDF book has been revised in line with the proposals approved by USC Tactical Committee & USC Programme Board, and now aims to bring together all the key workstreams under the Unscheduled Care pillar of the LSDF into one overarching master document. The USC LSDF book uses links where possible to workstream documentation, with the aim of becoming a single source of truth when seeking information on USC programme progress.

	Non Admitted Performance The RIE conducted a test of change in the May-June period in 2024, which focused on improving the non-admitted EAS compliance, and during that test, performance significantly increased. However, since around the end of July, this performance improvement has not been maintained. The RIE EAS Programme Board has since been establishing how non-admitted performance at the RIE can be improved to the levels seen in May/June (and understanding why this could not be maintained). Across the other sites, SJH has seen a reduction in non-admitted performance too when comparing Apr-Aug 2023 vs 2024 (79% vs 71%) and the WGH has seen a minor reduction too when comparing the same time period (79% vs 78%)
What's gone well this year?	The review of the implementation book has offered the opportunity to refine the programme structure. This has enabled more focused strategic improvement activity, and should reduce variation of delivery of key workstreams. To complement the revised structure, a measurement framework has been developed that enables analysis across; the key outcome indicators for the programme and its related sub-groups, split by sites and HSCPs (standardised by population rates). A number of specific workstreams have been initiated and have received and benefited from positive engagement and input across the system. These are; - The Length of Stay Programmes (LoS) (Led by Site Directors) on the adult acute sites has been received positively by specialty teams and sites are undergoing initial "engagement" sessions with each of the specialties to develop LoS action plans that will be supported by the site leadership teams. Total occupied bed days for patients stays that are "not-in-delay" has dropped by around 5%. - The Interface Care Programme Board (Chairs; David Hood & Emer Shepard) – will bring together what was previously the disparate landscape of the 4x H@H teams, and other Interface Care services (CRT/OPAT/RACU etc) into one board that will seek to streamline entry into these services and evaluate the impact of these ensuring we maximise return on investments. - The Frailty Programme Board (Chair – Pat Wynne) – will aim to develop a coordinated whole-system approach to how we best care for patients with multimorbidity's. In particular – this board has been tasked with using the MTFF to map activity to cost with the aim of reallocating resources to maximise earlier-intervention and reduce reliance on tertiary models of care. This is aligned to the "choices" workstream being led through CMT. - The Navigation Programme Board (Chair - Jenny Long) will seek to bring together the Flow Centre as well as HSCP Single Points of Contact to ensure our system can navigate patients to the appropriate part of the system to meet their needs, whether that is in community or acute services. - The AHP (OT/PT) Working Group (Chair Jenny long) has been tasked with reviewing the current arrangements for managing and directing AHPs with a view to maximising flow, as well as ensuring that risk is stratified consistently (and therefore prescribed interventions) across the component parts of the LHCS. The revised LSDF was sent to CfSD for review and positive feedback was received of which an excerpt is enclosed; *"You have shared a copy of your Strategic Delivery*

	Framework (LSDF) which evidences a thorough analysis of the challenges facing the health board and effective identification of opportunities for improvement, underpinned by a clearly articulated theory of change and impact forecasting. The LSDF incorporates all of the leverage points we identified for NHS Lothian as well as many of the recommendations we have made over the past two years whilst providing bespoke support and also includes recommendations made by independent consulting firm Buchan Associates" As described in the section above, the Royal Infirmary was successful in delivering a step change in performance through the months of May and June 2024, however whilst this has not yet been maintained, it did evidence that improved performance is attainable with broadly the same inputs, implying that there may still be variation (at a practitioner level) in relation to the consistent adherence to and delivery of the departmental SOPs.
What's gone not so well?	The lack of ability to meet the non-admitted performance ambition detailed in the Corporate Objectives remains a frustration. Whilst as referenced in the above section, the total occupied bed days for patient stays "not-in-delay" has dropped by 5%, the total occupied bed days for patient stays in delay (PHS definition), albeit a much smaller number, has increased by 26%, therefore mitigating any positive impact on bed occupancy from the reduction in beds for the stays that are "not-in-delay" This is illustrative of a system that is facing increasing financial pressures and a report is currently under development contextualising USC performance against the backdrop of significant changes to system capacity. However, this should be considered within the context of considerable variation in occupancy levels across HSCPs, with some reliably achieving <90% and others routinely > 100% their allocated bed base (based upon NRAC shares) There has been increasing pressure on the acute adult sites from Mental Health related attendances – which is again illustrative of the challenges faced elsewhere in the system. Work has commenced around developing safe and efficient processes to care for these patients, however a broader strategic piece of work may be required.
What help does the programme need? *Key decisions to be taken* *Financial, workforce, or digital constraints* *Remedial actions to be put in place*	There is a risk that as core performance (financial and activity) is currently managed at a business unit level, the component business units of the Lothian Health and Care System (Acute & HSCPs) are led into making decisions that may provide short term financial benefit at the expense of whole system performance and spend. Whilst there is no easy fix for this, "culture & relationships" can underpin and mitigate some of this risk. Therefore, it is recommended consideration is given how these component parts of the USC system, and leaders within, can strengthen and develop further positive relationships.

LSDF – Workforce Parameter

Janis Butler Director of Human Resource and OD

This update covers three major workstreams;

1. Progress against year 2 workforce plan actions
2. Progress against the Workforce Efficiencies Programme
3. Progress against the key elements of the national AfC reform programme

Key measures of progress

The following highlights represent key areas of progress/success made in year 2 thus far.

1. Progress against year 2 workforce plan actions

Current position against key measures

The NHS Lothian 2022-25 Workforce Plan runs from November to October in line with national timescales and as such 2024/25 represents the second half of the year 2 implementation actions. Progress against 12-month actions is monitored by the Workforce Planning and Development Programme Board (WPDPB).

The freeze on capital projects has had a substantial impact on year 2 actions with NTC, PAEP and Cancer Centre reprovision being closed down in the face of the national pause of at least 2 years this was reflected in the year 2 actions.

Currently services and professions are approaching the end of the year 2 workforce plan 12-month actions, it is likely that there will be areas where progress has been impacted by changes to national funding.

What has gone well

- Despite inadequate training pipelines for nursing in the region there has been very successful recruitment of newly qualified nurses with 620 starting over September and October which will close establishment gaps substantially to below 5%. This will also support a significant reduction within St Johns Hospital and Mental Health, two areas with the highest level of establishment gap. This reflects a considerably improved performance in attracting applicants from out with the South-east region. This success also reflects changes in the generic recruitment approach, which was more focussed, identifying where applicants wanted to work.
- Recruitment final year students to band 4 part-time roles is underway again following successful recruitment of 228 final year students previously which provided approximately 70wte. This has been a success not replicated in other boards. In addition, support for the Non-endorsed HNC route with students undertaking a shift per week which ultimately enables students to transfer into the second year of the degree programme helping offset some of the attrition within HEI programmes.
- Retention – Development programmes aimed at band 6 and above are currently under development, in addition developing a focus on BME nursing where career progression has been lower than would be expected. Health and Care Staffing Act – The NHS Lothian board has received its first quarterly report on compliance and assurance. Establishment reviews have been undertaken within 2 areas of nursing pressure; St John's and Emergency Departments using the Common Staffing Method to identify safe, sustainable, and affordable

proposed workforce establishments. These have made comparison with other regions and identified opportunities to rebalance staffing, make recommendations in relation to skill mix and utilisation of supplementary staffing. Further work is underway currently where staffing is particularly tight currently not meeting the volume and acuity of patients.

- Staff turnover – levels have continued to decrease significantly down 6.6% on pre-pandemic levels. Within registered nursing leavers have decreased by 17% pre-pandemic and 26% on 2023/24 based on the year to date. This in conjunction with the successful recruitment campaigns has helped substantially in closing establishment gaps.
- Retire and return – Overall retirals have continued to reduce, with a 12% reduction on pre-covid levels and a decrease of 16% on 2023/24 based on the year to date. Within registered nursing retirals the reduction is even more substantial, a 33% reduction on pre-pandemic and 36% on 2023/24. Whilst the number of retirals has decreased the proportion of staff choosing to retire and return has remained similar. projected to remain at c38% overall, and within registered 58%. This does not include the partial retiral policy implemented during 2023/24 will further support retention.
- Supplementary staffing – the utilisation of agency staffing has reduced by c75%, whilst the supply of supplementary staffing meeting requirements for continued.
- The implementation of Safecare has continued, which will enable a central overview of the real-time deployment of nursing staff.
- A workforce reviews are underway with Community Nursing currently and within Midwifery which will inform actions in year 3 actions.
- Skill mix – the implementation of the national move of band 2s to band 3s has taken place, including the development of a band 3 trainee role for new staff coming into the organisation to provide time for training before moving into the band 3 role.
- Lothian Care Academy – has continued to increase shared learning opportunities, with a goal of a 25% increase by the end of year 2. In addition, the career pathway framework for health and social care progression has launched on the care home website including videos and user guides and is receiving a high level of interest.
- Public Health – in line with its workforce strategic development framework the directorate has undertaken a detailed review of the workforce profile with a particular focus on protected characteristics to understand try and address the under-representation of ethnic groups, young people, disabled within the workforce and will share their learning more widely.
- National Influence – There has been an important role in seeking to influence SG and NES policy direction in relation the reallocations of medical trainees which has the potentially change both the numbers of experience levels of trainees placed in Lothian, which could have a potential significantly detrimental impact on capacity. The Medical Education directorate and workforce planning have sought to emphasise the markedly different demographic context in Lothian in comparison with other boards. National direction is now looking at take a more nuanced regional approach over several years. There has also been a continued effort to try to influence national direction around nurse training pipelines and support for alternative nursing workforce routes through engagement in the national nursing and midwifery task force.
- Advancing Equality – Refreshed 2-year delivery plan agreed by the Staff Governance Committee. This includes including a programme of positive action to improve career progression for BME nurses.
- Wellbeing – A refreshed Workwell strategy for 24/27 has been launched, including continuation of Psychological Support Service for staff funded by the Scottish Government and the NHS Lothian charity.

- Employability - The NHS Lothian Employability Strategy 2024/27 has been developed underpinned by a wide-ranging year one delivery plan covering employability programmes, apprenticeships, career progression pathways and promotion of NHS Lothian as an employer of choice for all ages and stages. This links with the 5-year Anchors Action Plan developed by Public Health and will support delivery.
- Talent Management and Leadership Development – We are now on second cohort of the in-house talent management programme which builds on our successful partnership with the University of Edinburgh. A new Leadership Development Framework was launched during April 2024, which provides a portable passport of leadership skills and knowledge.

What has not gone so well

- It has not yet been possible to overcome barriers to placing student nurses onto staffing rosters resulting in an incomplete picture of staffing resources. This requires further work to address concerns around information governance.
- The aim of running a further cohort of the 'earn as your learn' nurse trainee programme specifically targeted at West Lothian could not be achieved as funding from the Scottish Government was not achieved. Three extant cohorts are still however progressing through their training. This approach is under consideration as part of the national nursing task force.
- Whilst Lothian audiology service working groups are undertaking a comprehensive workforce review and progressing improvements there hasn't been be any SG follow up following the publication of the national Independent Review of Audiology Services in August 2023. However, this has very recently been agreed as a national clinical priority and will go to the national planning and delivery board for further action.
- The national commission to review MAPs roles was completed by NES and submitted to the SG, however, there has been no further communication from the SG around their response. Regulation is due to begin in December 24 which will be an important step in removing barriers to the effectiveness of these roles currently.
- There have been further national disinvestments on a range of mental health programmes, including Mental Health Outcomes, Reform, Primary Care and the Mental Health Transformation Programme, which will impact on workforce investment.

2. Progress against Workforce Efficiencies Programme

What has gone well

A Workforce Efficiency Programme Board has been meeting since April to identify and progress workstreams that will both support the reduction in workforce numbers in 2024/25 and identify potential workforce efficiencies that will support the reduction in workforce costs.

- Vacancy authorisation - processes have been put in place critically reviewing requirement for recruitment to vacancies and ensuring that all options for service/workforce redesign/redeployment have been considered.
- Focus on reducing supplementary staffing, overall and in particular agency staffing to meet requirements of national guidance and eliminate high costs agency except where clinically essential.
- Reviewing overtime expenditure and protection, development of a dashboard for estates and facilities to enable analysis at departmental level and identify areas where there is a risk of regular overtime becoming potentially protectable earnings. There is also work

looking at protection costs to provide assurance that it remains appropriate and that requirements for on-going protection are being met.

- Sickness absence – focus on reducing short-term absence, through identifying where there are multiple instances and supporting services to review and address causes.
- Series of 'Good Housekeeping' workshops covering range of areas of payroll expenditure that are potentially avoidable such as pay protection, staff overpayment, management of fixed term contracts, absence management, budgetary management and utilisation of workforce and finance systems. There have been over 500 attendees.
- A range of analytical dashboards covering KPIs have been developed to support these areas.
- Development of methodology for a consistent review of non-clinical services led by the Director of Public Health to identify scope for scaling back of services or opportunities for more efficient services models. Rollout and application of the methodology is now underway.
- An initial draft medical workforce dashboard has been developed covering consultant job planning, training grade rota compliance and MAPS.

As of the end of August there has been a reduction in the payroll in-post wte of 181.5wte. Agency utilisation has reduced by an average of 196wte (Mths1-5) when compared with 2023/24 and there has been a cumulative reduction of 84.7wte in supplementary staffing overall.

What has not gone so well

- To achieve the level of workforce savings needed there is a target of c1200 WTE reduction required, however this will be very difficult to achieve without stopping some service provision. National policy regarding no compulsory redundancies and no funding for voluntary severance means that redeployment is the only means available to facilitate change, however this relies on sufficient turnover in appropriate areas. There is also a wider national strategic misalignment with the implementation of the Health and Care Staffing Act and AfC reform work which are likely to increase workforce requirement in some areas to an extent or represent a reduction in workforce capacity.
- Continued high levels of sickness absence – YTD average is 6%, 0.57% above the same period in 2023/24. However, absence levels remain c0.5% below the national average and the second lowest with in large boards. This will remain an area of focus.

3. Progress against the key elements of the national AfC reform programme

What has gone well

Reduced Working Week (RWW)

- A RWW implementation Group has been established to support the implementation of the initial half hour reduction within the AfC worforce, with a sub-structure with single points of contact within key service areas. The initial phase for all non-rostered (and not on eRostering) staff by 31 August 2024 has been achieved, with a small number of exceptions. Services are working to plan for the implementation within rostered areas by 30th November which requires significant support from the eRostering team. High-level modelling to assess the likely workforce, clinical safety, performance, and financial implications of the remaining 60-minute reduction has been undertaken and shared with the SG to create and awareness of the substantial impact on service provision.

Nursing Band 5 Review

As part of the national AfC review Band 5 nurses are able to apply for a review of their role if they believe they meet the criteria and are operating consistently at a Band 6. The job evaluation team capacity has been enhanced with an additional 17 staff-side and 17 additional management matchers. Local guidance to support implementation has been issued and made available on HR online. Full briefing sessions on process, roles, and responsibilities etc to support nurse managers and trade union representatives took place in August and panels have started to review applications. To date 12 applications have been received with a further 313 in the stages prior to submission.

Protected Learning

Communications have been issued to remind managers of the need to undertake statutory and mandatory training and role essential training in work time. Work is ongoing to map and document role essential training for all job families.

What has not gone so well

National funding is non-recurring despite costs in services where there is a requirement for augmentation being recurring and will therefore represent financial pressures in future years.

Next Steps

- Development of year 3 – workforce plans actions (November 24 to October 25)
- Begin the development of the next 3-year workforce plan when the updated SG guidance becomes available. This will be a key focus in Quarter 4.
- Agenda for change reform – Next stage of RWW implementation within the rostered workforce. Continuing the systematic programme to implement the nationally agreed review of band 5 nurses any making necessary changes where posts evaluate at a band 6 level. Continue to set out the risks and impacts of the remaining 60-minute reduction in the working week to the SG.
- Refresh of the workforce efficiencies programme aimed at optimising workforce and reducing workforce costs.

NHS Lothian

11.

Meeting: NHS Lothian Board

Meeting date: 4 December 2024

Title: October 2024 Financial Position

Responsible Executive: Craig Marriott, Director of Finance

Report Author: Andrew McCreadie, Deputy Director of Finance

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☐
Person-Centred	☐		

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

2 Report summary

2.1 Situation

The purpose of this report is to provide the Board with an update on the financial position as at October 2024 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 seven months.

2.3 Assessment

As at Month 7, the reported financial position for NHS Lothian is a year to date overspend of £12.4m. The financial position is comprised of an operational overspend of £24.9m, offset by the release of corporate reserves of £12.5m. Table 1 below shows this breakdown in summary with further information in the body of this paper.

Table 1 – Month 7 Summary Financial Performance

	Month 7 Variance from Budget £'000
Pay	6,993
Non Pays	(42,294)
Income	10,364
Operational Position	**(24,936)**
Corporate Reserves	12,509
Total Variance	**(12,427)**

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 October 2024

Medical and Dental pay budgets continue to overspend monthly and are now reporting an overspend of £7.8m for the first 7 months 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. There is ongoing thematic work supporting the review of this budget position and the control mechanisms for services to implement to control spend.

The 2024/25 pay award for Agenda for Change staff has been paid in October with arrears due in November. We have received an additional funding allocation from Scottish Government during October for this and this has been included in operational budgets.

Non-pay budgets report a £42.3m overspend with Drug costs exceeding budgets and being £8.4m overspent, and Medical Supplies £15.8m overspent. The non-pay budget pressures continue to be impacted by contractual price increases and the 0% funding uplift for 2024/25. Prescribing is reporting a £10.2m overspend, GP Prescribing has seen an increase in price per item and higher than expected growth in the number of items, based on the 5 months data received and this has resulted in a deterioration in the position year to date and the forecast estimates. Overall Table 2 shows the breakdown across the main expenditure headings with further details on Appendix 1 and 2.

Table 2 – Breakdown of Variance

Description	Month 7 Variance from Budget £000's
Medical & Dental	(7,821)
Nursing	9,503
Administrative Services	543
Support Services	(1,285)
Other Therapeutic	3,034
Other Pay	3,020
Total Pay	**6,993**
Drugs	(8,428)
Medical Supplies	(15,829)
Property Costs	(6,560)
Administration Costs	(4,178)
Other Non-Pay	2,933
Pharmaceuticals	(10,219)
Other FHS	(165)
Total Non-pay	**(42,446)**
Income	**10,364**
Other	**(951)**
Profit/loss On Disposal	**1,104**
Operational Position	**(24,936)**
Corporate Reserves	12,510
Total Variance	**(12,427)**

Transitional allowance overtime or excess hours payments continue to be paid as part of the Agenda for Change (AfC) non pay reform for the reduced working week (RWW). October payments made relate to September transitional allowances, totalling £1.1m in month and £7m 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 non recurrently from the Scottish Government for the year to meet additional costs across all the AfC Reforms this year, and from this allocation, £7m of funding has been included in the position to match the costs to date.

Financial Forecast Position 2024/25

The Quarter 2 (Q2) financial review is currently underway, and this will be reported to the Finance & Resources Committee in December. It is anticipated that, based on the position to date, the Q2 forecast will report an improvement on the £31.9m overspend projected at Q1 as we are seeing the work from the cost reduction workstreams provide non-recurring bridging benefits in year. As we anticipate an improved forecast, we hope to be able to provide the Finance & Resources Committee with further assurance around the Boards ability to deliver break even in 2024/25.

Financial Recovery Plans (FRPs)

For September, at a summary level and against £24.6m of planned Business Unit FRP savings, £26.1m has been recorded as delivered, representing a small over-achievement of £1.5m. Table 3 shows the delivery against Business Units.

Table 3 – Financial Recovery Plans (FRPs)

	Schemes Identified	Planned April - September	Achieved April - September	Shortfall April - September	CY Forecast @ M06	CY Projected Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	24,089	10,051	11,769	1,718	23,904	(185)
Corporate Services	6,137	3,354	3,696	343	6,164	28
East Lothian HSCP	4,294	2,038	1,582	(456)	3,596	(698)
Edinburgh HSCP	4,854	2,039	2,323	284	4,854	0
Midlothian HSCP	3,453	1,649	1,411	(238)	2,914	(539)
West Lothian HSCP	4,141	1,910	2,121	211	4,123	(18)
Estates & Facilities	4,418	1,412	1,306	(106)	4,643	224
REAS	3,311	1,655	1,347	(308)	2,642	(669)
Dir of Primary Care	953	476	499	22	953	0
Income/Healthcare Purchases	388	0	0	0	388	0
Grand Total	**56,037**	**24,586**	**26,055**	**1,469**	**54,180**	**(1,857)**

Despite good progress to date, one of the key contributing factors to the projected outturn is the shortfall in projected FRP savings delivery at year end against plans identified. Based on the latest estimates, a shortfall of £1.9m is currently forecast as noted above.

The detailed breakdown of FRP savings or workstreams' cost reduction initiatives is 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. The requirement for the achievement of the 3% FRP target at a Business Unit level is a key vehicle for achieving financial balance with FOB escalation criteria for breaching set thresholds in place.

Financial Planning

A 2nd iteration of the 2025/26 5 year Financial Plan will also be presented to the Finance & Resources Committee on 18th December 2024. This will follow the Scottish Government Budget announcement on 4th December.

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 to the Corporate Management Team (CMT). The month 7 financial position was reported in November 2024.

- Corporate Management Team, 19 November 2024

2.4 Recommendation

The report asks the Board for:

- **Awareness** – For Members to note the financial position to the end of October 2024 reporting a £12.4m overspend with NHS Lothian.
- **Assurance** – Members are 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 current assumptions.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Lothian Income & Expenditure Summary to 31st October 2024
- Appendix 2, NHS Lothian Summary by Operational Unit to 31st October 2024

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

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	367,746	214,983	222,804	(7,821)
Nursing	670,526	376,077	366,574	9,503
Administrative Services	199,244	103,360	102,817	543
Allied Health Professionals	122,451	68,662	66,697	1,965
Health Science Services	57,713	32,403	31,908	495
Management	7,659	4,386	3,898	488
Support Services	104,832	57,669	58,954	(1,285)
Medical & Dental Support	19,147	10,743	10,315	428
Other Therapeutic	72,669	40,486	37,452	3,034
Personal & Social Care	3,515	1,816	1,477	339
Other Pay	(3,389)	(3,557)	(4,093)	536
Emergency Services	0	0	20	(20)
Vacancy Factor	(2,315)	(1,221)	(10)	(1,211)
Pay	**1,619,798**	**905,806**	**898,813**	**6,993**
Drugs	152,689	95,321	103,749	(8,428)
Medical Supplies	99,380	61,332	77,161	(15,829)
Maintenance Costs	6,755	4,202	5,317	(1,115)
Property Costs	58,024	31,262	37,822	(6,560)
Equipment Costs	35,664	19,987	22,784	(2,797)
Transport Costs	8,578	5,337	6,889	(1,552)
Administration Costs	229,371	66,987	71,164	(4,178)
Ancillary Costs	11,887	6,815	10,291	(3,476)
Other	1,461	(10,091)	(13,812)	3,722
Service Agreements Patient Services	40,658	27,018	25,216	1,802
Savings Target Non-pay	10,682	6,568	0	6,568
Resource Transfer/LA Payments	123,851	89,022	89,239	(218)
Non-pay	**779,000**	**403,759**	**435,820**	**(32,061)**
Premises	0	0	1	(1)
Additional Services	0	0	1	(1)
Gms2 Expenditure	163,463	95,832	95,924	(92)
NCL Expenditure	813	474	548	(74)
Other Primary Care Expenditure	87	51	48	3
Pharmaceuticals	165,891	95,112	105,331	(10,219)
Primary Care	**330,253**	**191,469**	**201,854**	**(10,385)**
Other	**(15)**	**(7)**	**944**	**(951)**
Income	**(386,765)**	**(240,953)**	**(251,318)**	**10,364**
Extraordinary Items	**0**	**0**	**(1,104)**	**1,104**
Operational Position	**2,342,271**	**1,260,073**	**1,285,010**	**(24,936)**
Corporate Reserves	12,510	12,510	0	12,510
Total Variance	**2,354,781**	**1,272,583**	**1,285,010**	**(12,427)**

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

Month 7 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	(8,023)	121	(15)	22	(28)	541	(612)	284	(50)	0	(62)	0	(7,821)	0	**(7,821)**
Nursing	1,585	2,351	3,561	453	1,890	188	(331)	(20)	(36)	(1)	(136)	0	9,503	0	**9,503**
Administrative Services	1,324	353	513	(128)	305	(472)	9	(554)	(292)	0	(516)	1	543	0	**543**
Allied Health Professionals	(81)	355	702	121	317	477	66	(6)	37	(0)	(25)	0	1,965	0	**1,965**
Health Science Services	421	(0)	233	0	(16)	(38)	(10)	(96)	(6)	0	7	0	495	0	**495**
Management	(118)	56	60	(5)	1	65	6	286	127	0	10	0	488	0	**488**
Support Services	48	0	112	103	3	(42)	167	249	(1,926)	(0)	0	0	(1,285)	0	**(1,285)**
Medical & Dental Support	(179)	16	12	0	0	538	22	19	0	(0)	0	0	428	0	**428**
Other Therapeutic	63	297	511	2	346	(66)	491	1,313	(12)	0	89	0	3,034	0	**3,034**
Personal & Social Care	17	51	54	0	0	31	(22)	212	0	(0)	(5)	0	339	0	**339**
Other Pay	(2)	0	14	20	2	27	5	55	0	0	414	0	536	0	**536**
Emergency Services	0	0	0	0	0	0	0	0	(20)	(0)	0	0	(20)	0	**(20)**
Vacancy Factor	(0)	0	(1,211)	0	0	0	0	0	0	0	0	0	(1,211)	0	**(1,211)**
Pay	**(4,946)**	**3,600**	**4,546**	**590**	**2,821**	**1,249**	**(208)**	**1,742**	**(2,178)**	**(1)**	**(223)**	**1**	**6,993**	**0**	**6,993**
Drugs	(6,472)	(343)	(425)	(136)	(93)	(295)	(412)	122	(3)	(371)	0	0	(8,428)	0	**(8,428)**
Medical Supplies	(13,289)	(398)	(1,057)	(229)	(350)	(0)	(40)	(128)	(336)	(0)	(0)	0	(15,829)	0	**(15,829)**
Maintenance Costs	(451)	(36)	(45)	(16)	(60)	180	(49)	(150)	(488)	0	0	0	(1,115)	0	**(1,115)**
Property Costs	(50)	(13)	(12)	156	(19)	24	(20)	(28)	(6,598)	0	0	0	(6,560)	0	**(6,560)**
Equipment Costs	(1,991)	(398)	(331)	(36)	(168)	159	(90)	(27)	105	(4)	(17)	0	(2,797)	0	**(2,797)**
Transport Costs	(571)	(288)	(186)	(105)	(21)	(13)	(114)	29	(287)	12	(2)	(5)	(1,552)	0	**(1,552)**
Administration Costs	(493)	127	(275)	221	(96)	(42)	(368)	(1,558)	306	(1,857)	(160)	17	(4,178)	0	**(4,178)**
Ancillary Costs	(388)	(29)	(1)	2	(18)	(11)	(45)	(1,017)	(1,969)	0	0	0	(3,476)	0	**(3,476)**
Other	3,621	(1)	(5)	0	1	(2)	1	(114)	219	0	0	0	3,722	0	**3,722**
Service Agreement Patient Serv	1,398	(52)	(104)	0	(175)	(6)	831	57	(11)	0	0	(137)	1,802	0	**1,802**
Savings Target Non-pay	(55)	0	0	0	0	0	0	1,007	0	5,616	0	0	6,568	0	**6,568**
Resource Trf + L/a Payments	(36)	(50)	(1)	(57)	4	0	(48)	(0)	(29)	0	0	0	(218)	0	**(218)**
Non-pay	**(18,777)**	**(1,480)**	**(2,442)**	**(200)**	**(996)**	**(5)**	**(356)**	**(1,807)**	**(9,090)**	**3,395**	**(179)**	**(125)**	**(32,061)**	**0**	**(32,061)**
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	(5)	(80)	(161)	(76)	231	40	(7)	(4)	(30)	0	0	0	(92)	0	**(92)**
Ncl Expenditure	0	0	0	0	0	(74)	0	(0)	0	0	0	0	(74)	0	**(74)**
Other Primary Care Expenditure	3	0	0	0	0	0	0	0	0	0	0	0	3	0	**3**
Pharmaceuticals	0	(1,324)	(4,308)	(1,212)	(2,271)	(1,100)	0	0	(4)	0	0	0	(10,219)	0	**(10,219)**
Primary Care	**(3)**	**(1,405)**	**(4,468)**	**(1,289)**	**(2,041)**	**(1,134)**	**(7)**	**(4)**	**(35)**	**0**	**0**	**0**	**(10,385)**	**0**	**(10,385)**
Other	**(3)**	**0**	**(11)**	**0**	**0**	**(0)**	**0**	**(0)**	**(656)**	**0**	**0**	**(282)**	**(951)**	**0**	**(951)**
Income	**3,261**	**26**	**(162)**	**14**	**9**	**16**	**1**	**1,301**	**1,283**	**(16)**	**402**	**4,229**	**10,364**	**0**	**10,364**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,104**	**0**	**0**	**1,104**	**0**	**1,104**
Operational Position	**(20,466)**	**740**	**(2,537)**	**(885)**	**(207)**	**127**	**(569)**	**1,232**	**(10,676)**	**4,482**	**0**	**3,823**	**(24,936)**	**0**	**(24,936)**
Corporate Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	12,510	**12,510**
Total Variance	**(20,466)**	**740**	**(2,537)**	**(885)**	**(207)**	**127**	**(569)**	**1,232**	**(10,676)**	**4,482**	**0**	**3,823**	**(24,936)**	**12,510**	**(12,427)**

NHS Lothian

12.

Meeting:	**NHS Lothian Board**
Meeting date:	**04 December 2024**
Title:	**NHS Lothian Child Poverty Activity**
Responsible Executive:	**Dona Milne, Director of Public Health**
Report Author:	**Charlotte Cuddihy, Consultant in Public Health/Lead for Maternal and Child Health**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☐	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

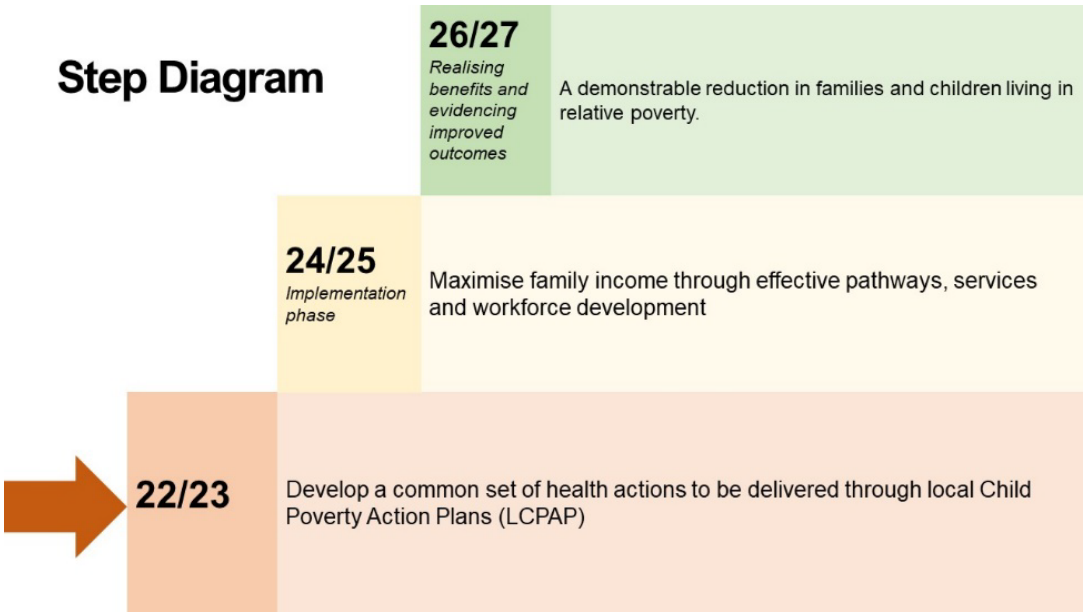
2.1 Situation

The purpose of this report is to provide NHS Lothian's Board with an annual update of action being taken to tackle child poverty in NHS Lothian.

2.2 Background

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and NHS Boards jointly to produce an annual Local Child Poverty Action Report (LCPAR). The Director of Public Health and Health Policy was previously given delegated authority to approve the four Local Child Poverty Action Reports (LCPARs) on behalf of the NHS Board. These reports are completed at different timepoints in the year due to differing partnership arrangements. The status of the 2023-2024 reports is outlined in Appendix 1 for information.

In addition to input to these local partnership reports, a set of common actions were agreed across healthcare services to increase our contribution to tackling child poverty. These actions are summarised in the step diagram below.



There is a statutory requirement to describe the measures taken by NHS Boards and local authorities to provide pregnant women and families with children with information and advice about eligibility for financial support and assistance to apply for financial support. Hence the focus of actions on supporting sustainable implementation of income maximisation services and referral pathways across key NHS services which target priority families, e.g., maternity services and health visiting.

These actions are in addition to the work NHS Lothian is progressing in relation to Anchor Institution status. However, given the overlap between these two work streams to act on the three main drivers of poverty (income from social security benefits, income from employment and reducing the cost of living) a joint working group has been convened and the child poverty work will now report into NHS Lothian Anchors Institution Programme Board.

Progress is measured against the metrics produced by the End Child Poverty Coalition, in conjunction with Loughborough University. This publishes annual data on the proportion of children living in poverty, after housing costs, as well as how these proportions have changed over time by local authority. The data for 2022-2023 are presented below[i].

Local authority area	Children living in poverty (%) 2022-2023	Percentage point change between 2015-2023 (%)
City of Edinburgh	20.4	1.8
East Lothian	21.3	-0.6
Midlothian	23.2	1.4
West Lothian	24.6	3.3

From 16 July 2024, public authorities have new statutory obligations as described in the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. Duties to comply with this gives increased weight to the importance of child poverty actions under the rights in following articles:

- Article 6 – the survival and development of the child.
- Article 19 – protection from, neglect or negligent treatment.
- Article 24 – highest attainable standard of health.
- Article 26 – to benefit from social security.
- Article 27 – adequate standard of living.
- Article 31 - to engage in play and recreational activities.
- Article 32 - to be protected from economic exploitation.

2.3 Assessment

2.3.1 Quality/ Patient Care

Financial wellbeing pathways

Activity to develop financial wellbeing referral pathways across midwifery, health visiting, and Family Nurse Partnership (FNP) teams has progressed well across the four partnership areas as summarised below and in Appendix 2.

Since questions about financial worries were embedded in Trak at the end of May 2024, 141 women (6%) were identified as having money worries, of these 48% were offered and accepted a referral to income maximisation services.
Data from welfare rights advice services on the impact of this new pathway (on the number of families engaged, the number of client contacts and anonymised client financial gain) is due in the coming weeks.

Partnership area	Progress update
East Lothian & Midlothian	Automated referral pathways between Midwifery teams (using Trak) and Musselburgh and Penicuik Citizens Advice Bureaus went live in August 2024 and are running smoothly. Referral numbers have been relatively low, due to the limited number of pregnant patients disclosing money worries as part of their antenatal booking appointment. The health visiting and family nurse partnership teams are interested in the creation of a referral pathway to Musselburgh and Penicuik Citizens Advice Bureaus to increase efficiency for their staff. A Data Protection Impact Assessment to use email to securely make referrals has been submitted and it is hoped to be active by December 2024. Any change to Community Trak will require to be part of a wider programme of change to health visitor and FNP data collection fields.
Edinburgh	Data protection paperwork is being finalised. Once approved, this will allow automated referrals from maternity services to 4 community financial advice services. In the interim, midwives continue to document screening questions in Trak & signpost relevant women to financial support.
West Lothian	West Lothian FORT (Fast Online Referral Tracking system) allows for referrals to be made, monitored and tracked to various services in West Lothian. A Data Protection Impact Assessment and Information Sharing process was approved in Spring 2024 to allow access for midwives, health visitors and the FNP to West Lothian FORT.

The above work on financial wellbeing referral pathways is likely to generate increased demand for income maximisation services. Thus, local public health teams have undertaken reviews of current provision across all four local authority areas. Most recently Midlothian has produced the 'Equitable access to income maximisation, welfare and debt advice services in Midlothian' (September 2024). Edinburgh has completed a needs assessment exploring the scale and nature of need for welfare rights and debt advice services in the city. All areas continue to work in partnership to implement the recommendations of these reviews to ensure that services remain coordinated, financially sustainable and responsive to need, including addressing the rise in in-work poverty and cost of living crisis.

Additional income maximisation activity, using Health Improvements Funding or developing emergency infant food insecurity pathways and links to services supporting with costs of food, energy and clothing, is also underway across areas.

Additional child poverty work

Edinburgh's Local Child Poverty Action Plan group which includes NHS Lothian, Edinburgh Health and Social Care Partnership, and Capital City Partnership successfully bid for £80,000 of child poverty accelerator fund monies in round 1 and 2 of applications in 2023. This has been used to trial methods to promote and extend the Discover! Programme (holiday programme for families living in poverty), develop animated resources that build staff understanding, capacity and confidence to help address child poverty in a stigma free manner and test ways of embedding income maximisation advice workers within support services targeted at families with disabled adults or children. The latter included a trial of early intervention outreach work in midwifery and health visitor services and in early years settings.

In partnership with East Lothian Council's Equalities and Tackling Poverty Officer and the Improvement Service, the EL Partnership & Place team carried out a self-assessment of child poverty work in East Lothian. This took the form of a 32-question survey and three in-person sessions aimed at gathering views from members of the Community Planning Partnership about how well East Lothian's approach to tackling child poverty is working, including any challenges or areas for improvement. The self-assessment yielded nine initial improvement statements, which later grew to 17 upon subsequent conversations with key stakeholders. These improvement statements were integrated in the East Lothian Poverty Plan 2024-2027.

Data Workstreams

All partnership areas are contributing to work aiming to support more effective use of data to understand and act upon child poverty.

In Midlothian, West Lothian and East Lothian this is being supported through successful securing of Child Poverty Accelerator Funding (CPAF). In East Lothian this focuses upon a data management test of change which aims to enhance the quality and utility of both quantitative and qualitative lived experience data. Such incorporation of the voices of those with lived experience, aims to ensure a human-centred, trauma-informed approach to data collection, sharing, and analysis. If progress is satisfactory, an additional £26,667 will be awarded to continue the work in 2025/26. Similarly, Midlothian HSCP, in conjunction with Sure Start, used CPAF (July 2023) monies to train 13 researchers to gather people's experiences of the cost-of-living crisis. The data gathered from this 'Our Experiences, Our Voices, Our Stories' research will inform the council and Scottish Government's understanding and responses to people's lived experience of poverty.

All partnership areas are collaborating with Public Health Scotland on a deep dive into income maximisation services within the NHS and, building on work from Midlothian to develop a set of child poverty indicators, scoping with PHS the feasibility of a child poverty dashboard.

2.3.2 Workforce

Ensuring that the workforce feel appropriately knowledgeable and skilled to identify and support families with money worries, including through the use of the pathways described above, remains a focus across the four partnership and place teams. Feedback from staff often cites time pressures and a lack of a clear list of accredited "off-the-shelf" training as barriers. Work is ongoing with Public Health Scotland to collate such a resource.

Information on financial wellbeing referral pathways across the four partnership areas has been disseminated to Community Paediatric staff. Training is also provided in conjunction with relevant partners e.g., local authority or third sector money advice services. Recent evaluation of Money Counts training was positive, with 78 – 88% of the 260 participants who had attended between September 2023 and June 2024 reporting they felt more aware of the causes and impact of poverty, more able to identify people experiencing money worries and more informed about where to signpost people for information and support.

2.3.3 Financial

There are no specific resource implications at this time. Staff capacity is required to ensure successful implementation of the actions outlined above, including development, evaluation and attendance at training. There will be a future need for further investment in income maximisation services and to increase these where possible.

2.3.4 Risk Assessment/Management

Several partners have raised concerns about sustainability of funding for community income maximisation services given the context of budgetary cuts and increasing demand threatening to overwhelm capacity. If funding for these services was reduced it would present a significant risk to NHS Lothian's ability to fulfil its obligations around actions to reduce the number of children and families living in poverty. The Child Poverty Anchor Institution working group is investigating options to secure future funding for hospital and maternal and child health income maximisation pathways.

Progress with embedding financial wellbeing referral pathways across NHS early years services has been slower than hoped. There is a statutory requirement to provide income maximisation support for pregnant women and families, and a need to ensure that families at greatest risk of poverty are prioritised. There is a risk that we will not adequately meet this requirement, particularly if current scoping work identifies a need for changes in the community Trak care system as timescales for enacting this may be protracted.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

Nil in addition to those outlined above.

2.3.7 Communication, involvement, engagement and consultation

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

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.

- Population Health Senior Leadership Team, 15 October 2024.
- Public Health Senior Management Team 28 October 2024.

2.4 Recommendation

- Awareness – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Local Child Poverty Action Reports (LCPARs).
- Appendix 2: Analysis of Trak recorded answers to money worries screening questions and outcomes of money worries referral April – September 2024.

Appendix 1: Local Child Poverty Action Reports (LCPARs).

- The West Lothian report 23/24 report was approved by both NHS Lothian and West Lothian Council in September 2024. It is due for submission to Improvement Scotland and publication on West Lothian Council's webpage in the coming weeks - Tackling Child Poverty - West Lothian Council

- The City of Edinburgh report has been approved by both Edinburgh City Council and NHS Lothian. It was published on 22 October 2024 and is available here Item 7.2 - End Poverty in Edinburgh Annual Progress Report.pdf

- Reports for East Lothian and Midlothian are going through the collaborative drafting and approval process currently. They are scheduled for publication in October and December respectively. The most recent reports can be found here:

  - Midlothian
    https://services.nhslothian.scot/publichealth/population-health-team/

  - East Lothian
    https://www.eastlothian.gov.uk/downloads/download/13242/child_poverty_action_report

Appendix 2: Analysis of Trak recorded answers to money worries screening questions and outcomes of money worries referral April – September 2024.

Table 1: Do you have any money worries? – total numbers and (percentage) of total women seen – to 2 decimal places).

	East Lothian	Edinburgh	Midlothian	West Lothian	Other/unknown	NHS Lothian
Yes	10 (4)	80 (6)	16 (5)	33 (2)	2 (6)	141 (6)
No	260(96)	1361 (94)	269 (92)	466 (93)	34 (94)	2390 (94)
Not discussed	1 (0)	2 (0)	5 (1)	1 (0)	0 (0)	9 (0)
Missing	0 (0)	2 (0)	3 (0)	0 (0)	0 (0)	5 (0)
Total	271	1445	293	500	36	2545

Table 2: Of those with money worries, what was the outcome of money worries referral?

	East Lothian	Edinburgh	Midlothian	West Lothian	Other/unknown	NHS Lothian
Accepted	6 (60)	24 (30)	11 (69)	25 (76)	1 (50)	67 (48)
Declined	2(20)	12 (15)	2 (13)	2 (6)	0 (0)	18 (13)
Not offered	0 (0)	13 (1)	1 (6)	0 (0)	0(0)	14 (10)
Missing	2 (20)	31 (39)	2 (13)	6 (18)	1 (50)	42 (30)
Total	10	80	16	33	2	141

[i] Local Indicators of Child Poverty After Housing Costs 2022-2023. Centre for Research in Social Policy, Loughborough University (Sept 2024). Child Poverty Statistics - End Child Poverty

NHS Lothian

13.

Meeting:	**NHS Lothian Board**
Meeting date:	**04 December 2024**
Title:	**Performance Report**
Responsible Executive:	**Jim Crombie, Deputy Chief Executive**
Report Author:	**Lauren Wands, Performance and Business Manager**

1 Purpose

This report is presented for:

Assurance	☐	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

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

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

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

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

Safe	☐	Effective	☒
Person-Centred	☐		

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

2 Report summary

2.1 Situation

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 – Sept 2024	On track – Sept 2024
Scheduled Care Inpatients/Day cases	Not Met – Sept 2024	On track – Sept 2024
8 Key Diagnostic Tests - Endoscopy	Not Met – Oct 2024	Off plan – Oct 2024
8 Key Diagnostic Tests - Radiology	Not Met – Oct 2024	Off plan – Oct 2024
31-Day Cancer Performance	Not Met – Sept 2024	On track – Sept 2024
62-Day Cancer Performance	Not Met – Sept 2024	Off plan – Sept 2024
Accident and Emergency 4 Hour Performance	Not Met – Oct 2024	Off plan – Oct 2024
Delayed Discharges	N/A	N/A
IVF Waiting Times Performance	Met – Sept 2024	N/A
Early Access to Antenatal Services	Met – Aug 2024	N/A
Primary Care *General Practice Activity Measures*	N/A	N/A
Psychological Therapies Waiting Times Performance	Not Met – Sept 2024	On track – Sept 2024
CAMHS Waiting Times Performance	Not Met – Sept 2024	Off plan – Sept 2024
Smoking Cessation Performance	Not Met – Q4 2023/24	N/A

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.

[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

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 October 2024. The next report will be available in January 2025.

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 both CAMHs and Psychological Therapies, it has been forecast that due to the reduced financial envelope we should anticipate that the national 18-week standard will not be met moving forward.

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] https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/

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 19 November 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

December 2024/25

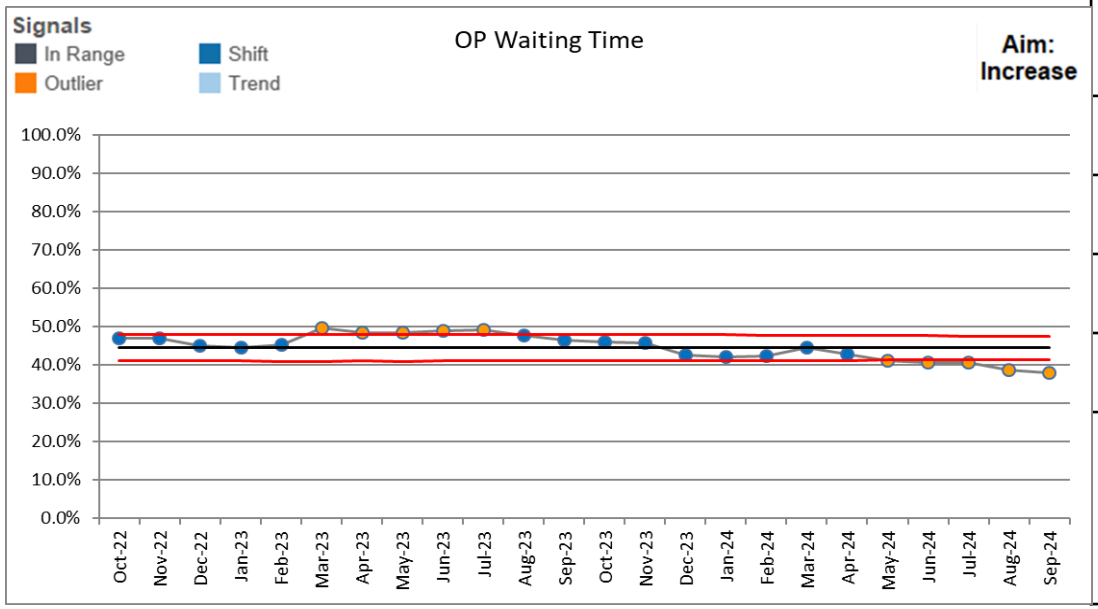
Overview 2024-25 NHS Lothian Board Indicators

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	38% (Sept 24)	N/A	Limited assurance – national standard	38% (Sept 24)	39% (Sept 24)	95%
Treatment Time Guarantee (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	60.2% (Sept 24)	N/A	Limited assurance – national standard	60.2% (Sept 24)	57.9% (Sept 24)	100%
8 Key Diagnostic Tests - Endoscopy (ADP measure)	5185 – Access to Treatment	*Please see individual slide for breakdown.*					
8 Key Diagnostic Tests - Radiology (ADP measure)	5185 – Access to Treatment	*Please see individual slide for breakdown.*					
31 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	94.1% (Sept 24)	93.6% (Q2 24/25)	Limited assurance – national standard	94.1% (Sept 24)	93.7% (Sept 24)	95%
62 Day Cancer Performance (Local Delivery Plan (LDP) Standard)	5185 – Access to Treatment	73.7% (Sept 24)	81% (Q2 24/25)	Limited assurance – national standard	73.7% (Sept 24)	70.3% (Sept 24)	95%
Accident and Emergency 4 Hour (Local Delivery Plan (LDP) Standard)	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	60% (Oct 24)	71%% (Oct 24)	Limited assurance – national standard	60.1% (Oct 24)	65.6% (Oct 24)	95%
Delayed Discharges	5186 – 4 Hours Emergency Access 3726 – Hospital Bed Occupancy	318 (average)	N/A	Limited assurance	300 of 1,951 delays in Scotland (15.3%)		N/A
IVF Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	100%	N/A	Significant assurance – national standard	100%	100%	90%
Early Access to Antenatal Services *(Local Delivery Plan (LDP) Standard)*	-	90.27%	N/A	Significant assurance – national standard	90%	-	80%
Primary Care *General Practice Activity Measures*	-	*Please see individual slide for breakdown.*					
Psychological Therapies Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	81.6% (Sept 24)	80.3% (Sept 24)	Limited assurance – trajectory by end 2024/25	81.6% (Sept 24)	81.4% (Sept 24)	90%
CAMHS Waiting Times Performance (Local Delivery Plan (LDP) Standard)	-	67.7% (Sept 24)	75.5% (Sept 24)	Limited assurance - trajectory by end 2024/25	67.7% (Sept 24)	91.3% (Sept 24)	90%
Smoking Cessation Performance (Local Delivery Plan (LDP) Standard)	-	66.4% (Jan – Mar 24)	196 / 295	Limited assurance - against delivery by end March 2025	66.4% (Jan – Mar 24)	29% to 83% (Oct-Dec23)[2]	295/295

Scheduled Care – New Outpatients

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**September 2024**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 - Access to Treatment - Very High

12 Weeks 1st Outpatient Appointment - *(Local Delivery Plan (LDP) Standard)*



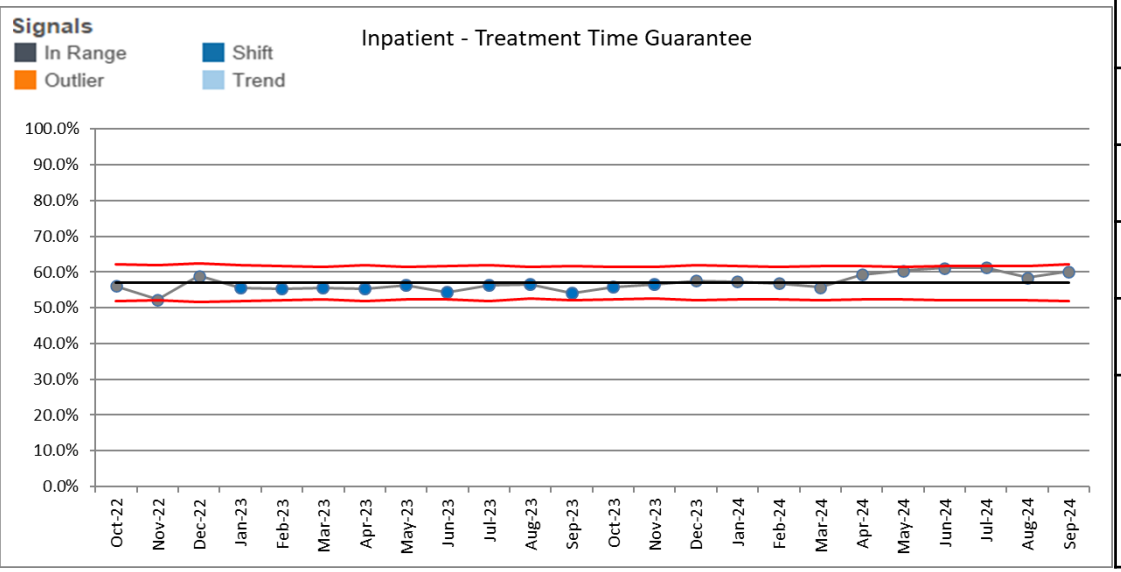
KPI	Latest Performance (September 2024)	ADP Trajectory (September 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 24)
Total List Size	95,738	114,970	132,940	NHSL accounted for 16.4% of Scotland
Waits > 52 weeks	14,016	18,604	39,534	NHSL accounted for 18.9% of Scotland
Waits > 78 weeks	3,276	7,158	16,273	NHSL accounted for 20.1% of Scotland
Waits > 104 weeks	498	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)***	38%	N/A	N/A	40.9% (Scotland average)

Summary	Actions	Assurance
Activity: Activity delivered in September 2024 was -7.1% below the projected plan, equating to -1.3% for the year to date. **Additions:** Additions to the waiting list are -3.6% lower overall for the year to date than last year. A shift in demand profile towards increasing urgent and suspicion of cancer referrals in certain specialties has been articulated previously. **Long Waits:** All long wait areas (over 52, 78 & 104 weeks) are exceeding the ADP trajectory, although the numbers are, as projected, increasing.	• The Outpatient Redesign Programme is nearing completion with a focus on benefits realisation and, embedding and increasing improvements such as patient focused booking and patient initiated follow up. • Some additional outpatient activity is being delivered through further Scottish Government funding, and this is being closely monitored. • Waiting list validation is now well underway with just over 20,500 acute outpatients contacted within the previous 3 months to enquire whether treatment is still required. This has resulted in c 6,000 removals from lists.	Limited assurance. Monitoring processes are in place through local Delivery Groups and a series of internal reports.

Scheduled Care - Treatment Time Guarantee

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**September 2024**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 - Access to Treatment – Very High

Treatment Time Guarantee- *(Local Delivery Plan (LDP) Standard)*



KPI	Latest Performance (September 2024)	ADP Trajectory (September 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 24)
Total List Size	24,156	29,654	30,096	NHSL accounted for 15.9% of Scotland
Waits > 52 weeks	6,734	7,872	8,234	NHSL accounted for 17.7% of Scotland
Waits > 78 weeks	2,422	3,258	3,426	NHSL accounted for 13.7% of Scotland
Waits > 104 weeks	446	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)*	60.2%	N/A	N/A	58.4% Scotland average

Summary	Actions	Assurance
Activity: Activity delivered in September 2024 was -21.8% below the projected plan, equating to -5.0% for the year to date. **Additions:** Additions to the waiting list are -14.6% lower for the year to date compared to last year and –10.7% lower than projected for this year. **Long Waits:** All long wait areas (over 52, 78 & 104 weeks) are exceeding the ADP trajectory, although the numbers are, as projected, increasing. The number of patients waiting over 52 weeks and over 78 weeks are challenged in some specialties (including Orthopaedics and Plastics), and this is under close review.	• Performance is being closely managed through the Access Delivery Group and the Scheduled Care Delivery Board. • Discussions are ongoing to maximise utilisation of available capacity at the Fife NTC and Golden Jubilee Hospital for both Orthopaedics and Ophthalmology. • Additional activity being delivered with funding from Scottish Government is being closely monitored. • The Inpatient Daycase Delivery Group continues to drive performance against the agreed KPIs and trajectories with a real focus on theatre utilisation and same day cancellations.	Limited assurance. Monitoring processes are in place through local Delivery Groups and a series of internal reports.

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**October 2024**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 - Access to Treatment – Very High

Endoscopy – 4 Key Diagnostic Tests

KPI	Latest Performance (October 2024)	ADP Trajectory (Sept 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 2024)
Total List Size	6377	4851	8808	NHSL accounted for 14.7% of Scotland
Waits > 6 weeks	4433	4193	8374	NHSL accounted for 15.5% of Scotland
Waits > 26 weeks	2226	2420	5435	NHSL accounted for 13.1% of Scotland
Waits > 52 weeks	442	536	2178	NHSL accounted for 7.7% of Scotland
% waits within 6 weeks	30.5%	N/A	N/A	40% (Scotland average)

Summary	Actions	Assurance
The total waiting list size is above the original projections however those patients waiting over 6, 26 and 52 weeks are currently lower 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.	• Active clinical referral triage (ACRT) is in place with close review of all referrals. • Ringfencing of capacity is in place for urgent and high-risk surveillance patients. • Some additional funding has been received from the Scottish Government, and this is being used to deliver extra weekend sessions with options for further waiting list validation being considered. • Daily monitoring is in place to review and flex available capacity. • Revalidation of 3000 patients from December 2024 to March 2025, focusing on high risk, surveillance and long wait queues.	Limited assurance

Scheduled Care – 8 Key Diagnostic Tests

Responsible Director(s):	Chief of Acute Services	**Reporting Period:**	**October 2024**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 - Access to Treatment – Very High

Radiology – 4 Key Diagnostic Tests

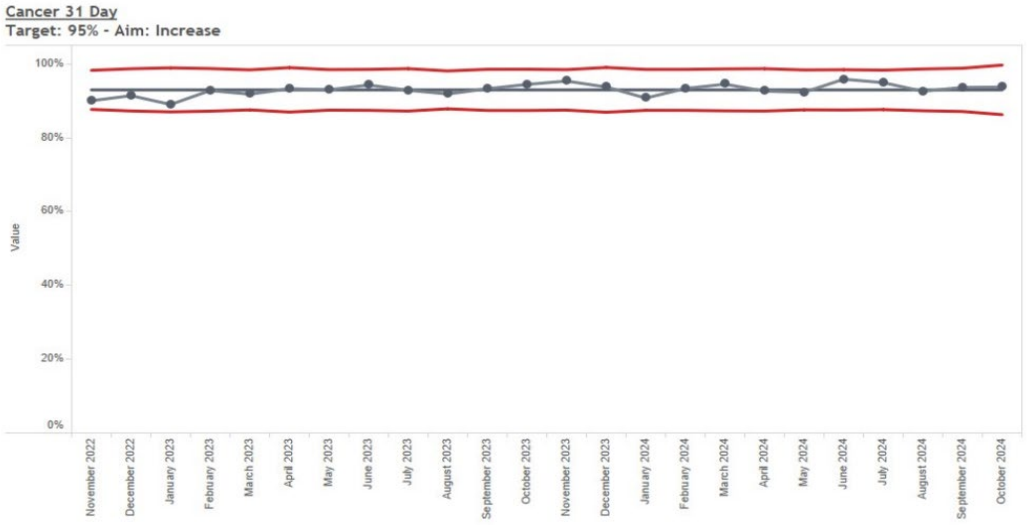
KPI	Latest Performance (October 2024)	ADP Trajectory (September 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (June 2024)
Total List Size	6377	4851	8808	NHSL accounted for 14.7% of Scotland
Waits > 6 weeks	4433	4193	8374	NHSL accounted for 15.5% of Scotland
Waits > 26 weeks	2226	2420	5435	NHSL accounted for 13.1% of Scotland
Waits > 52 weeks	442	536	2178	NHSL accounted for 7.7% of Scotland
% waits within 6 weeks	30.5%	N/A	N/A	40% (Scotland average)

Summary	Actions	Assurance
Areas of Note (as of 7th November 2024): • CT – 58 cases over 26 weeks • MRI – 519 cases over 26 weeks • General US – 426 cases over 26 weeks • Trak system errors account for some long waiting patients, and these are being identified and corrected by the service team. • The total list size is breaching trajectory at the end of October 2024 however the >6-week performance is exceeding trajectory by 1154. • A return to trajectory compliance had been expected in Q3 24/25 as Scottish Government funding had been assumed for the full year 24/25. Unfortunately, this funding has now been withdrawn resulting in a loss of additional CT and MR scanning from October 2024, and the end of locum sonography input in December 2024. Mobile van resources will continue until the end of March 2025. • Activity has consistently been higher than planned despite operational difficulties. In September 2024, 8% more activity was delivered than planned.	• Alternative non-recurring funding is being sought for winter and wider slippage sources in order to reinstate additional capacity previously supported by the withdrawn Scottish Government funding. • Internal capacity is currently being used for the highest priority referrals, with reduced capacity seeing an inability to provide as much activity for routine outpatient referrals as originally planned with the withdrawn Scottish Government funding. • Demand Management work is being undertaken in conjunction with the NHSL Sustainability and Value team, in an effort to reduce inappropriate or unnecessary testing that consumes capacity.	Limited assurance Monitoring mechanism in place to proactively review and report on a weekly basis.

Scheduled Care – 31-Day Cancer Waiting Times

Responsible Director(s):	**Chief of Acute Services**	**Reporting Period:**	**September 2024 (Published Data)**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 – Access to Treatment – Very High

31-Day Cancer Performance - *(Local Delivery Plan (LDP) Standard)*



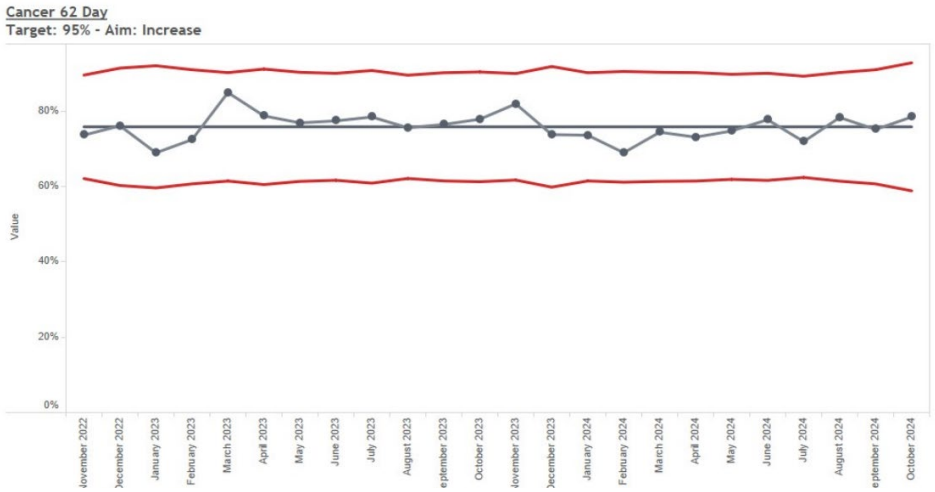
KPI	Latest Performance (September 2024)	ADP Trajectory (Q2 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (September 2024)
95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.1%	93.6%	93.4%	93.7% Scotland average
Median 31-Day Wait	3 days	N/A	N/A	4 days
95th Percentile 31-Day Wait	36 days	N/A	N/A	34 days

Summary	Actions	Assurance
In September 2024, NHS Lothian treated 371 patients on 31-day pathways, of which 349 made their treatment target date. Of the 22 breaches there were: - 14 Urology - 3 Upper GI - 2 Colorectal - 1 Cervical - 1 Breast **Areas of note and drivers for this:** - Robotic Assisted Radical Prostatectomy (RARP) procedures have a substantial wait of around 6-8 months, meaning any patients for this procedure will breach at present.	• NHSL Urology service is currently collaborating with NHS GG&C around utilising their surgeons within Lothian to treat patients. • The first RARP list has been now completed by NHS GG&C staff in Lothian. • Monitoring mechanisms in place to proactively review and support include the Weekly Patient Tracker List (PTL) meetings, Weekly Cancer Performance Huddle, Quarterly Performance Reviews and oversight through the Access & Delivery Group and Cancer & Diagnostics Delivery Group.	Limited assurance

Scheduled Care – 62-Day Cancer Waiting Times

Responsible Director(s):	**Chief of Acute Services**	**Reporting Period:**	**September 2024 (Published Data)**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	ID 5185 – Access to Treatment – Very High

62-Day Cancer Performance - *(Local Delivery Plan (LDP) Standard)*



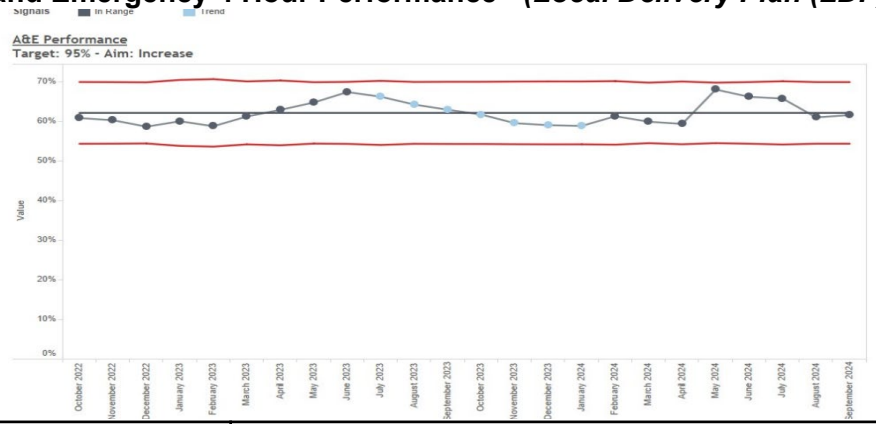
KPI	Latest Performance (September 2024)	ADP Trajectory (Q2 24/25)	ADP Trajectory Forecast (end March 2025)	National Benchmarking (September 24)
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	73.7%	81.0%	79.3%	70.3% Scotland average
Median 62-Day Wait	45 days	N/A	N/A	50 days
95th Percentile 62-Day Wait	177 days	N/A	N/A	140 days

Summary	Actions	Assurance
In September 2024, NHS Lothian treated 213 patients on 62-day pathways, of which 157 made their treatment target date. Of the 56 breaches there were: - 32 Urology - 13 Colorectal - 3 Upper GI - 3 Breast - 2 Lymphoma - 1 Lung - 1 Cervical - 1 Ovarian **Areas of note and drivers for this:** • Urology Prostate diagnostic pathway currently has long waits for most pathway stages (Biopsy, OPD clinics, MRI, Oncology clinic). • Endoscopy backlogs are impacting the Colorectal diagnostic pathway, although the position has substantially improved over the last 12 months.	• Increased internal Nursing training is being completed within Urology to improve resilience/capacity across the pathway steps. • Additional Endoscopy lists are being run to reduce backlogs. Endoscopy are currently only seeing clinically urgent and USoC patients. • Monitoring mechanisms in place to proactively review and support include the Weekly Patient Tracker List (PTL) meetings, Weekly Cancer Performance Huddle, Quarterly Performance Reviews and oversight through the Access & Delivery Group and Cancer & Diagnostics Delivery Group.	Limited assurance • Consistently failing the target with a current backlog of 71 confirmed breaches. The service would require significant resource investment in Urology service clinical staff and maintaining/improving in all other pathways to deliver 95%.

Unscheduled Care – 4-hour A&E Performance

Responsible Director(s):	Chief of Acute Services, Unscheduled Care Programme Director, HSCP Chiefs	**Reporting Period:**	**October 2024**
Data Source:	PHS and Internal Management Information	**Linked Corporate Risk(s):**	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Accident and Emergency 4 Hour Performance - *(Local Delivery Plan (LDP) Standard)*



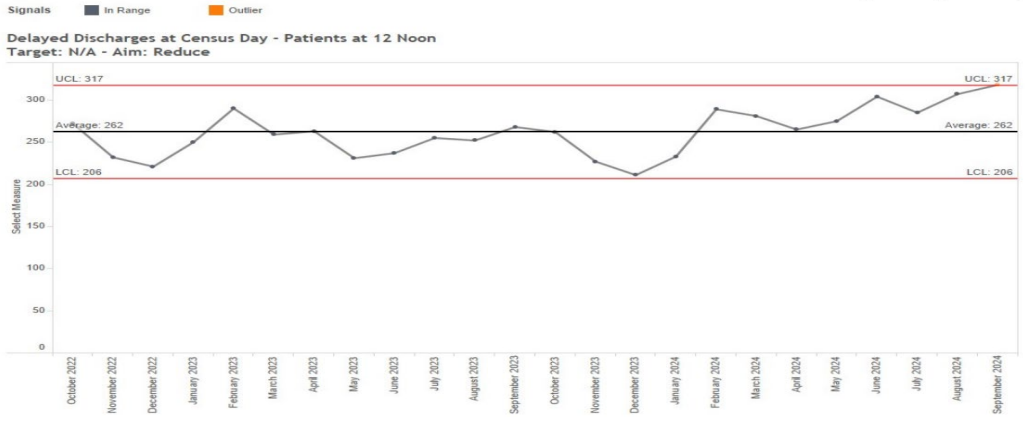
KPI	Latest Performance (October 2024)	Trajectory Forecast (October 2024)	National Benchmarking (July-2024)
95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%. (all sites)	**60%**	**71%**	**65.8% (11 of 14 Boards)**
RHCYP	**90%**	**94%**	
RIE	**47%**	**65%**	
SJH	**55%**	**65%**	
WGH	**63%**	**65%**	

Summary	Actions	Assurance
Performance • 4-hour EAS - The average 4-hr EAS performance Pan-Lothian in October 2024 is 60%. • The average Pan-Lothian performance for non-admitted flow in October 2024 is 70%. **Areas of note and drivers for performance** • Across all sites, issues related to high hospital occupancy and long waits for admitted patients (those requiring beds) spill over into the non-admitted flow, affecting the efficiency of other areas such as assessment units and emergency care.	**RIE** • Discharge forum has been established and is overseeing all discharge related activity (focus on LoS, PDD roll out, ESD, Discharge Lounge utilisation, Pre-noon discharges). • Ongoing work on a Winter bid to support review of patients in the queue by Acute Medicine. • POD E model is in place with the new Front Door SOP now signed off. • Escalation framework is in place describing actions to address delays to Time to Triage or First Assessment. **WGH** • Manchester Triage Score has been introduced to reduce risk/ improve patient safety. • Steps being taken to reduce site occupancy - Flowthian, DWD, Promote Home First/D2A, LoS specialty improvement work, long length of stay group with Edinburgh HSCP. • Introduction of a Front Door frailty team. • Stress/distress work on inpatient wards and escalation for mental health capacity. • Surgical test of change - hot clinics to reduce the volume in SAU/use of day bed. • Promotion of D2A, Home First, Improved signage/guidance for self-presenters and RACU. **SJH** • DwD programme with focus on PDD implementation across the site, LoS work, and recruitment drives for nursing teams. • Redirection policy has been implemented. **In response to current performance and concerns regarding winter pressures a SLWG has been established to drive focused improvement work on priority areas below:** • Hospital Occupancy • Length of Stay (LOS) • A&E Attendances and Admissions • A final proposal was submitted to the Scottish Government for review on the 11th November 2024.	• At RIE, delays remain challenging across the site and Discharges, although showing variation, remain static • At WGH, Discharge rate has increased by 35% and data continues to show PDD process is embedded within phase 1 and 2 and continues to have an overall impact on the average Length of Stay (LoS). • At SJH, The average LoS on wards with PDD implemented remains at an average of 5.9 days reduced from 8 days, reflecting a sustained improvement compared to pre-PDD levels. • 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. • The Length of Stay programmes (Led by Site Directors) on the adult acute sites has been received positively by specialty teams and sites are developing LoS action plans with each of the specialties that will be supported by the site leadership teams. **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.

Unscheduled Care – Delayed Discharges

Responsible Director(s):	Unscheduled Care Programme Director, HSCP Chiefs, Chief of Acute Service	**Reporting Period:**	**October 2024**
Data Source:	PHS and Internal Management Information	**Linked Corporate Risk(s):**	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Very High Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Very High

Delayed Discharges at Census Day (all sites):



KPI	Latest Performance (October 2024)	Trajectory (2024/25)	National Benchmarking (Oct-2024)
Total Delayed Discharge (Lothian)	318 – October 2024	N/A	318 of 2.083 delays in Scotland (15.8%)
Delays at monthly census point per 100,000 18+ East Lothian HSCP	337 – October 2024	34.6 total delays per 100,000 adults	-
Delays at monthly census point per 100,000 18+ Edinburgh HSCP	46.3 – October 2024		-
Delays at monthly census point per 100,000 18+ Midlothian HSCP	45.9 – October 2024		-
Delays at monthly census point per 100,000 18+ West Lothian HSCP	41.2 – October 2024		-

Summary

Edinburgh Health and Social Care Partnership:
Key Challenges: Increased delayed discharges mainly due to lack of care home capacity in and around Edinburgh at the National Care Home Rate. This has resulted from the closure of an external care home in May 2024. Financial pressures are restricting increasing capacity.

West Lothian Health and Social Care Partnership:
Key Challenges: Increase in delayed discharges due to lack of care home places, especially for dementia care.

East Lothian Health and Social Care Partnership:
Key Challenges: Deteriorated discharge position due to care at home capacity.

Midlothian HSCP Health and Social Care Partnership:
Key Challenges: Delays due to lack of care home beds, increasing population, and financial pressures.

Actions

Edinburgh Health and Social Care Partnership:
Mitigating Actions: Short term – 10 nursing care home beds opened within an internal care home, with a further 10 beds planned for coming on stream in December 2024. Medium term - move to a right sized inhouse reablement function, enhancement of care home brokerage, expansion of Hospital at Home in addition to regular huddles to target capacity and manage demand.

West Lothian Health and Social Care Partnership:
Mitigating Actions: New care home construction, tightened assessment processes and focus on discharge to assess, short-term improvement plan and 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. Additional 8 dementia HBCCC beds are operating over winter period.

East Lothian Health and Social Care Partnership:
Mitigating Actions: 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 – moderate risk.

Midlothian Health and Social Care Partnership:
Mitigating Actions: continuous monitoring of Midlothian residents within Bed Based Services, by Midlothian HSCO using Midlothian's Flow App to proactively identify and triage patients who could be pulled into our home first services for assessment and ongoing rehabilitation. We continued to see a downwards trend in our delays through sept, however this fluctuated up and down throughout October due to reduced availability of care home beds. 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 to review capacity and update our scheduling of activity across our home first services

Assurance

The HSCPs and Acute sites continue efforts to improve discharge processes in alignment with the Discharge without Delay (DwD) Programme. Using the Scottish Government Self-Assessment Tool, targeted areas for improvement have been identified, including the implementation of Planned Date of Discharge. Collaborative work in the Acute Medical Unit at the Royal Infirmary of Edinburgh (RIE) focuses on early supported discharge and expediting the discharge of medically fit patients within the first 72 hours of attendance as of June 2024.

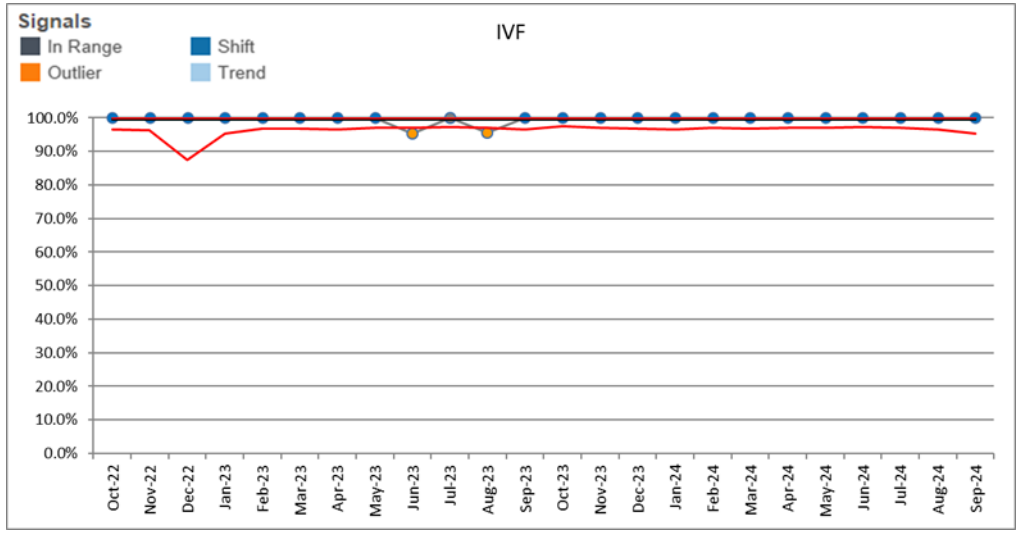
Limited assurance can be given however in relation to;

- The ability to deliver the mitigation plan to the full extent required to effect the necessary change.
- Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard and consistent bed occupancy levels.

Fertility & Pregnancy– IVF Waiting Times

Responsible Director(s):	**Chief of Acute Services**	**Reporting Period:**	**September 2024**
Data Source:	PHS and Internal Management	**Linked Corporate Risk(s):**	N/A

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



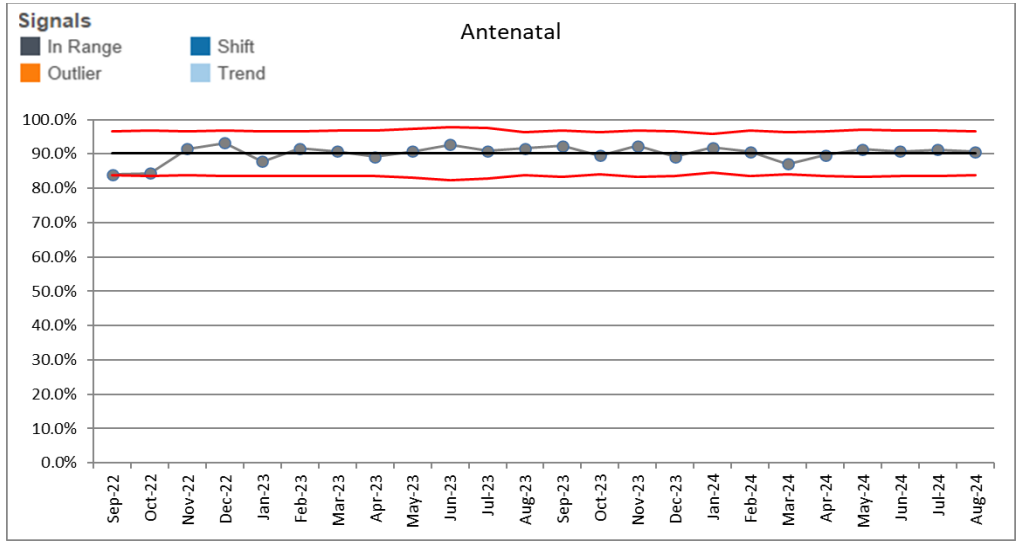
KPI	Latest Performance (September 2024)	National Standard/ Target	National Benchmarking (Q1 2024/25)
90% of eligible patients to commence IVF treatment within 12 months of referral.	100%	90%	100% Scotland average

Summary	Actions	Assurance
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.	Monitoring is ongoing via monthly reporting; however, no current actions are in place or outstanding.	Significant As noted, compliance with the standard has been consistent over the past 24 months. Monthly reporting maintains an appropriate level of monitoring and individual breaches of the standard are investigated.

Fertility & Pregnancy– Antenatal Access

Responsible Director(s):	**Chief of Acute Services**	**Reporting Period:**	**August 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 August 2024	National Benchmarking 2023 (full year)
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: 86.27% SIMD 2: 86.90% SIMD 3: 92.24% SIMD 4: 93.66% SIMD 5: 91.33% Overall, 90.27% in Aug 24	SIMD 1: 86.5% SIMD 5: 94.9%

Summary	Actions	Assurance
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 this standard.	Ongoing monitoring of booking is in place and any unexpected changes are discussed by the Service Management team. No current actions are outstanding.	Significant As noted, no breaches in the standard have been recorded over the past 24 months. Monitoring is ongoing via a monthly report with any unexpected changes being escalated to the Service Management team for review and action.

Primary Care

Responsible Director(s):	**Director Primary Care**	**Reporting Period:**	November 2024
Data Source:	DataLoch & Adastra	**Linked Corporate Risk(s):**	N/A

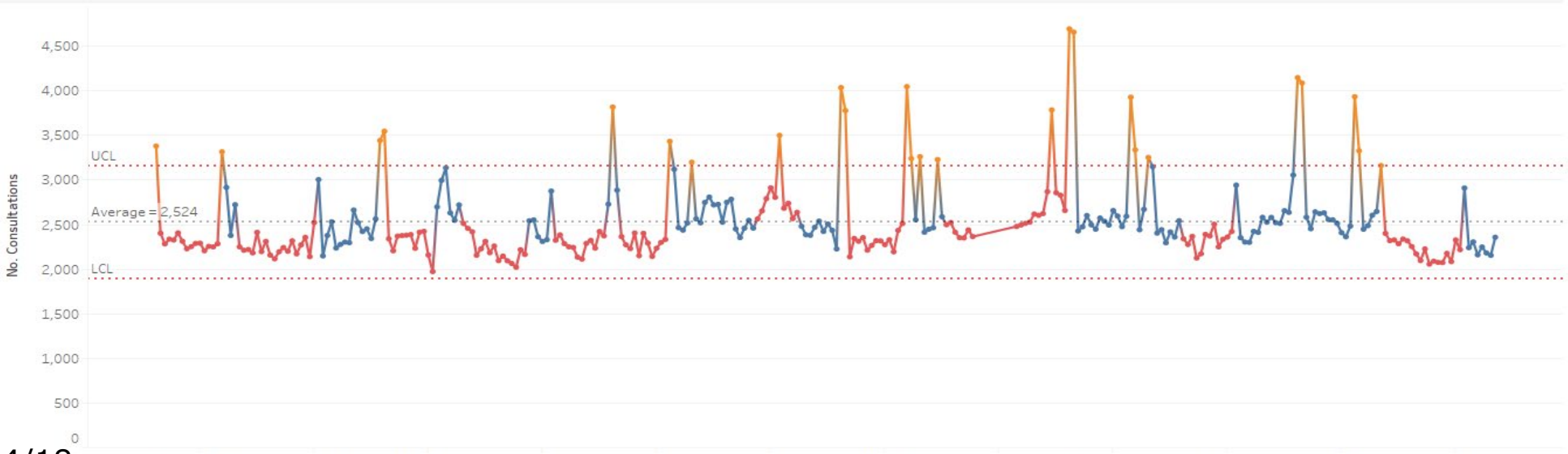
Measure	Latest position
Estimated General Practice (in hours) activity	For w/c 28 October 2024, there were an estimated 104,953 patient consultations across the 116 General Practices in Lothian. This is within normal variation.
General Practice Out-of-Hours (LUCS) activity	For w/c 28 October 2024 LUCS managed 2,155 patient consultations. This is below the weekly mean of 2,524, although within normal variation and is in line with seasonal fluctuations in demand.
Closed Practice Lists	3 practices (out of 116) have closed lists to new patients. The maximum number of practices with closed lists within the last 12 months has been 5.

Summary	Notes
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. Chart B provides the Lothian GP Out-of-Hours (LUCS) activity. The charts clearly show the seasonal fluctuations and the impact of public holidays – the spikes in LUCS activity represent public holidays and show the inverse of in-hours General Practice activity. Activity levels are largely stable and within normal variation.	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.

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

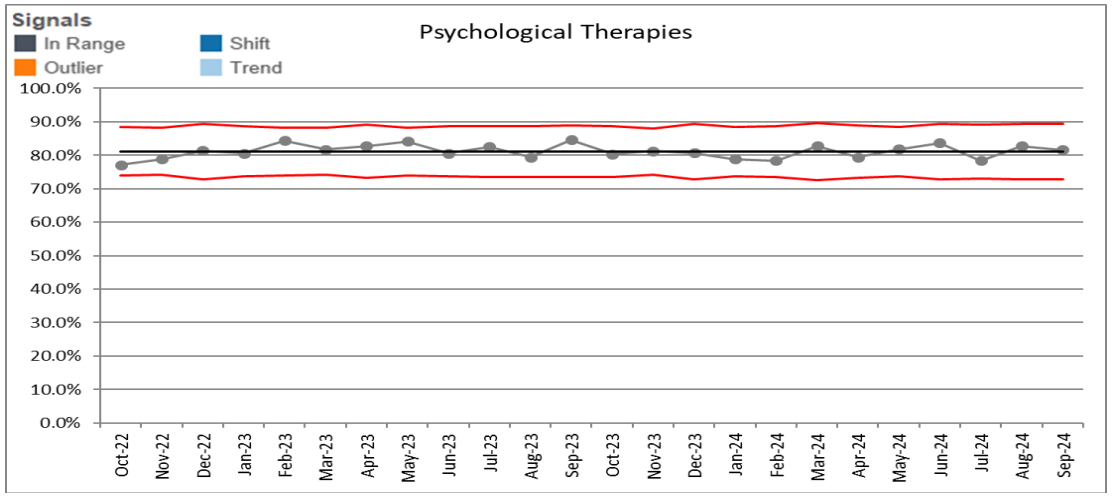


NOTES:
There was an outage of the clinical management system (Adastra) over August to September 2022. Data for that period is not available in this format.

Mental Health – Psychological Therapies

Responsible Director(s):	**REAS Services Director**	**Reporting Period:**	**September 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)*



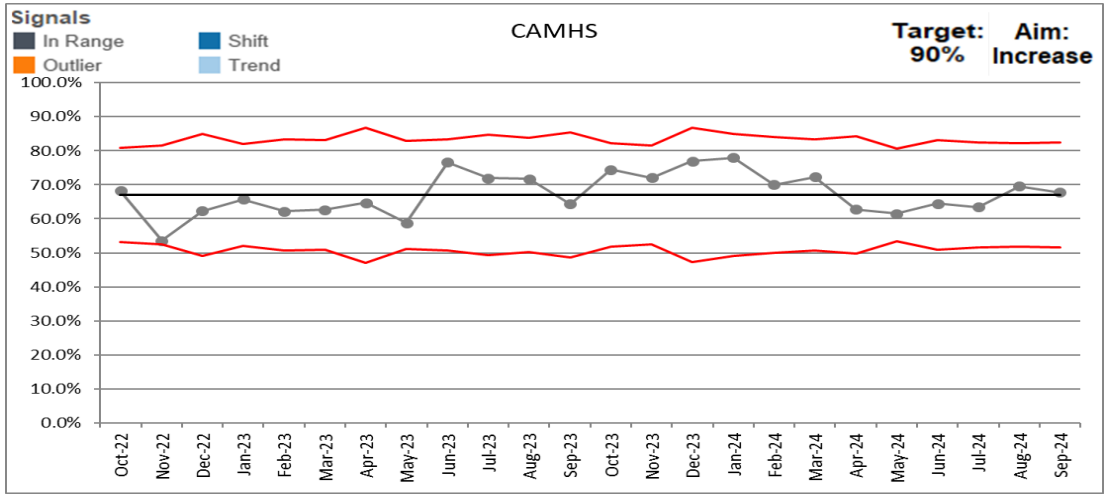
KPI	Latest Performance (September 2024)	Trajectory (August 2024)	Trajectory Forecast (end March 2025)	National Benchmarking (August 2024)
90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	81.6%	80.3%	82%	79.7% Scotland average
Total Waits	4042	2401	2364	NHSL accounted for 17% of Scotland
Waits > 52 weeks	81	58	32	Lothian accounted for 7.7% of Scotland

Summary	Actions	Assurance
Overall waits have decreased slightly in the last month but remain higher than the previous quarter average. The growth in wait times was anticipated and reflects the increased unfilled vacancies across the services. Due to reduced Mental Health Outcome Framework funding and historic reliance on slippage, Psychology are required to reduce the workforce in order to reach financial balance moving forward. Several individual AMH Psychology services have recently met the 18-week target; however this will not be sustained. At present, the number of patients waiting over 52 weeks remains static. Moving forward, there will be increased pressure on general Psychological Therapy Services across the four HSCP's due to the reductions in specialist services; Veteran's First Point, Staff Support Service and Maternity Services. We will therefore be reviewing how we can support as a profession within statutory services. This is likely to impact the patients we see and the services we are able to offer and management of wait times will need to be reviewed in line with this. Performance remains above the national average.	There is a requirement to reorganise staffing to fit within the current financial envelope. There are robust processes in place with monthly waiting list meetings ensuring all service leads can highlight issues in data and access the support required for ensuring accuracy of wait lists and capacity plans at both individual and team level. There are ongoing requirements from eHealth to support TRAK builds and the fixing of historic errors that continue to impact the accurate recording of activity.	We anticipate that we will not meet the LDP standard within the next five years due to current capacity and projected financial impact. The national target is for 90% of patients to start treatment within 18 weeks; however, our average remains around 80%. The Psychology SMT conducts ongoing monthly reviews of performance across all services to identify areas requiring additional support or facing challenges, and to understand their impact on the broader Lothian picture. In the current financial context, we are required to reduce the workforce and this will impact access to psychological therapies significantly. We are able to offer assurance on continued management of performance however not in terms of continued improvement in wait times.

Mental Health – CAMHS

Responsible Director(s):	**REAS Services Director**	**Reporting Period:**	**September 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)*



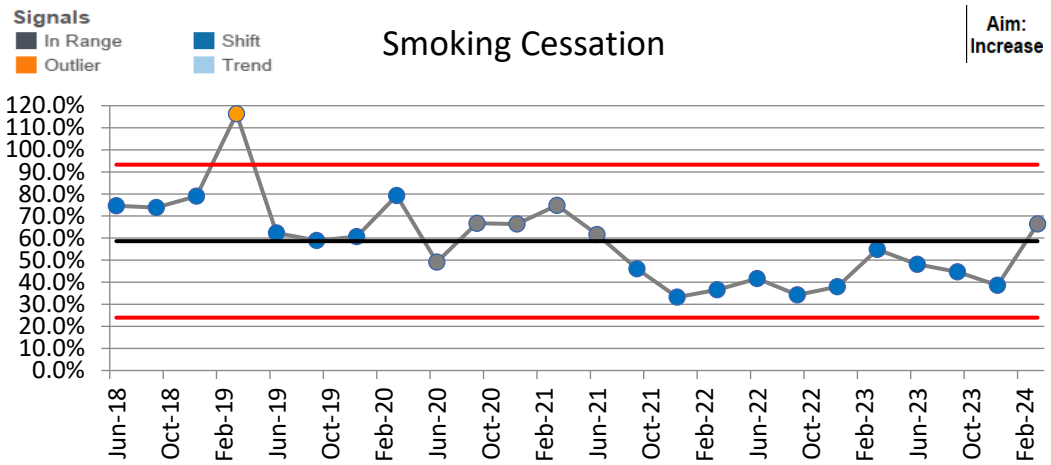
KPI	Latest Performance (September 2024)	Trajectory (September 2024)	Trajectory Forecast (end March 2025)	National Benchmarking (August 2024)
90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	67.7%	75.5%	77.9%	89.8% Scotland average
Total Waits	1720	1411	1591	Lothian accounted for 42% of Scotland
Waits > 52 weeks	39	67	61	Lothian accounted for 19.7% of Scotland

Summary	Actions	Assurance
Across all CAMHS Lothian, the overall performance for the LDP standard is at 67% (end of September 2024 position). This is a slight improvement from 63% in the last report (July 2024) and there continues to be a focus on allocating priority to longest waiting patients. Overall, there were a total of 1,720 patients waiting at the end of September 2024. At the end of September 2024, 595 patients were waiting >18 weeks with 39 patients waiting > 52 weeks – this compares to August 2024 with 640 patients waiting > 18 weeks and 19 patients waiting > 52 weeks. In March 2021, the number of patients who waited more than 18 weeks was 2,161; this is a reduction of 72% on the September 2024 figures. In the last 12 months, average treatment demand has been 95 – this compares to 119 across 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. Work is ongoing with the Scottish Government to review job plans & compare to other Boards.	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.	Limited assurance It is currently anticipated that the target will not be met with staffing levels due to reduced funding having affected service wait times performance.

Public Health – Smoking Cessation

Responsible Director(s):	Director of Public Health & Health Policy	**Reporting Period:**	**Q4 2023/24**
Data Source:	Published PHS Data	**Linked Corporate Risk(s):**	N/A

Smoking Cessation Performance - *(Local Delivery Plan (LDP) Standard)*



KPI	Latest Performance (Jan – Mar 2024)	Trajectory (Q4 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)	49.5% of 2023-24 smoking cessation target achieved. Jan – Mar 24 average 66.4%.	196/295	295/295	12 of 14 Health Boards. NHS Board performance against their annual LDP Standard ranged from 29% to 83%.

Summary	Actions	Assurance
QYW performance targets are modelled 50:50 between Specialist community/acute quits and Community Pharmacy quits. Specialist community and acute quit numbers are improving and quit numbers were above Scotland average and among the better performing NHS Boards for 2023-24.(Note that Q4 numbers are usually highest within year.) Community Pharmacy quit numbers have declined since Q2 2021-22. Q4 community pharmacy quits number was highest since Q1 2021-22.	Pharmacy Assist Team is providing training sessions for community pharmacy staff with a need to increase uptake. SG Pharmacy is recommending that GPs restart prescribing Varenicline as a stop smoking prescription drug. Lothian Pharmacy supplies to be confirmed prior to wider communication. Additional support for Edinburgh QYW team is being implemented to improve performance. 2024-25 mid-year review underway.	• Low level of assurance against delivery by end March 2025 due to consistently failing to meet the target. • Mid-year review will produce an Improvement Plan. • 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)

NHS Lothian

14.

Meeting: NHS Lothian Board

Meeting date: 4 December 2024

Title: Corporate Risk Register

Responsible Executive: Tracey Gillies, Medical Director

Report Author: Jill Gillies, Associate Director of Quality

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☒	Awareness	☒

This report relates to:

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

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

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

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

Safe	☒	Effective	☐
Person-Centred	☐		

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

2 Report summary

2.1 Situation

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 September/October 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table *(appendix 1).*

2.1.2 Note that the internal audit report of the corporate risk register process has been received and presented to the Audit and Risk Committee at the November meeting *(appendix 2).*

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. The Orange Book (publishing.service.gov.uk)*

2.3 Assessment

2.3.1 The internal audit report has now been received and presented to the November Audit and Risk committee. (see appendix 2). Moderate assurance was assigned overall with 4 of the 6 risks rated as significant assurance. Agreed management actions are now being progressed.

2.3.2 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												
	Oct-22	Dec-22	Feb-23	Apr-23	Jun-23	Aug-23	Oct-23	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24
3600 - Finance	25	25	25	25	25	25	25	25	25	25	25	25	25
5186 - 4 Hours Emergency Access Target	20	20	20	25	25	25	25	25	25	25	25	25	25
3726 - Hospital Bed Occupancy	20	20	20	25	25	25	25	25	25	25	25	25	25
5185 - Access to Treatment	20	20	20	25	25	25	25	25	25	25	25	25	25
5510 - REH Bed Occupancy			25	25	25	25	25	25	25	25	25	25	25
5784 - Low Secure Accommodation					Split of risk 5687, approved by Board April 2024					20	15	15	15
5785 - High Secure Female Accommodation					Split of risk 5687, approved by Board April 2024					12	12	12	12
5388 - HSDU Capacity	20	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	12	12	12
5737 - Royal Infirmary of Edinburgh Fire Safety					New risk approved by Board Decei			20	20	25	25	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	*3829

*3829: Board agreed to remove 10th October 24

2.3.3 Quality/ Patient Care

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

2.3.4 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.

2.3.5 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.

2.3.6 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.

2.3.7 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.

2.3.8 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.

2.3.9 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.

2.4 Recommendation

Discussion – Board members are asked to:

- Review the September/October 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table *(appendix 1).*
- Note that the internal audit report of the corporate risk register process has been carried out and the report has been received *(appendix 2).*

3. List of appendices

The following appendices are included with this report:

- Appendix 1: Risk assurance table
- Appendix 2: Risk management internal audit report

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
3600	**Finance** There is a significant risk that the Board is unable to respond to core existing service requirements as well as those arising from the population growth in all age groups across NHS Lothian, whilst maintaining its aging estate. This is because of a combination of the greatly restricted level of capital and revenue resource available for 2024/25, together with the uncertainty around future resources. This will result in an inability to plan for and deliver not only core services, on a financially prioritised and risk/ needs assessed basis, but also the additional capacity and infrastructure required. Resource limitation also impacts recovery from this situation and the ability to plan in the medium to long term, against a trajectory of increasing demand and ageing capital assets. Executive Lead: Craig Marriott Corporate objective: Revenue	**Finance & Resources Committee** **November 2020** ▪ Limited assurance accepted. **March 2021** ▪ Accepted following levels of assurance: o Significant: NHS Lothian ability to deliver a breakeven position in 2020/21. o Limited: delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22. **January 2022** ▪ Limited assurance accepted. **August 2022** ▪ Limited assurance accepted. **March 2023** ▪ Limited assurance accepted. **March 2024** ▪ Limited assurance accepted. ***Next to be presented March 2025***
		Outcome of Executive Lead Discussions **July/August 2023** • Concluded quarter 1 forecast and anticipate a further deterioration of £10m with the outcome expected of £32m 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		September/October 2024 • **Pay awards have now been confirmed although recurrent funding has still to be identified at a national level.** • **The limited capital flexibility is now having an impact on fragile services. The Eye Pavilion and RIDU have both got significant and urgent capital investment requirements. This will also have a detrimental impact on the revenue position.** • **We are now progressing with the financial plan for 2025/26 - it is clear that the size of the recurrent gap will increase due to the limited recurrent uplift and pressure on services. In mitigation, we are running a series of sessions to review potential choices to improve our fiscal sustainability. These will potentially impact on the service performance.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		Very High 25	Very High 25

5186	**4 Hours Emergency Access Target**
	
	There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.
	
	New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.
	
	Executive Lead: Jim Crombie
	
	Corporate objective: Unscheduled care
		<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.
		
		November 2020
		• Accepted following levels of assurance:
		  ○ Moderate: Winter plan which includes 4-hour performance in RIE ED.
		  ○ Significant: 4-Hr Emergency Access Target to March 2021.
		May 2023
		• Limited assurance accepted.
		November 2023
		• Limited assurance accepted.
		July 2024
		• Limited assurance accepted.
		
		Next to be presented January 2025
		
		<u>Strategic Planning and Performance Committee</u> – Performance
		
		June 2021	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		• Board downgraded risk from very high to high. **December 2021** • Board upgraded risk from high to very high. • No specific levels of assurance proposed or agreed. **September 2022** • Limited assurance accepted. **May 2023** • Limited assurance **November 2023** • Limited assurance: ***Next to be presented November 2024***
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** ▪ 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. ▪ 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		September/October 2024 • **The average 4-hr performance for NHS Lothian in August was 61% against the national average of 65.8%. This was below the trajectory of 65.7%.** • **As part of the RIE improvement work, a Breach Process Review has been drafted to complement the NHS Lothian 4- hour Emergency Care Standard & Breach Reporting Standard Operating Procedure.** • **There is a risk that changes to the bed base in Edinburgh City will have an impact on RIE capacity, increasing delays and adding further pressure to acute flow.** • **Work is ongoing with Edinburgh HSCP to develop proposals to mitigate impact including the expansion of the RIE ED frailty model, introduction of the model WGH and securing additional community capacity.** • **There is a risk that RIE services will not be able to offset winter pressures through service led initiatives because there will not be a winter funding provision nationally unlike previous years, leading to high levels of overcrowding in ED and poor patient flow.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		Very High 25	Very High 25

3726	**Hospital Bed Occupancy**
	
	There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian's capacity to achieve national standards.
	
	Executive Lead: Jim Crombie
	
	Corporate objective: Unscheduled care
		Healthcare Governance Committee – person-centred, safe, and effective care.
		
		September 2020
		• Moderate assurance
		November 2020
		• Accepted following levels of assurance:
		  ○ Moderate: Winter plan, which includes timely discharge.
		  ○ Significant: Delayed Discharges to March 2021.
		September 2022
		• Moderate assurance, except for EHSCP which was limited.
		May 2023
		• Limited assurance.
		November 2023
		• Limited assurance.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		July 2024 • Limited assurance accepted. ***Next to be presented November 2024*** **<u>Strategic Planning and Performance Committee</u>** – Performance **June 2021** • Board agreed to downgrade risk from very high to high. **April 2022** • Board re-framed risk (previously timely discharge) with grading very high (20). **September 2022** • Limited assurance accepted. **May 2023** • Limited assurance accepted. ***Next to be presented January 2025***
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** ▪ Bed occupancy rates continue to exceed 85% in all sites in April 2024. ▪ Average number of delayed discharges across all NHS Lothian sites in June 2024 was 306. A new 'target rate' of delays has been assigned to each Health and Social Care Partnership (HSCP) to work towards by October 2024. This is being closely monitored and supported in a whole system approach. ▪ Recent feedback from (Centre for Sustainable Delivery (CfSD) on NHS Lothian 's unscheduled care 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 an initial significant impact on hospital bed occupancy at the RIE.

Datix ID	Risk Title & Description	Committee Assurance Review Date	

		▪ Edinburgh City HSCP has consistently decreased occupied bed day (OBD) occurrences within RIE throughout 2023/24 through implementation of the Home First and Discharge Without Delay programmes. 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".
		
		September/October 2024
		• **Bed occupancy rates continue to exceed 85% in all sites.**
		• **The three adult acute sites continue Length of Stay (LoS) improvement programmes with the aim of reducing downstream bed occupancy levels and improving system flow.**
		  • **RIE**
		  ○ **Weekly discharges have remained steady with mean LoS across the site starting to recover compared with earlier in 2024. A decrease in Total Occupied Bed Days (TOBD) has been observed across the site by circa 400 days in one month.**
		  • **WGH**
		  ○ **Discharge without Delay (DwD) funding is only secured on a non-recurring basis for 2024/2025, which has resulted in reductions to both Home First and Social work resources from March 2024 due to the funding model being non-recurring limiting recruitment opportunities.**
		  • **SJH**
		  ○ **Data still suggests that Planned Date of Discharge (PDD) implemented on wards is having a positive impact on the average LoS.**
		  ○ **The average LoS on wards with PDD implemented remains at an average of 5.9 days, reflecting a sustained improvement compared to pre-PDD levels.**
		  ○ **Occupied Bed Days for delayed discharges remains challenging across Lothian - 321 bed days were lost to delays in Jan to July 2024 against the 221 recorded for the same period in 2023. There is ongoing work from West Lothian HSCP in particular to address the increase in delays.**	

	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
5185	**Access to Treatment** There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board. Executive Lead: Jim Crombie Corporate objective: Scheduled care	**Healthcare Governance Committee** – person-centred, safe, and effective care. **November 2020** • Moderate assurance accepted. **December 2020** • The Board accepted limited assurance. **January 2021** • Assurance level deferred in relation to CAMHs with request to bring back further detail in 6 months. **March 2021** • Moderate assurance accepted. **May 2023** • Limited assurance accepted. **October 2023** • Limited assurance accepted. **May 2024** • Limited assurance accepted. ***Next to be presented November 2024*** **Strategic Planning and Performance Committee** – Performance **October 2020** • Board accepted limited assurance. **September 2022** • Paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. **November 2022** • Levels of assurance agreed by service as noted in previous papers. • Paper will go to May SPPC meeting to agree assurance level - deferred by the March SPPC due to the critical incident. **May 2023** • Limited assurance provided to HGC on performance aspects of this risk. **November 2023**

Datix ID	Risk Title & Description	Committee Assurance Review Date
		• Limited assurance accepted. **May 2024** • Limited assurance accepted. ***Next to be presented November 2024***
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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. • 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. **September/October 2024** • **Reporting of performance against waiting time standards is included in the Public Board Performance paper at every meeting for further 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 Quarter 1 of 2024.** • **Scheduled Care Trajectories were resubmitted to Scottish Government in August 2024 to reflect the additional activity predicted due to funding received (see July/August update).**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Scottish Government have indicated that they plan to write to NHS Lothian acknowledging the resubmitted trajectories in the next few weeks. • **£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. Following submission of NHS Lothian bids on 26 July 2024, Scottish Government have asked for a prioritisation of requests due to the volume received and insufficient funding available. NHS Lothian confirmed prioritisation of original requests on 2 August 2024 and await confirmation of funding available/ bids to be supported. Further information will be provided to the Board via the Performance Paper presented to the Board meetings.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		Very High 25	Very High 25
5388	**HSDU Capacity** There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience. New risk approved by Board June 2022. Executive Lead: Jim Crombie Corporate objective: Capital	**<u>Finance and Resources Committee</u>** **October 2022** • Submitted for assurance but not considered due to re-prioritisation of agenda. **December 2022** • Limited assurance accepted. **March 2023** • Limited assurance accepted. **August 2023** • Limited assurance accepted. • Verbal update provided in October 2023. **December 2023** • Limited assurance accepted. **March 2024** • Limited assurance accepted. **August 2024** • Limited assurance accepted. ***Update provided to every meeting alternating paper and verbal – next paper December 2024***	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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. **September/October 2024** • **Re-provision project remains on hold.** • **Paper regarding the critical infrastructure has not reached completion. It is anticipated the paper will be completed by end September 2024.** • **Additional issues with steam pipework and supply are noted since the last update, however these have not caused major disruption to productivity.** • **The unit continues to support NHS Grampian with approximately 50 trays being processed per week.** • **Risk mitigation plan has been updated as part of the most recent formal corporate risk paper and was accepted by Finance & Resource Committee.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
3828	**Nursing Workforce** There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience. Executive Lead: Alison MacDonald Corporate objective: Workforce	**<u>Staff Governance Committee</u>** **July 2020** • Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. • Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. **October 2020** • Verbal update provided no new level of assurance agreed. **December 2020** • Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. • Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. **May 2021** • Staff Governance accepted grading reduced from very high to high. • Follow up paper to go to September 2021 Board. **December 2021** • Moderate assurance accepted. **March 2022** • Moderate assurance accepted. **June 2022** • Moderate assurance accepted. **October 2022** • Moderate assurance accepted. **February 2023** • Moderate assurance accepted. **July 2023** • Moderate assurance accepted. **December 2023** • Moderate assurance accepted.

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">May 2024
• Moderate assurance accepted.

October 2024
• Moderate assurance accepted.</td></tr>
<tr><td></td><td></td><td colspan="2"><u>Outcome of Executive Lead Discussions</u>

July/August 2024
• 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.

September/October 2024
• Still on track with expected new starts in coming months.
• Vacancy gap in August was 6.71% which is expected as new starts come in towards the end of August.
• Establishment gap of less than 5% is anticipated by the end of 2024.
• There are recognised pockets of shortfall e.g. neonates, Melville unit, St Johns.
• Continuing to host open days and engagement sessions with potential recruits.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT September 2024
High 12</td><td>CMT November 2024
High 12</td></tr>
<tr><td></td><td></td><td colspan="2"></td></tr>
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Datix ID	Risk Title & Description	Committee Assurance Review Date
5020	**Water Safety and Quality** There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems. New risk approved by Board 12 August 2020. Executive Lead: Jim Crombie Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian	**<u>Staff Governance Committee</u>** **October 2020** • Limited assurance accepted. **May 2021** • Limited assurance was agreed by the NHS Lothian H&S committee. **March 2022** • Limited assurance accepted. **July 2022** • Limited assurance accepted. • Verbal update provided to October 2022 Staff Governance Committee **December 2022** • Limited assurance accepted. **May 2023** • Limited assurance accepted. **11th October 2023** • Limited assurance accepted. **March 2024** • Limited assurance accepted. **July 2024** • Limited assurance accepted. ***Next to be presented December 2024***
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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 • 'Adequacy of Controls' agreed by SGC to be 'Satisfactory' (previously weak)

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		September/October 2024 • **Paper currently being drafted following proposed changes agreed by the Water Safety Group. This paper will review the risk description and mitigation plan to ensure alignment with the current risk profile.** • **A paper instructing Consort to comply with Scottish Health Technical Memorandum (SHTM 04) is to be taken to the Water Safety Group for consideration.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		High 12	High 12
5189	**RIE Facilities** There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including: • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Fire Safety Leading to interruption to services, potential harm to patients and staff and significant remedial costs. New risk approved by Board June 2021. Executive Lead: Jim Crombie Corporate objective: RIE	**<u>Finance & Resources Committee</u>** • New risk approved by Board June 2021. • Paper due to go to F&R August 2022. **October 2022** • Limited assurance accepted. **August 2023** • Limited assurance accepted. **February 2024** • Limited assurance accepted. **June 2024** • Paper submitted but not considered due to re-prioritisation of agenda. **October 2024** • **Limited assurance accepted.** **<u>Outcome of Executive Lead Discussions</u>** **July/August 2024** • 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.	

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">• 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.

September/October 2024
• A wider review of this risk is yet to be established. This, however, is required to ensure this risk is fully updated and in line with the current risk profile.
• A formal update paper will be required for the F&R Committee meeting of October 2024.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT September 2024
High 15</td><td>CMT November 2024
High 15</td></tr>
<tr><td>3455</td><td>Violence & Aggression

The nature of services provided by NHS Lothian means there is a potential risk of violent and/or aggressive behaviour across all the organisation but in particular mental health, learning disability services and emergency departments resulting in harm to person and poor patient and staff experience, with potential prosecutions, and fines for health and safety breaches.

Executive Lead: Alison MacDonald

Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian</td><td colspan="2"><u>Staff Governance Committee</u>

October 2020
• Accepted following levels of assurance:
o Moderate assurance: processes in place.
o Limited assurance: implementation of required actions.
December 2020
• Accepted following levels of assurance:
o Moderate assurance: processes in place.
o Limited assurance: implementation of required actions, specifically on the use and provision of personal alarms.
May 2021
• Accepted following levels of assurance:
o Limited assurance: progress of actions to mitigate this risk.
o Moderate Assurance in terms of current staff safety.
December 2021
• Limited assurance accepted based on the internal audit findings.
March 2022
• Verbal update provided to Staff Governance.</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date
		June 2022 • Moderate assurance accepted. **October 2022** • Limited assurance accepted overall, however for component parts set out in the risk mitigation plan: o Policy development – Medium assurance o Purple pack – Medium assurance o Training – Limited assurance o Lone working- Moderate assurance o Roles and Responsibilities – Limited assurance o Data/assurance – Moderate assurance. **December 2022** • Verbal update. **February 2023** • Limited assurance accepted overall. **July 2023** • Limited assurance accepted as training strategy not yet in place, however, positive feedback from members recognising significant work. Remaining workstreams received moderate assurance. **October 2023** • Verbal update. **December 2023** • Moderate assurance accepted. **May 2024** • Moderate assurance accepted. **October 2024** • **Moderate assurance accepted.**

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2"><u>Outcome of Executive Lead Discussions</u>

July/August
• 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.
• 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.

September/October
• Staff bank and REAS have successfully recruited and trained trainers and are making a significant impact with around 360 bank staff trained and in REAS around 280.
• Challenges remain in recruiting trainers in acute services and amongst medical staff, with the bulk being covered by nursing staff.
• A measurement evaluation framework has been developed and agreed by the H&S committee.
• Further work is underway to improve accuracy of purple pack completion, incorporating training needs analysis. Digital support is being explored to assist with this.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT September 2024
High 15</td><td>CMT November 2024
High 15</td></tr>
<tr><td></td><td></td><td colspan="2"></td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date

3328	**Roadways/Traffic Management**
	
	There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.
	
	Executive Lead: Jim Crombie
	
	Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian
		<u>Staff Governance Committee</u>
		
		October 2020
		• Limited assurance accepted.
		December 2020
		• Accepted following levels of assurance:
		  ○ Limited assurance: safe traffic management at acute, East, and Midlothian sites.
		  ○ Moderate assurance: REH and community sites.
		June 2021 Board
		• Governance and Management remain the same as does grading and adequacy of controls.
		March 2022
		• Accepted following levels of assurance:
		• Moderate – Astley Ainslie hospital, East and Midlothian premises
		• Limited – Little France site, REH, WGH, St John's
		July 2022
		• Limited assurance accepted.
		December 2022
		• Limited assurance accepted.
		May 2023
		• Limited assurance accepted.
		October 2023
		• Limited assurance accepted.
		March 2024
		• Limited assurance accepted.
		July 2024
		• Limited assurance accepted.
		
		Next to be presented December 2024

		<u>Outcome of Executive Lead Discussions</u> **July/August 2024**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• 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. **September/October 2024** • **The afore noted review, carried out by Corporate Health & Safety (H&S) colleagues, has now concluded, and was discussed at CMT. This review contains a series of recommendations which will alter the detail of this Corporate Risk.** • **A paper will be drafted by Estates & Facilities for the Staff Governance Committee in October 2024 and CMT which will incorporate the recommendations from the H&S Team review.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		High 12	High 12
1076	**Healthcare Associated Infection** 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	**<u>Healthcare Governance Committee</u>** **January 2021** • Moderate assurance accepted. **March 2021** • Moderate assurance accepted overall, limited on ventilation systems in RIE theatres. **May 2021** • Moderate assurance against plans in place to deliver the standards. **July 2021 and January 22** • Moderate assurance against plans in place to deliver the standards. **August 2021** • Board received the HAI annual report and metrics continued to be monitored through the Board performance report. **March 2022** • Moderate assurance accepted. **July 2022** • Moderate assurance accepted.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Alison MacDonald Corporate objective: Underpins the quality and safety of delivery of services throughout NHS Lothian	• The risk mitigation plan is to report to HGC in the new year (23), with routine HAI reporting continuing to take place as per schedule. **May 2023** • Moderate assurance accepted. **October 2023** • Moderate assurance accepted. **May 2024** • Moderate assurance accepted. ***Next to be presented January 2025***	
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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. **September/October 2024** • **Revised risk description agreed by the Board at October meeting.** • **Internal audit on HAI governance and assurance is commence October.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		High 16	High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date
5322	**Cyber Security** There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services. New risk approved by Board February 2022. Executive Lead: Tracey Gillies Corporate objective: Digital	**Finance and Performance Review Committee** • Paper now planned to go to F&R May 2022 and for Board discussion May 2022. • Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. **Audit and Risk Committee** • Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk. **April 2023** • Moderate assurance accepted. **June 2024** • Moderate assurance accepted. **Board** **August 2023** • Private Board accepted moderate assurance. **October 2024** • **Private Board accepted moderate assurance.**
		Outcome of Executive Lead Discussions **July/August 2024** • 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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		September/October 2024 • **Existing risk mitigation plan continues to be implemented.** • **A desktop cyber security exercise will be planned during the next quarter.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		High 12	High 12
5510	**Royal Edinburgh Bed Occupancy** There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose. New risk approved by Board December 2022. Executive Lead: Caroline Hiscox Corporate objective: Mental health, illness, and wellbeing	**<u>Healthcare Governance Committee</u>** • A local operational group is in place with membership from REAS and the HSCPs. • Performance and plans are reviewed every 2 weeks at REAS SMT. • Assurance paper going to January 2023 Healthcare Governance Committee. • Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. • Mitigation plans will be presented to January 2024 meeting for assurance. **January 2024** • Limited assurance accepted. ***Next to be presented January 2025***	
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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. **September/October 2024** • **Acute bed capacity has been even more constrained with ongoing pressure on inpatient beds.** • **Work continues with Edinburgh HSCP to look at alternatives to admission as our admissions per 100,000 of the population are very slightly higher than the National average 215 vs 200.**	

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">• Current mitigations remain the same.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT September 2024
Very High 25</td><td>CMT November 2024
Very High 25</td></tr>
<tr><td>5737</td><td>Royal Infirmary of Edinburgh Fire Safety

Two components:

1. There is a risk that the technical standards of the building provided by the PFI are not adequate and do not meet current fire safety standards.
2. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary of Edinburgh (RIE) following the recent identification of risks and issues.

This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to services/facilities where remedial work is identified and finally serious reputational damage.

In the unlikely event of a fire, this may lead to an extreme risk of harm to patients, staff, and the general public, along with the potential for prosecution under the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006.

New risk approved by Board December 2023.

Executive Lead: Caroline Hiscox

Corporate objective: RIE</td><td colspan="2"><u>Staff Governance Committee</u>
• Update due February 2024
March 2024
• Limited assurance accepted.
July 2024
• Limited assurance accepted.

Next to be presented December 2024

<u>Outcome of Executive Lead Discussions</u>

July/August 2024
• 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.</td></tr>
</table>

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">• 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.

September/October 2024
• All actions under the responsibility of NHS Lothian were updated in Corporate Risk Reporting Paper issued to the Staff Governance Committee in July 2024
• No further significant update on points raised in August 2024, however it must be noted that progress continues on the risk mitigation actions associated with this risk.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>CMT September 2024
Very High 25</td><td>CMT November 2024
Very High 25</td></tr>
<tr><td>5784</td><td>Inappropriate and Inadequate Low Secure Accommodation in the Estate
There is a risk that patients who require low secure accommodation will be inappropriately placed because there is a lack of low secure accommodation for any patient in Lothian. This could potentially lead to harm to patients themselves, other patients, and staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.

*New risk approved by CMT March 2024.

Executive Lead: Caroline Hiscox

Corporate objective: Mental health, illness and wellbeing</td><td colspan="2"><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.

May 2024
• Limited assurance accepted.
July 2024
• Moderate assurance accepted.

Next to be presented January 2025

<u>Outcome of Executive Lead Discussions</u>

July/August 2024
• 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.</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		September/October 2024 • **We continue with the contracts for out of area placements and are reviewing some of those patients to see if they are now able to be safely managed on REH campus.** • **Mitigations remain same with block booking contract in place with Ayr Clinic and Surehaven for three years from 1st July 2024.**	
	Risk Grading:	**CMT September 2024** High 15	**CMT November 2024** High 15
5785	**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. *New risk approved by CMT March 2024. Executive Lead: Caroline Hiscox Corporate objective: Mental health, illness and wellbeing	**<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. **May 2024** • Limited assurance accepted. **July 2024** • Limited assurance accepted. ***Next to be presented January 2025***	
		<u>Outcome of Executive Lead Discussions</u> **July/August 2024** • 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. **September/October 2024**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **We continue to wait on feedback from State Hospital and SG on plans to create a high secure on the state hospital campus and the current mitigations remain the same.**	
	Risk Grading:	**CMT September 2024**	**CMT November 2024**
		High 12	High 12

Risks removed and rationale.

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	**23/07/19**	**Royal Hospital for Children & Young People/Dept of Clinical Neurosciences**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	**04/04/19**	**Waste Management**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	**26/07/13**	**Medical Workforce**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	**04/04/2019**	**Brexit/EU exit**	Board approved closing the risk as per 1 Decembe 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	**13/02/2013**	**Learning from Complaints**	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading.

Risk ID	Opened	Risk Title	Recommendation	Rationale
				Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.
5034	**29/06/2020**	**Care Homes**	Board approved closing the risk as per 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HGC setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	**16/02/2012**	**Facilities Fit for Purpose**	Board approved closing the risk as per 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.
5187	**23/06/2021**	**Access to Psychological Therapies**	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on

Risk ID	Opened	Risk Title	Recommendation	Rationale
				performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.
5188	**23/06/2021**	**Access to CAMHS**	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.
5360	**06/04/2022**	**Public Health (Covid-19)**	Board approved closing the risk as per 23 August 2023 Board Corporate Register Paper	It was agreed to stand down the COVID risk in line with national, UK and global direction. In May 2023, the WHO declared an end to COVID-19 as a global health emergency. The WHO noted that the pandemic had been on a downward trend over the last 12 months, with immunity increasing due to the highly effective vaccines. Death rates had decreased and the pressure on once overwhelmed health systems, had eased. The National Incident Management Team was stood down on 27th April 2023, in line with the other nations and the UK wide response. Reporting of COVID data was incorporated into business-as-usual reporting and moved to monthly publications.
5687	**21/08/2023**	**Inappropriate and Inadequate Accommodation in the Secure Estate**	Board approved closing the risk as per 24 April 2024 Board Corporate Register Paper	As different risks and mitigations were in place for high and low secure provision it was agreed that the risk should be closed and split into two risks:

Risk ID	Opened	Risk Title	Recommendation	Rationale
				1. New Risk - Inappropriate and Inadequate Low Secure Accommodation in the Estate 2. New Risk – Absence of Female High Secure Accommodation in the Estate
3829	**15/10/2015**	**Sustainability of Model of General Practice**	**Board approved closing the risk as per 10 Octobe 2024 Board Corporate Register Paper**	**It was agreed to regrade the risk from high (12) to medium (9), based on a reduction of the impact from major to moderate. Furthermore, it was agreed that the risk is de-escalated to the Primary care services risk register and noted that it would continue to be included in HSCP 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, these are being managed. Workforce supply is improving, and patients can access Primary care services.**

Grant Thornton

NHS Lothian

Internal Audit 2024/25

Risk Management

October 2024

FINAL REPORT

Emily Mayne
Head of Internal Audit
T 0121 232 5309
E emily.j.mayne@uk.gt.com

Hannah McKellar
Manager, Public Sector Audit
T 0131 659 8568
E hannah.l.mckellar@uk.gt.com

Linda Chadburn
Independent Consultant
T 0161 953 6915
E linda.g.chadburn@uk.gt.com

Contents

This report is confidential and is intended for use by the management and directors of NHS Lothian. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of NHS Lothian's management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.

Report Distribution

Executive Lead:

- Tracey Gillies, Medical Director

For action:

- Jill Gillies, Associate Director of Quality

For Information:

- Caroline Hiscox - Chief Executive
- Craig Marriott – Director of Finance
- Audit and Risk Committee

Executive summary

Background

Corporate risks are uncertainties or potential events that could negatively impact the achievement of an organisation's objectives at a strategic level. These risks can arise from various sources and affect different aspects of the organisation's operations. Corporate risks can range from operational and compliance risks to financial and technological risks.

NHS Lothian has a Risk Management Policy which highlights that the Corporate Management Team is responsible for directing the application of the policy through operational management structures, while the Audit and Risk Committee is responsible for assurance on the overall system of risk management and overseeing all risks on the corporate risk register. Each corporate risk is assigned to a named Executive Lead who is responsible for overseeing the management and mitigation of that risk. Each risk is assigned to a relevant committee or committees of the Board for assurance, in line with the committee's' terms of reference.

The purpose of the internal audit is to provide assurance on the internal controls relating to the management and mitigation of corporate risks. This will be achieved by selecting a sample of three corporate risks, each reported through different oversight committees. The audit will assess the design and application of controls for assessing, mitigating, and monitoring these risks to ensure that any impact on NHS Lothian's objectives is minimised.

Objectives

The objective of this review is to provide an independent assessment of the design and operational effectiveness of NHS Lothian's corporate risk management arrangements. Our review focussed on the following potential risk areas:

- Inadequate policies and documentation may lead to ineffective risk management practices and regulatory non-compliance.
- Poor risk assessment processes could result in the failure to identify significant risks or improper resource allocation.
- Insufficient documentation of gaps and mitigations can lead to incomplete risk management efforts, preventing the Board from obtaining a comprehensive understanding of the risk landscape.
- Ineffective mitigation controls may lead to insufficient risk reduction, exposing the organisation to unacceptable levels of risk.
- Ineffective risk management may result if risk handlers and owners do not collaborate and work together effectively.
- Inadequate monitoring and reporting processes at committee level can result in a lack of appropriate risk management oversight.

Executive summary

Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore, our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages

Conclusion

Moderate Assurance

We have reviewed the processes and controls around Risk Management with a focus on the Corporate Risk Register and have concluded that the processes have provided a **MODERATE LEVEL OF ASSURANCE**. This was confirmed through testing in specific areas of the organisation and through discussions with various individuals across the organisation.

We have provided 'Moderate Assurance' based on our findings, indicating that the controls upon which the organisation relies are suitably designed and, in most cases, effectively applied. However, a moderate amount of residual risk remains. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention.

Our internal audit of NHS Lothian's risk management processes identified that NHS Lothian made revisions to the Risk Management Policy and its associated Risk Management Operational Procedure in April 2023. However, there are opportunities to further enhance the governance arrangements in place to ensure the roles and responsibilities of sub-Committees and risk handlers are clearly defined and communicated.

Additionally, there are opportunities to strengthen the Assurance Report and Risk Mitigation Plan template to ensure consistent reporting, expanding the risk descriptions to ensure these are fully defined and setting out how each risk aligns to the relevant underlying corporate strategic objectives.

In a previous internal audit during the 2023/24 financial year, it was noted that there was opportunities to enhance the Datix reports as these are inadequate for managing risks effectively and reports do not include all the expected information, and this is still valid. We recognise that discussions are ongoing around Datix and if this will be replaced moving forward.

Three key weaknesses were identified, resulting in medium risk recommendations. This noted that the Datix reports, Assurance reports and Risk Migration plan templates are inadequate for managing risks effectively as the reports do not include all key information and could be strengthened. Additionally, there was no evidence that the completion of actions to date has resulted in any change to the risk level or score. There is a risk to the Board that despite spending time and resources on actions to date, the Board face continued exposure and unresolved vulnerabilities to the risk area. We note that further actions are ongoing which should reduce the risk level or score.

We will review progress made as part of our recommendation tracking during 2024/25.

Headline messages

Conclusion

We have raised eight recommendations including two improvement point. The grading of the recommendations are based on risk and summarised in the table below.

Risks	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
1. Inadequate policies and documentation may lead to ineffective risk management practices and regulatory non-compliance.	Moderate Assurance	-	2	1	1
2. Poor risk assessment processes could result in the failure to identify significant risks or improper resource allocation.	Significant Assurance	-	-	1	-
3. Insufficient documentation of gaps and mitigations can lead to incomplete risk management efforts, preventing the Board from obtaining a comprehensive understanding of the risk landscape.	Significant Assurance	-	-	-	-
4. Ineffective mitigation controls may lead to insufficient risk reduction, exposing the organisation to unacceptable levels of risk.	Moderate Assurance	-	1	-	-
5. Ineffective risk management may result if risk handlers and owners do not collaborate and work together effectively.	Significant Assurance	-	-	1	-
6. Inadequate monitoring and reporting processes at committee level can result in a lack of appropriate risk management oversight.	Significant Assurance	-	-	1	-

Summary of findings

Examples of where recommended practices are being applied

- The Risk Management Policy and Risk Management Operational procedure are in date and are accessible via the internet. The two documents sit alongside each other giving easy access and providing the relevant information to employees.
- The risk assessment process is described well within the Risk Management Operational Procedure. The procedure includes a well described process to defining a risk and includes a good range of examples. This means that risk handlers and owners can ensure a risk is fully understood at the onset of the risk assessment process, leading to a more meaningful identification of gaps and controls to mitigate a risk.
- Assurance Reports produced for the Governance Committees evidence that a detailed update of the progress made in relation to the actions associated to each 'key factor' is reported.

Areas requiring improvement

- Datix reports do not include all the information expected to be in the report to enable effective risk management. This means that the key people involved in the management of a risk cannot see the full picture and vital information relating to the risk (note, this was raised as a recommendation in the 2023/24 audit).
- The Risk Assurance Report template does not capture the information we would expect to be included in the report. This leads to Governance Committees not being provided with information which may help them make informed decisions.
- Risk Mitigation Plans are used inconsistently and do not detail the controls, gaps in controls and the adequacy of the individual controls already in place. This leads to Committees not being aware of important information.
- A Corporate Risk Register generally contains strategic risks which compromise the delivery of the organisations objectives and any operational risks which cannot be managed at a lower level or have an impact across the system, and this is reflected in the Risk Management Operational Procedure. Unfortunately, there was no evidence that the risks we reviewed were mapped to the relevant corporate objectives.
- Although actions have been completed for each of the three risks we reviewed, no action has had an impact on the level of the risk to date and no risk level or score has reduced. This may be due to key actions not completed and focus should be given to those actions.
- Risk handlers are not sure of their status, and this should be clarified to ensure the right people are involved in the management of risks.
- The Governance Committees terms of reference are not consistent and do not include any reporting into the Committees.

Detailed findings & action plan

1.	Moderate Assurance	Inadequate policies and documentation may lead to ineffective risk management practices and regulatory non-compliance.

Finding and implication	Audit recommendation	Management response, including actions
<u>Committees' responsibilities are not reflected in policy.</u> A review of the Risk Management Policy confirmed it is in date and accessible via NHS Lothians internet pages. The policy defines the responsibilities of the Audit and Risk Committee, the Healthcare Governance Committee and the Staff Governance Committee. No other Committees are referred to in the policy and this should be revised to reflect the responsibilities of other Committees which have oversight of individual risks, for example the Finance and Resource Committee. If roles and responsibilities are not detailed, there is the potential for confusion, inefficiency, and a lack of accountability, which can hinder effective decision-making and oversight within the organisation.	**Recommendation 1. Policy** To ensure there are robust governance arrangements and consistent responsibilities of all Committees which may hold oversight of corporate risks, the policy should be revised to include the responsibilities of ALL Committees with responsibility. This may be a generic statement of responsibly for Committees rather than specifying the names of individual Committees.	**Actions:** Specific references to Healthcare Governance and Staff Governance Committees will be removed. **Responsible Officer:** Associate Director of Quality. **Executive Lead:** Medical Director. **Due Date:** 31 October 2024.
<u>Datix reports are inadequate for managing a risk effectively.</u> Review of an extract from Datix provided by the Corporate Risk Management Team highlighted that not all expected information to enable effective risk management is made available to key persons. Issues identified included the following: • The individual likelihood and consequence ratings for a risk are recorded narratively and a numerical score is not provided as seen in other organisations, for example Extreme = 5, Almost Certain = 5, therefore risk score = 25. • We noted there was no target rating for two of the three risks indicating the risk tolerance following mitigating actions being taken. We were informed that this would be discussed with relevant risk owners at the bi-monthly meeting, due late July /early August 2024. • Gaps within the controls of a risk are not detailed within Datix. • The decision to either treat, tolerate, transfer or terminate is not captured within Datix and we were informed all risks are expected to be treated. We note that this decision is described as part of the process within the Risk Management Operational Procedure. • The corporate objectives to which a risk relates is currently being updated by the Corporate Risk Management Team and will be confirmed with the relevant risk owners. Further discussion highlighted that Datix is only used as a 'dock' of information for Corporate Risks rather than to manage the risks. There are plans to replace Datix in the future and that system may be used in a different capacity at that point.	**Recommendation 2. Datix** To ensure an effective and consistent approach to managing corporate risks, the Risk Management System should capture all relevant information relating to a risk, including the numerical make-up of the risk score, the target rating/score, the gaps in the controls, as well as the current decision to either treat, tolerate, transfer or terminate the risk or the activity associated to the risk. These factors should be considered during the procurement of a Risk Management System in the near future.	**Actions:** Findings acknowledge that reports from Datix are not used to update risks and alternative documentation is used, with the final updates, as ratified by the Board being recorded in Datix. Current documentation including the risk assurance table is currently being reviewed to incorporate all relevant information. Datix fields also being reviewed to enable relevant information to be captured and enhanced report to be provided. **Responsible Officer:** Associate Director of Quality. **Executive Lead:** Medical Director. **Due Date:** 31 December 2024.

Detailed findings & action plan

1.	Moderate Assurance	Inadequate policies and documentation may lead to ineffective risk management practices and regulatory non-compliance.

Finding and implication (ctd.)	Audit recommendation	Management response, including actions
<u>The Assurance Report and Risk Mitigation Plan template could be strengthened.</u> A template document is available which includes an Assurance Report and a Risk Mitigation Plan. Review of the Assurance Report highlights a gap in the information we would expect to be included, and these can be mapped to those gaps we have highlighted within Datix described earlier within this report. Review of the Risk Mitigation Plans of the three risks in our sample highlighted a general inconsistency in the reporting style and format. Discussion with risk handlers confirmed they feel the template works well overall, and the template can be adjusted as required to meet their reporting needs. In addition, our review of the templates also identified the following issues: • Assurance Reports and Risk Mitigation Plans do not detail the controls and gaps in controls in place to manage a risk and interviews with risk handlers highlighted uncertainty to how a Governance Committee is made aware of these. • Assurance Reports do not state the adequacy of individual controls to the Governance Committees. However, the summary section of the reports state the '*overall*' adequacy of controls. • Interview with the Corporate Risk Management Team informed us that gaps are expected to be detailed in the 'key factors' of the risk mitigation plan but our review highlights the 'key factors' are generally the individual areas of focus or workstreams relating to a risk rather than a gap in the controls. • We were unable to determine whether completed actions have become a control within the Assurance reports. • We noted inconsistencies that there were overlaps within the HSDU Assurance report, with progress on actions reported in more than one section. Furthermore, review of Governance Committee meeting minutes indicated that the Healthcare Governance Committee like the format of the 'Access to Treatment Assurance Report' and would like all risks presented to the Committee to be in this format. The Committee suggested it would be helpful to define the highest risk areas and associated measurements for improvement. The Staff Governance Committee highlighted the significant work undertaken and progress achieved against the six workstreams of the Violence and Aggression risk.	**Recommendation 3. Assurance Report & Risk Mitigation Plan template** To promote consistent reporting and ensure the Governance Committees are provided with the full picture of the position of a risk, we recommend that discussions are held regarding a redesign of the template Assurance Report and Risk Mitigation Plan, including the following: • A breakdown of the score (Likelihood/Consequence) • Target score • Risk response (tolerate, treat, transfer or terminate) • Relevant corporate objective to which the risk relates • Gaps in controls and actions • Controls, including the movement of an action to a control. This may be in the form of a dashboard or revisions to the current template.	**Actions:** Current Risk Mitigation template will be reviewed to include recommended information. **Responsible Officer:** Associate Director of Quality. **Executive Lead:** Medical Director **Due Date:** 31 December 2024.

Detailed findings & action plan

1.	Moderate Assurance	Inadequate policies and documentation may lead to ineffective risk management practices and regulatory non-compliance.

Finding and implication (ctd.)	Audit recommendation	Management response, including actions
<u>Other Risk Management tools are used in isolation.</u> It was noted that some risk handlers use the SCART tool, a critical analysis framework which provides an extra layer of assurance. We note that the tool is not mandated, and the Corporate Risk Management Team is not aware of it. An assessment of the SCART tool may determine whether this framework would further enhance the risk management process and ensure a consistent approach across the organisation.	**Improvement Point 4. SCART Tool** To ensure the risk management process makes use of all available resources, we recommend that the Corporate Risk Management Team undertake an assessment of the SCART tool to determine whether this critical analysis framework would further enhance the risk management process.	No action required but may be of interest to management.

Detailed findings & action plan

2.	Significant Assurance	Poor risk assessment processes could result in the failure to identify significant risks or improper resource allocation.

Finding and implication	Audit recommendation	Management response, including actions
<u>Risk descriptions are not written in accordance with policy.</u> The risk assessment process is outlined within the Risk Management Operational Procedure. Generally, an effective assessment and management of a risk commences with a clearly defined risk description, describing, what event could happen, why the event could occur and what would be the consequence, and this is advocated in the procedure with described guidance on how to define a risk with examples. A review of the risk descriptions of the three risks in our sample, highlighted that not all risks state why the event could occur. Understanding 'why' an event can occur will assist in the identification of the best actions to take to minimise risk, and the importance of considering 'why' is well defined in the Operational Procedure. Additionally, for each risk, it is not clear which corporate objective the risk relates to, and we were unable to confirm alignment of risks to the corporate objectives from interviews with the Corporate Risk Management Team or the Risk Handlers. We would expect that identification of the corporate objective to which a risk relates is identified during the risk assessment phase when a risk is being added to the Corporate Risk Register. We recommend that the risk owners and handlers consider whether risk descriptions are sufficient with the support of the Corporate Risk Management Team at the next planned meeting and ensure each risk is clearly aligned to corporate strategic objectives.	**Recommendation 5. Risk Descriptions** To ensure the continuous assessment and monitoring of corporate risks is effective, we recommend that risk descriptions are reviewed by the risk handlers and owners at least annually, with the support of the corporate Risk Management Team at the scheduled bi-monthly meetings. We recommend that identification of the relevant strategic objectives to which the risk impacts upon is identified during risk assessment and reviewed during these meetings. This should be easily identifiable in all reporting.	**Actions:** All risk descriptions will be reviewed at the next bi-monthly meetings. Associated strategic objective now included risk assurance table and in Datix. **Responsible Officer:** Associate Director of Quality (in conjunction with risk owners). **Executive Lead:** Medical Director. **Due Date:** 31 December 2024.

Detailed findings & action plan

4.	Moderate Assurance	Ineffective mitigation controls may lead to insufficient risk reduction, exposing the organisation to unacceptable levels of risk.

Finding and implication	Audit recommendation	Management response, including actions
<u>There was no evidence that the completion of actions to date have led to a change in the risk level or score.</u> Review of Assurance Reports, Risk Mitigation Plans and interviews with risk handlers highlighted that although actions have been completed for the three risks reviewed, no action has impacted the level of the risk or reduced its score. We acknowledge there are key actions relating to each of the risks which have yet to be completed, and it is considered that the completion of those key actions will reduce the risk score. We therefore recommend that the key actions impacting the risk level are easily identifiable within the Risk Mitigation Plans to encourage discussion with the Governance Committees, and that resources and monitoring of those actions become the focus of the Committees. There is a risk to the Board that despite spending significant time and resources on actions which do not impact on the scoring of the risk level/score, continued exposure and unresolved vulnerabilities still exist.	**Recommendation 6. Key actions** To encourage the direction of resources to mitigate and minimise risks, we recommend: • Risk Mitigation Plans provide focus to the key actions required to reduce risk levels, • Discussion of these key actions should be encouraged at Committee and Board level, including the identification of resources to deliver the most suitable actions. • Future monitoring of those actions should become the focus of reporting to Committees and the Board. • Work should be undertaken to explicitly link key actions of the Risk Management Plan to the actions required to deliver strategic objectives.	**Actions:** Current Risk Mitigation template will be reviewed to ensure identification of key actions to facilitate focussed discussion at Governance Committees. **Responsible Officer:** Associate Director of Quality (in conjunction with risk owners and Committee Chairs). **Executive Lead:** Medical Director **Due Date:** 31 December 2024.

Detailed findings & action plan

5.	Significant Assurance	Ineffective risk management may result if risk handlers and owners do not collaborate and work together effectively.

Finding and implication	Audit recommendation	Management response, including actions
<u>The risk handlers roles and responsibilities should be clearly defined and documented.</u> It was noted that the Corporate Risk Management Team meet with a risk owner on a two-monthly basis, a function developed in response to the recommendations of a previous internal audit. We observed the bi-monthly meeting held between a risk owner and the Corporate Risk Management Team. There was evidence of a detailed report being prepared in advance of the meeting and the risk owner and Corporate Risk Management Team working together with the risk handlers to collate information to report progress against the mitigation actions. The risk owner had a good knowledge base of the risks under their management to ensure discussions focused on progress. Review of the meeting schedule highlighted that risk handlers are not invited to all meetings. The roles and responsibilities of a risk handler is not documented or defined, which can result in a lack of clarity within the organisation and result in difficulties in working together effectively as individuals aren't clear on their role.	**Recommendation 7. Risk handler role** To ensure risks on the Corporate Risk Register can be managed effectively, the risk handler's roles and responsibilities should be clearly documented and defined, including the appropriateness of attending all bi-monthly meetings with the risk owner and Corporate Risk Management Team.	**Actions:** Risk handler's roles and responsibilities will be added to documented CRR process. *To note: Risk management procedure says: 'The risk handler typically undertakes the detailed work on the particular risk, and reports to the risk owner on that work.'* *Also risk handlers do attend bi-monthly meetings for other Exec leads but process slightly different for deputy CE meeting as updates and discussion with handlers takes place prior to the meeting.* **Responsible Officer:** Associate Director of Quality. **Executive Lead:** Medical Director. **Due Date:** 31 December 2024.

Detailed findings & action plan

6.	Significant Assurance	Inadequate monitoring and reporting processes at committee level can result in a lack of appropriate risk management oversight.

Finding and implication	Audit recommendation	Management response, including actions
<u>Risk management responsibilities and reporting requirements are not consistently reflected in the Governance Committees terms of reference.</u> A review of the terms of reference for the Committees with oversight of each of the risks in our sample confirmed that each Committee holds responsibility for monitoring and reviewing strategic risks and informing updates to risk assurance and mitigation plans. Our review identified numerous issues: • The terms of reference for the Healthcare Governance Committee do not make direct reference to the management of risks within the 'remit' for the Committee or as a 'core function'. • The terms of reference for the Corporate Management Team, which has oversight of all risks on the Corporate Risk Register, were recently updated (July 2024) and do not reflect this oversight as a 'purpose' of the group. • In addition, none of the terms of reference state the reporting requirements into the Committee. A review of the Workplans of the Committees highlighted inconsistencies in the scheduling of the Risk Assurance Reports. • The Healthcare Governance Committee workplan indicates that the Corporate Risk Register is a standing agenda item for all meetings and the Access to Treatment Risk Mitigation Plan is scheduled for discussion annually. • The Staff Governance Committee workplan states updates are to be provided to the Committee at each meeting, and this includes the Violence & Aggression risk. • The Finance & Resources Committee does not have a formal workplan in place, although we acknowledge update reports are requested by the Committee at least annually, and this includes the HSDU Capacity risk. Interviews with risk handlers confirmed that there are other forums with responsibilities for the individual elements (key factors) of the risk, for example the Outpatient Delivery Group oversees the actions relating to the Access to Treatment ' Outpatients' element of the Risk Mitigation Plan, and the Cancer diagnostic delivery board oversees the actions relating to the Cancer 31 and 62 days and the Diagnostics elements of the Risk Mitigation Plan. We did not review documentation from these forums as it outside the scope of this review.	**Recommendation 8.** **Governance Committees responsibilities** To ensure the Committees risk management responsibilities are made clear, concise and consistent across the Committees, we recommend the following elements are considered: • The terms of reference for the Healthcare Governance Committee is revised at the next scheduled review to make direct reference to the management of risks within the remit of the Committee or as a core function. • All Committees terms of reference detail the reporting arrangement *into* the Committee rather than only *from* the Committee. • The new terms of reference for the CMT are revised to ensure the group's oversight of all corporate risks is reflected as a 'purpose' of the group. • The expectations for a risk handler and owner to produce a report to a Governance Committee is consistent for all Committees and reflected in an approved annual workplan.	**Actions:** All Committees Terms of Reference will be revised to include relevant points at next scheduled reviews. Scheduling of reports will be agreed alongside revision of current risk mitigation templates. **Responsible Officer:** Board Secretary. **Executive Lead:** Medical Director. **Due Date:** February 2025

Appendices

Appendix 1:
Staff involved and documents reviewed

Staff involved

- Tracey Gillies, Medical Director
- Jill Gillies, Associate Director of Quality
- Sue Gibbs, Quality & Safety Assurance Lead
- Alison MacDonald, Executive Nurse Director
- Michelle Carr, Chief Officer, Acute Services
- Fiona Ireland, Nurse Director (Corporate Nursing)
- Morag Campbell, Director of Estates & Facilities
- Robert Aitken, Associate Director of operations, Estates & Facilities
- David Collins, Head of H&S Services
- Alexander Crawford, Business Manager, Estates & Facilities
- Karen Fraser, Head of Risk, Quality & Assurance, Facilities
- Wendy Reid, Head of Performance & Business Unit, Executive Office
- John McHale, Executive Office
- Catherine Kelly, Business Manager, Acute Services

Documents reviewed

- Risk Management Policy, April 2023
- Risk Management Operational Procedure, April 2023
- Extract of Corporate Risk Register (CRR) from DATIX (Sample of three risks)
- Healthcare Governance Committee documentation
- Strategy, Planning & Performance Committee documentation
- Finance & Resources Committee documentation
- Staff Governance Committee documentation
- Corporate Management Team documentation
- Process for managing the CRR
- Risk reporting paper template
- Schedule for CRR meetings with risk owners

Appendix 2:
Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant Assurance	The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all. There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)
Moderate Assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant". The controls are largely effective and, in most respects, achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)
Limited Assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken. This may be used when: • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some respects and require management action (for instance one 'high' finding and a number of other lower rated findings)
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk. The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance several HIGH rated recommendations)

Appendix 3:
Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	• Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	• Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	• Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	• Information for management • Control operating but not necessarily in accordance with best practice

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