

**PLEASE NOTE: BOARD MEETING WILL TAKE PLACE IN PERSON IN THE DEACONS SUITE, PRINCE PHILIP BUILDING, ROAL COLLEGE OF SURGEONS OF EDINBURGH, NICOLSON STREET, EH3 9DW.**

**THERE WILL BE NO OPTION AVAILABLE TO ATTEND VIRTUALLY.**

## Agenda

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**09:30 - 09:35 1. Welcome**

5 min

Verbal John Connaghan

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**09:35 - 09:37 2. Apologies for Absence**

2 min

Verbal John Connaghan

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**09:37 - 09:40 3. Declaration of Interests**

3 min

Verbal John Connaghan

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. It is also a member's duty under the Code of Conduct to ensure that changes in circumstances are reported within one month of them changing. Please notify changes to [corporategovernanceteam@nhslothian.scot.nhs.uk](mailto:corporategovernanceteam@nhslothian.scot.nhs.uk)

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

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## Items for Approval or Noting

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**09:40 - 09:45 4. Items proposed for Approval or Noting without further discussion**

5 min

Decision John Connaghan

**4.1. Minutes of Previous Board Meeting - 03 August 2022**

For Approval John Connaghan

 4.1 Minutes of Previous Board Meeting (draft to Board) - 03 August 2022.pdf (10 pages)

**4.2. Audit & Risk Committee Minutes - 20 June 2022**

For Noting Martin Connor

 4.2 Audit & Risk Committee Minutes 20-06-2022.pdf (8 pages)

**4.3. Healthcare Governance Committee Minutes - 19 July 2022**

For Noting *Fiona Ireland*

📄 4.3 Healthcare Governance Committee 19-07-22 Minutes..pdf (8 pages)

#### **4.4. Finance and Resources Committee Minutes - 31 May 2022**

For Noting *Angus McCann*

📄 4.4 Finance & Resources Committee Minutes 31-05-22.pdf (4 pages)

#### **4.5. Midlothian Integration Joint Board Minutes - 16 June 2022**

For Noting *Jock Encombe*

📄 4.5 Midlothian IJB Minutes 16-06-2022.pdf (9 pages)

#### **4.6. West Lothian Integration Joint Board Minutes - 29 June & 17 August 2022**

For Noting *Bill McQueen*

📄 4.6 West Lothian IJB Minutes 29-06-2022.pdf (8 pages)

📄 4.6(a) West Lothian IJB Minutes 17-08-2022.pdf (11 pages)

#### **4.7. East Lothian Integration Joint Board Minutes - 23 June & 25 August 2022**

For Noting *Peter Murray*

📄 4.7 East Lothian IJB Minutes 23-06-2022.pdf (6 pages)

📄 4.7(a) East Lothian IJB Minutes 25-08-2022.pdf (3 pages)

#### **4.8. Edinburgh Integration Joint Board Minutes - 19 April 2022**

For Noting *Angus McCann*

📄 4.8 Edinburgh IJB Minutes 19-04-2022.pdf (4 pages)

#### **4.9. National Whistleblowing Standards - Quarter 2 (2022) Performance Report**

For Noting *Janis Butler*

📄 4.9 National Whistleblowing Standards – Quarter 1 2022-23 Whistleblowing Performance Report 1-pager.pdf (1 pages)

📄 4.9(a) NHSL Board Whistleblowing Performance Cover Report 221005.pdf (3 pages)

📄 4.9(b) Whistleblowing Performance Report Q1 April - June 2.pdf (10 pages)

#### **4.10. Approval of MAT Standards Implementation Plan**

For Approval *Calum Campbell*

📄 4.10 Approval of MAT Standards Implementation Plan (including Appendices..).pdf (81 pages)

#### **4.11. Appointments of Members to Committees & Integration Joint Boards**

For Approval *John Connaghan*

📄 4.11 Board appointments to Committees and IJBs report - October 2022.pdf (2 pages)

#### **4.12. NHS Lothian 2023 Board and Committee Meeting Dates**

For Approval *John Connaghan*

📄 4.12 NHSL Board and Committee Dates 2023 Schedule 05-10-2022 (final).pdf (4 pages)

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## **Items for Discussion**

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**09:45 - 09:50 5. Board Chair's Report - October 2022**

5 min

Verbal John Connaghan

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**09:50 - 10:00 6. Board Executive Team Report - October 2022**

10 min

Discussion Calum Campbell

 6. Board Executive Team Report - October 2022.pdf (12 pages)

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

5 min


Verbal John Connaghan

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**10:05 - 10:15 8. Outpatient Redesign Programme – Status Update**

10 min

Discussion Tracey Gillies

 8. Outpatient Redesign Programme - Status Update (Including Appendices).pdf (8 pages)

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**10:15 - 10:40 9. NHS Lothian Board Performance Paper**

25 min

Discussion MacMillan Wendy

 9. Board Performance Paper - 5 October 2022.pdf (5 pages)

 9(a) Appendix 1 - Board Performance 5 October 22.pdf (59 pages)

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**10:40 - 11:05 10. NHS Lothian Annual Delivery Plan 22-23**

25 min

Discussion Colin Briggs

**The Spreadsheet part of Appendix 1 is a very large document. Electronic copies can be provided on request from the Board Secretary**

 10. NHS Lothian Board Annual Delivery Plan 22-23.pdf (2 pages)

 10. (a) Appendix 1 - NHSL draft Annual Delivery Plan 2022-23 v9 12-8-22.pdf (65 pages)

 10(b) Appendix 2 - Lothian ADP Feedback Letter from Scottish Government.pdf (4 pages)

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**11:05 - 11:15 Break**

10 min

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**11:15 - 11:35 11. Edinburgh Cancer Centre Initial Agreement**


20 min


For Approval Sorrel Cosens

***Full Appendices available in Admincontrol meeting folder or on request from the Board Secretary***

- **Appendix 1:** Executive Summary - Initial Agreement for Edinburgh Cancer Centre Re provision
- **Appendix 2:** Executive Summary - Initial Agreement for Advanced Demolitions and Decant for Edinburgh Cancer Centre Re provision

 11. Edinburgh Cancer Centre Initial Agreement to Board October 2022.pdf (3 pages)

 11(a) Appendix 1- ECC IA Executive Summary.pdf (17 pages)


 11(b) Appendix 2 - ECC Advanced Demolitions and Decant Executive Summary.pdf (2 pages)

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**11:35 - 11:50** **12. Anchor Institution Programme Board Update**

15 min

*Discussion* *Dona Milne*

 12. Anchor Institution update NHSL Board 220922 final.pdf (5 pages)

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**11:50 - 12:05** **13. August 2022 Financial Position**

15 min

*Discussion* *Craig Marriott*

 13. NHS Lothian - August 2022 Financial Position to Board.pdf (8 pages)

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**12:05 - 12:20** **14. Corporate Risk Register**

15 min

*Discussion* *Tracey Gillies*

 14. Board Corporate Risk Register Paper 05 October - Cover Page.pdf (1 pages)

 14 (a) Board Corporate Risk Register Paper - 05 October 2022 .pdf (22 pages)

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**12:20 - 12:25** **15. Any Other Business**

5 min

*Verbal* *John Connaghan*

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**12:25 - 12:30** **16. Reflections on the Meeting**

5 min

*Verbal* *John Connaghan*

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**12:30 - 12:35** **17. Date of Next Meeting**

5 min

*For Noting* *John Connaghan*

07 December 2022

## LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 03 August 2022, using Microsoft Teams.

### Present:

**Non-Executive Board Members:** Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Mr P. Allenby; Cllr H. Cartmill; Prof. S. Chandran; Mr M. Connor; Mr J. Encombe; Mr A. Fleming; Ms E. Gordon; Cllr G. Gordon; Ms C. Hirst; Ms F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan; Ms V. de Souza.

**Executive Board Members:** Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director).

**In Attendance:** Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Mr J. Crombie (Deputy Chief Executive); Ms G. Cowan (Head of Health, Midlothian HSCP); Ms K. Dee (Deputy Director, Public Health); Dr J. Long (Director of Primary Care); Mr A. McCreddie (Deputy Director of Finance); Ms K. Taylor (Communications Manager); Mr A. Tyrothoulakis (Site Director, St John's Hospital); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary); Mr G. Ormerod (Committee Administrator) and Ms B. Pillath (Committee Administrator, minutes).

**Apologies for absence:** Cllr S. Akhtar (Non-Executive Board Member); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr C. Marriott (Director of Finance); Ms J. Mackay (Director of Communications and Public Engagement); Ms T. McKigen (REAS Services Director); Ms T. A. Miller (Non-Executive Board Member); Dr D. Milne (Director of Public Health and Health Policy).

### 34. Declaration of Interests

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

### 35. Chair's Introductory Comments

#### Welcome to new members and attendees

35.1 The Chair welcomed the following members and attendees to their first meeting of the Board:

- Cllr Cartmill, appointed as Non-Executive Stakeholder Member from 30 May 2022
- Ms Wilson, appointed as Chief Officer for East Lothian Health and Social Care Partnership from 27 June 2022
- Mr Thompson, appointed as Board Secretary from 4 July 2022

#### Ms C. Hirst - valedictory comments

35.2 The Chair noted that this would be Ms Hirst's final meeting before stepping

down from the Board on 31 August. Ms Hirst had served as Non-Executive Member from 1 August 2015 and had given generously of her time and experience across a range of Board committees and integrated joint boards. On behalf of the Board, the Chair offered thanks to Ms Hirst for her significant contribution, particularly commending her professionalism and commitment to improving the patient experience and wished her well for the future.

## ITEMS FOR APPROVAL OR NOTING

### 36. Items proposed for Approval or Noting without further discussion

- 36.1 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 matters to be moved out of this section. The Board noted that no such requests had been made.
- 36.2 Minutes of Previous Board Meeting held on 22 June 2022 – Minutes were approved, with the following clarifications or matters arising:
- 36.2.1 Comments made under item 21.1 “System Flow” referred to the drafting of the report and not the policy on delayed discharges itself. The minutes did not require amendment.
- 36.2.2 The concept of a patient experience seminar, referred to at item 23.18, should be pursued. The Area Clinical Forum (ACF) Chair would take this forward as part of a future Board development session and would also circulate a draft Patient Experience Strategy to the Board, for comment.
- 36.2.3 The aggregated outcomes and benefits of outpatient redesign activity, referred to at item 23.9, would be discussed at a future Planning, Performance and Development Committee (PPDC) meeting. **CC**
- 36.3 Audit and Risk Committee Minutes – 11 April 2022 – Minutes were noted.
- 36.4 Healthcare Governance Committee Minutes – 24 May 2022 – Minutes were noted.
- 36.5 Staff Governance Committee Minutes – 01 June 2022 – Minutes were noted.
- 36.6 Midlothian Integration Joint Board Minutes – 14 April 2022 – Minutes were noted.
- 36.7 West Lothian Integration Joint Board Minutes – 21 April 2022 – Minutes were noted.
- 36.8 Appointments of Members to Committees and Integration Joint Boards – the Board agreed to:
- *Appoint* the following people to the Pharmacy Practices Committee, each for a three-year term from 03 August 2022 to 2 August 2025:
    - June Edwards, Non-Contractor Pharmacist

- Isobel Bishop, Non-Contractor Pharmacist
- Barry Chapman, Non-Contractor Pharmacist
- Susanne Gooding, Non-Contractor Pharmacist
- Mike Ash, Lay Member
- Eleanor Blair, Lay Member
- *Re-appoint* Brian McGregor as a Lay Member of the Pharmacy Practices Committee, from 4 December 2022 to 3 December 2025.
- *Re-nominate* Fiona Ireland as a voting member of the East Lothian IJB, from 22 September 2022 to 21 September 2025.
- *Nominate* Rebecca Green as a non-voting member of the Midlothian IJB and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” (retrospectively) from 18 July 2022 to 17 July 2025.
- *Re-nominate* Johanne Simpson as a non-voting member of the Midlothian IJB and specifically as the “registered medical practitioner employed by the health board and not providing primary medical services” from 2 October 2022 to 1 October 2025.

## ITEMS FOR DISCUSSION

### 37. Board Chair’s Report – August 2022

- 37.1 The Chair noted the continued commitment and resilience being demonstrated by all NHS Lothian staff in the face of significant and unremitting service pressures and workforce challenges. He asked the Board to keep in mind its accountability for the wellbeing of staff.
- 37.2 The Chair welcomed evidence that proactive steps were being taken to support staff wellbeing and mental health, including the completion of the first year of the Board’s ‘Work Well’ strategy, as reported recently to the Staff Governance Committee. A second-year delivery plan had been approved that would build upon this success.
- 37.3 The Chair also welcomed the reintroduction of a programme of “patient safety walkrounds”, following a necessary pause during the period of Covid-19 restrictions. The first walkround in a new trial format would take place on 5 August 2022 at the Royal Infirmary of Edinburgh. A full schedule of future walkrounds would be shared with Board members, providing them the opportunity to participate.

### 38. Board Executive Team Report – August 2022

- 38.1 The Board noted the Board Executive Team report for August 2022. During discussions, the following points were noted.
- Strategic Review of Analytics*
- 38.2 The Deputy Chief Executive explained that the Review was expected to conclude at the end of the year and that the outcomes would be shared with the Board, for information.

#### Car Parking at the Royal Infirmary

38.3 The Deputy Chief Executive confirmed that the reintroduction of parking permits for staff had delivered a positive impact in managing the volume of traffic on the site. However, challenges remained in relation to congestion on the road network. A new staff car park would be opened adjacent to the Royal Infirmary Site with separate access through the Bioquarter and this was expected to provide additional parking without adding to congestion on the site.

Royal Edinburgh Hospital Occupancy

38.4 The Medical Director confirmed that the bed occupancy rate at the Royal Edinburgh Hospital, reported as over 100%, related to both funded and unfunded beds and was impacted by patients being out on pass.

Safe staffing

38.5 Workforce challenges were particularly prevalent in the East Lothian Community Hospital, which was operating at less than the expected level of registered nurse staffing. The Chief Officer, East Lothian HSCP confirmed that significant efforts were being made to manage discharges and mitigate wider workforce issues.

38.6 The Chief Executive emphasised that the lack of available workforce was a significant limiting factor in the ability to open additional beds.

Waiting time performance targets

38.7 It was asked whether resources were appropriately aligned and allocated to support delivery of the new waiting time performance targets required by the Cabinet Secretary for Health and Social Care, and how delivery might be impacted by current corporate risks and system pressures.

38.8 The Chief Executive expressed an expectation that the Board would deliver the targets for 'most specialties', as was required. There were currently eight specialties not on track to achieve the targets, but these were being reviewed in the hope that the number might be reduced. Additional financial support expected from the Scottish Government and collaborative working with other boards would assist in achieving targets. However, there were other contributing pressures, such as workforce issues, that would impact upon delivery. It was important to be realistic about what was achievable and to note that improvement trajectories may fluctuate.

38.9 It was agreed that realistic plans and projections against the targets would be prepared for discussion at PPDC. This would seek to incorporate relevant interdependencies with other performance priorities and with the appropriate corporate risks. **CC**

38.10 The importance of communicating with patients about the potential benefits of meeting the new targets was noted. It was confirmed that a Scottish Government working group was leading the communications strategy at a national level and that the Chief Officer for Acute Services was engaged with this effort.

Drug related deaths

38.11 The Board noted that the reduction of drug deaths was a ministerial priority for 2022/23. It was confirmed that a report on this issue would be provided to the Board annually and on a Lothian-wide basis. **CC/DM**



Lothian Strategic Development Framework

- 38.12 It was confirmed that, following consultation on the Lothian Strategic Development Framework, the Scottish Government had requested specific reference to drug related deaths and more detail on the financial position over the next two years. These updates would be made before resubmission to the Scottish Government.

Engagement with third sector services

- 38.13 A third sector summit was held by Midlothian Integration Joint Board to support engagement with third sector services. It was requested that any learning be shared with the other Integration Joint Boards (IJBs). It was confirmed that all IJBs worked collaboratively with third sector services, albeit in ways tailored to the specific needs of each geographical area.

Whole system oversight

- 38.14 Referring to section 13.1 in the paper, the Chief Executive reported that, due to the significant pressures on patient flow in Edinburgh, the Cabinet Secretary had agreed that a review team, led by Elma Murray Wallace, would work with the NHS Board, the IJB and the Council to review the situation and make recommendations for improvement. This process would take around six months, but some feedback was expected earlier to help with winter planning.

**39. Opportunity for committee chairs of IJB leads to highlight material items for awareness**

- 39.1 The following items were highlighted by the Chair of the **Staff Governance Committee**.

Three-year Workforce Plan

- 39.1.1 The Committee had reviewed and approved the NHS Lothian three-year workforce plan for submission to the Scottish Government. This was a comprehensive plan outlining local and national workforce challenges and recommended actions. Next steps would include meeting with Scottish Government representatives in August to receive feedback. Delivery would be monitored by the Staff Governance Committee.

- 39.1.2 The Board noted the importance of understanding the linkages and dependencies between national and Board-level workforce planning, including training and recruitment activity. It was agreed that the Director of HR would seek information from the Scottish Government on this and report to the Staff Governance Committee. **JB**

Nursing Workforce Pressures

- 39.1.3 The Committee had recently discussed ongoing pressures in the nursing and midwifery workforce caused by a combination of the existing establishment gap and increased absence rates. A working group was in place to discuss any further improvement actions that could be taken.

- 39.1.4 Following discussion, it was agreed that the Board would be provided with a briefing on the legal requirements around safe staffing levels and their projected impacts upon delivery. **CC / JB / FI**

### Staff Wellbeing

39.1.5 The Committee had welcomed an update on staff wellbeing activity and plans and the evidence of that this was having a positive impact. The Committee had accepted moderate assurance, based on the wide range of efforts to support staff wellbeing in many areas. The Employee Director had also been present at the meeting and was supportive of the work being done.

39.2 The following items were highlighted by the Chair of the **Healthcare Governance Committee**.

### Children's Services and Paediatric Audiology

39.2.1 The Committee had received an assurance update on Children's Services, alongside a verbal update on the recommendations from the external review of the Paediatric Audiology Service. The Committee had also heard directly from the parents of a child who had been affected by the issues highlighted by the Paediatric Audiology review.

39.2.2 The Committee had accepted moderate assurance on the Children's Services report overall and limited assurance, at that stage, on whether the actions from the Paediatric Audiology review were wide ranging enough to also cover broader issues indicated by the patient experience evidence, such as the effectiveness of liaison between NHS Lothian and education services. A separate, written update on Paediatric Audiology would be prepared for the next meeting of the Committee and the Medical Director reported that she had since held constructive discussions with the Director of Education at the City of Edinburgh Council.

### Liaison Psychiatry

39.2.3 The Committee had also received a report on Liaison Psychiatry, noting that this represented a positive development in the governance and assurance process as this service crossed different reporting lines.

## **40. NHS Lothian Board Performance Paper**

40.1 The Deputy Chief Executive introduced the Board Performance Report, noting that the system remained under significant pressure. He invited the Board to note the key issues contributing to this pressure, which included workforce challenges, covid staff sickness and flow problems. These were also highlighted in the Report's executive summary.

40.2 The Deputy Chief Executive reported that occupancy levels remained extremely high, impacted by delayed discharges, despite recent efforts to address this issue. The Board was not meeting the Scottish Government performance targets at this time and it was expected that seasonal winter challenges would soon bring further detrimental impact.

40.3 The focussed improvement work had had some positive impact. There had been a continued trend of gradual reduction in long outpatient waits in scheduled care with sustained routine activity above covid period levels. Psychological therapies waiting times had improved following recruitment which contrasted with the waiting times in the rest of Scotland.

40.4 The Deputy Chief Executive highlighted that a significant amount of leadership resource was deployed in addressing the ongoing pressures and he acknowledged the resourcefulness, commitment, and leadership of all staff in facing these challenges.

40.5 The Chair welcomed the report and invited the Board to discuss the content. Detailed discussion followed, covering a broad range of performance areas, including:

Improvement action plans

40.6 The Board wished to see information on when the Report's improvement actions might take more significant effect and to what level. The Deputy Chief Executive highlighted that the ability to provide robust trajectories depended upon analysis of future demand and capacity to identify gaps. The ability to project this reliably was compromised because of the demand, workforce and covid sickness pressures already acknowledged. However, efforts in this area would continue.

40.7 The Chief Officer for Acute Services advised that sites remained overfilled and that it was currently challenging to provide a service to urgent patients before considering the challenges in reducing long waits for routine procedures. An options appraisal had been carried out looking at optimisation options on an individual service basis for reducing long waits. The team was also working with the Scottish Government to utilise external capacity including the Golden Jubilee University National Hospital.

40.8 It was agreed that a future session at the PPDC would be scheduled to aid the Board's understanding of the capacity gap, the immediate constraints and expected improvements. **JCr**

Cancer treatment targets

40.9 In response to a request for greater detail on the plans for meeting cancer treatment targets, the Chief Officer for Acute Services advised that optimisation work was being carried out on patient pathways for each cancer type, leading to improvements in performance on 31- and 62-day waiting times since June. More information would be provided as part of the proposed discussion at the PPDC.

**JCr**

Medical secretary recruitment

40.10 The Board asked what steps were being taken to resolve the issues highlighted in the Report on the recruitment of medical secretaries. The Director of HR advised that this was a skilled role and therefore recruitment could be challenging. Work was being done to revise job descriptions and on training existing staff. Voice recognition technology was being introduced to mitigate the issue but could not replace the need for skilled staff in this area.

Safe staffing

40.11 Noting the previously agreed action (39.1.4 above) to provide a briefing to the Board on this issue, it was agreed that this should also provide a level of assurance on steps being taken to address and mitigate workforce issues.

**CC / JB / FI**

*Dermatology long waits*

- 40.12 In response to a query about the outlook for waiting times in dermatology, it was reported that nationally coordinated work was underway in this area, reflecting the specialist cohort of patient and the restricted availability of workforce. This included work with the Centre for Sustainable Delivery on pathway reviews. Options were being considered for a multidisciplinary staffing model to maximise the limited medical team capacity in this specialty

*Childhood immunisation rates*

- 40.13 In response to a query about the reduction in the immunisation rates for MMR and other childhood vaccinations, the Deputy Director of Public Health advised that vaccinations for children under five had historically been below the WHO recommended rate. A vaccination working group was working on improving uptake.

*Impact of long waits on patient outcomes and population health*

- 40.14 It was asked if it would be possible and helpful to analyse the impact of long waiting times on patient outcomes, to demonstrate any negative effect on wider population health. The Medical Director explained that, whilst this is sometimes considered at a specialist level, to do so more widely would or at a total system level would be challenging and would divert scarce resources from delivering clinical care.

*Patient flow*

- 40.15 The Board asked for clarification on the statement in the Report that a lack of appropriate placement opportunities for mental health and older people's services was impacting on patient flow. The Deputy Chief Executive advised that this was due to specific patient needs and capacity pressure on homecare services and care homes. This issue has been the subject of detailed scrutiny by the Executive.

*Areas achieving performance targets*

- 40.16 It was suggested that inclusion in the Report of services which were achieving targets might give a more contextual overview of how the system was working. The Deputy Chief Executive agreed to take this suggestion on board for any future revisions.

*Staff wellbeing*

- 40.17 It was queried whether the impact of initiatives to support staff wellbeing might be measured to target resources in the future. The Director of HR advised that level of evaluation was built into the staff wellbeing programme and was already used to inform planning.

*Redesign of urgent care*

- 40.18 It was asked how the impact of the redesign of urgent care might be measured. The Chief Officer for Acute Services advised that this process remained at the early stages and the impact was not yet being seen. A pilot at St John's Hospital did not show a reduction in numbers presenting at the front door, but feedback indicated that scheduling was helpful for both staff and patients.

- 40.19 Members accepted the recommendations within the Performance Report, noted the metrics reported, recognised that further analysis and mitigation work would

continue through governance channels, and that any specific pieces of work would be reported separately from the core performance report.

## **41. Financial Position**

41.1 The Deputy Director of Finance presented an update to the Board on the financial position so far for 2022/23, highlighting following key messages:

- An overspend position of £7.8m at the end of Q1 2022/23, representing an improved but not yet optimal position;
- Covid-related costs to-date of £15.6m, representing a slight improvement on previous assumptions, with budget released from IJB Covid Reserves and anticipated Scottish Government funding to offset this cost;
- The core financial position was close to the projected level and an updated Q1 position would be reported to the Finance & Resources Committee in due course; and
- Focused actions were ongoing to reduce the gap further between the projected position and a breakeven target, including the delivery of agreed efficiency savings.

41.2 The Deputy Director of Finance recommended that the Board accept limited assurance on the Board's ability to deliver a breakeven financial position for 2022/23.

41.3 The Board asked how the new Scottish Government waiting time targets might impact the financial position. The Chief Executive advised that additional funding would be allocated to Boards according to the waiting position. Specific details on how this would be distributed would follow discussions with the Scottish Government. The Deputy Director of Finance advised that current financial plans assumed no additional cost pressure in working towards achieving the new targets.

41.4 The Board accepted the recommendations laid out in the paper and accepted limited assurance on achievement of a breakeven position in 2022/23.

## **42. Corporate Risk Register**

42.1 The Medical Director introduced the latest version of NHS Lothian's Corporate Risk Register (CRR), highlighting the ongoing efforts to ensure that corporate risks and mitigating actions are reviewed and updated through the agreed framework. She invited the Board to consider and accept the recommendation in the paper, including the removal of the "Facilities Fit For Purpose" risk, following a recommendation made by the Corporate Management Team (CMT) in June.

42.3 The Chair reminded the Board that the risks and mitigations recorded in the risk register were discussed in detail at the Committees of the Board.

42.4 It was confirmed by the Medical Director that the recent heatwave had no implications for the Board's Corporate Risk Register.

42.5 In response to questions from the Board, the Medical Director confirmed that:

- the recent heatwave had no implications for the Board’s Corporate Risk Register; and
- the current impacts of covid related mainly to staffing, system flow and the delivery of the vaccination programme. No change to the risk was expected in the short term.

42.6 The Board noted the information provided and accepted the recommendations within the paper, including the removal of the “Facilities Fit for Purpose” risk, following a review by the CMT at its meeting on 22 July 2022.

**43. Any Other Business**

Ukrainian Refugees

43.1 In response to a query, the Director of Primary Care advised the Board of the current arrangements in place for the provision of primary care to Ukrainian refugees in Lothian, including those refugees temporarily housed on a cruise ship in Leith Harbour. A more detailed briefing would be prepared and circulated to the Board, for information. **JL**

National Care Service (Scotland) Bill Consultation

43.2 It was agreed that the Board would submit a response to the current consultation on a draft National Care Service (Scotland) Bill. The Vice-Chair was already seeking feedback from IJBs and would liaise with the Chief Executive on drafting a suitable response on behalf of the Board. **CC / PM**

**44. Reflections on the Meeting**

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

**45. Next Board Meeting**

45.1 The next Board meeting would be held on Wednesday 05 October 2022 at 9.30am.

Chair’s Signature .....

Date .....

**John Connaghan**  
**Chair – Lothian NHS Board**

**Audit and Risk Committee**

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 20 June 2022 via MS Teams.

**Present:**

Mr M. Connor (Chair), Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member.

**In Attendance:**

Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr C. Brown, Azets; Ms J. Brown, Chief Internal Auditor; Mr C. Campbell, Chief Executive Mr J. Crombie, Deputy Chief Executive; Mr P. Clark, Grant Thornton; Mr D. Eardley, Azets; Ms N. Mackenzie, Azets; Mr C. Marriott, Director of Finance Mr D. Graham, Internal Audit Manager; Ms O. Notman, Head of Financial Services; Mr A. McCreddie, Deputy Director of Finance; Ms A. Macdonald (Mr J. Old, Financial Controller; Ms G. McAuley, Nurse Director – Acute Services and Miss L. Baird, Committee Administrator.

**Apologies:** None.

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

**Welcomes and Introductions**

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

**12. Minutes of the previous meeting held on 11 April 2022**

12.1 The minutes of the meeting held on 11 April 2022 were accepted as an accurate record and approved.

**13. Running Action Note**

13.1 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.

13.2 Violence and Aggression – Ms McAuley agreed to provide a copy of the paper approved by Staff Governance Committee for the next meeting. **GMcA**

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

**14. Risk Management**

14.1 NHS Lothian Corporate Risk Register - Ms Bennett presented the previously circulated report.

14.1.1 The Committee noted that the April 2022 Board accepted the following recommendations from the Corporate Management Team (CMT):

- The removal of the complaints risk based on comparative performance, assurance level and risk grading and put it onto the Corporate Nursing risk register.

- That the current Covid-19 risk can be closed and a new risk accepted with a public health focus.
  - That the new risk description related to timely discharge has been re-framed to focus on hospital bed occupancy.
  - That there had been a change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee.
- 14.1.2 Ms Bennett advised that the CMT would recommend to the July 2022 Board that Hospital Sterilisation Decontamination Unit (HSDU) capacity was entered onto the Corporate Risk Register.
- 14.1.3 Members reviewed the updates provided by the Executive Leads concerning risk mitigation set out within the report.
- 14.1.4 The Committee noted that a schedule of risk assurance reporting to the Planning, Performance and Development Committee was in development.
- 14.1.5 The Committee noted that the divisional high and very high risks would be considered at the July 2022 CMT meeting.
- 14.1.6 The Committee accepted the report.
- 14.2 Risk Management Annual Report 2021/2022 – Ms Bennett presented the previously circulated paper.
- 14.2.1 The Committee accepted the Risk Management Annual Report for 1 April 2021 to 31 March 2022 as moderate assurance that there were systems in place to manage risk across NHS Lothian based on a range of improvements that have been put in place during 2021/22 to further strengthen the risk system.
- 14.2.2 The Committee noted that Healthcare Governance Committee (HGC) which seeks assurance on the management of adverse events accepted the following in November 2021 and May 2022:
- Significant assurance that local processes were in place to identify events which require to be reported to Healthcare Improvement Scotland (HIS) to comply with the new national notification process and note number and types of events reported
  - Moderate assurance in the progress made in improving processes for management of significant adverse events (SAEs) and in addressing the backlog
  - Moderate assurance on process for safety alerts and the associated reports up to March 2021
  - HGC approved NHS Lothians Duty of Candour Annual report at its September 21 meeting prior to publication on NHS Lothian internet site in line with national requirements.
- 14.2.3 The Committee noted that the Annual Internal Audit into risk management reported to the June 2021 Audit & Risk Committee, the control objectives were all assigned Moderate Assurance and findings were being used to review NHS Lothian's Risk Management Policy and Procedure (October 2018).
- 14.2.4 The Chair thanked Ms Bennett and her team for their extensive work around the risk register and the individual ratings that had prompted more lively discussions around the risks within the organisation.



- 14.3 Litigation Annual Report 2021/22 – Ms Bennett presented the previously circulated report.
- 14.3.1 The Committee discussed the purpose of the report and how that could be better reflected within the title of the report. Ms Bennett took an action to consider identifying a more suitable title that describes the purpose of the report for future years. **JB**
- 14.3.2 Members discussed whether claims made in relation to violence and aggression against members of staff and whether the organisation was pursuing criminal action against individuals who cause the harm were included within the report. Ms Bennett took an action to discuss this with the Central Legal Office and feedback through the running action note. **JB**
- 14.3.3 The Committee accepted the report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes and that there was significant assurance that there were effective process and adherence to standards.
- 14.3.4 The Committee accepted moderate assurance that there was evidence of learning after cases were closed based on programmes of work in place to improve management of and the response to adverse events but recognised that events resulting in a claim are not always part of an adverse event process and that claims can take a considerable time to reach completion.
- 14.3.5 The Committee accepted the report.

## **15. Internal Audit**

- 15.1 Internal Audit Progress Report – June 2022 – Mr Clark presented the previously circulated report.
- 15.1.1 It was noted that since the April Audit and Risk Committee meeting, field work for all 2022 audits had completed, 6 reports had been finalised and there were 2 audits outstanding relating to delayed discharges and the additional payments to staff resulting in overpayment.
- 15.1.2 The Committee thanked the Internal Audit Team for the dedication and hard work that led to the completion of the 2022 Internal Audit Plan, despite the challenges they had faced relating to resources and the pandemic.
- 15.1.3 The Committee accepted the report.
- 15.2 Internal Audit Follow-up of Management Actions Report (June 2022) – Mr Clark presented the previously circulated report. He advised that since the April meeting of Audit and Risk Committee there had been no new actions added to the tracker.
- 15.2.1 Mr Clark advised that of the twenty actions were being monitored, six had been closed, five were overdue, nine were not due. He assured the Committee that of the five that were overdue only one action relating to a medium risk was more than three months overdue.
- 15.2.2 The Committee accepted the report.

- 15.3 Internal Audit Report: Absence Management (June 2022) – The Committee noted the previously circulated report and the information therein.
- 15.4 Internal Audit Report: IT Asset Management (June 2022) – The Committee noted the previously circulated report and the information therein.
- 15.5 Internal Audit Report: Water Safety in New Build Sites (June 2022) - The Committee noted the previously circulated report and the information therein.
- 15.6 Internal Audit Report: Analytical Services and Robustness of Data (June 2022) - The Committee noted the previously circulated report and the information therein.
- 15.7 Internal Audit Report: Estates Follow-up of implementation of internal audit recommendations (June 2022) - The Committee noted the previously circulated report and the information therein.
- 15.7.1 The Chair drew attention to the extensive work taken on the by the Estates Team overseen by Mr Crombie to address concerns raised within the internal Audit report. He noted that this was a good example of how a difficult situation can be turned around and a positive outcome achieved. He expressed his thanks to all those involved in this work.
- 15.8 Internal Audit Report: Review of Waiting List Initiative (WLI) payments – Mr Clark provided a brief overview of the previously circulated report
- 15.8.1 Mr Clark explained that the report did not provide a level of assurance as the audit had been a result of a known failure within the system and other investigations across all specialities were in progress.
- 15.8.2 It was noted that the 6 recommendations within the report related to:
- Updating protocols for waiting list initiative payments.
  - Review design of job planning design process.
  - Assuring that the work not pre-authorised that work will not be undertaken and paid for.
  - Assuring that payment forms are adequately completed and if not work should not be undertaken or paid for.
  - Monitoring additional programmed activities and removing those that breach the limit of 10 per individual.
  - Monitoring additional payments made beyond 12 months and ensuring that theses were captures as individuals move into new roles.
- 15.8.3 The Committee discussed the likelihood of these errors being replicated in other areas within the organisation and what measures could be put in to mitigate other instances of overpayment occurring. It was noted that as part of additional investigation the team were looking at the total spend for waiting list initiative payments across all services to identify whether there were any other instances of overpayment.
- 15.8.4 It was noted that a detailed review of the waiting list initiatives would also take place annually, along side a couple of targeted audits on payments made to staff and overpayments during the 2022/23 period as well as a communication piece to raise awareness of this issue and action taken to improve processes.

- 15.8.5 The Committee discussed previous failings related to the use of electronic signatures and actions identified to address this as part of the review of processes in place and linking in with Line Managers to ensure that they are held accountable for payments approved within their service.
- 15.8.6 The Committee accepted the report.
- 15.9 Internal Audit Annual Report and Opinion 2021/22 (June 2022) – Mr Clark presented the previously circulated report. He explained that the report summarised the work that had been undertaken throughout the year.
- 15.9.1 It was noted that the key issues related to the delivery of the plan in light of the reduced resource and the challenges associated with the pandemic.
- 15.9.2 The Committee accepted the report as a source of moderate assurance regarding the effective and efficient achievement of the organisation’s objectives and the management of key risks.
- 15.9.3 The Committee noted that Internal Audit had concluded that there were sufficient arrangements were in place, in the areas Internal Audit has reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.
- 15.10 NHS Lothian Internal Audit update papers for June Audit and Risk Committee – Future Internal Audit Delivery Model – Ms Brown presented the previously circulated report and set out the changes in the delivery model for provision of the internal audit service going forward.
- 15.10.1 Mr Marriott confirmed that he was assured that the proposed outsourced model would allow the internal audit team to fulfil the 2022/23 Internal Audit Plan.
- 15.10.2 The Committee noted and approved the new outsourced model and the agreed fee for 2022/23.
- 15.11 Internal Audit Plan 2022/23 – Mr Clark presented the previously circulated report.
- 15.11.1 The Committee discussed the rationale behind the audit of Microsoft 365. Mr Marriott highlighted that Microsoft 365 had been pivotal during the pandemic and there had been significance financial investment in the implantation of the software. Therefore, it was important that the organisation understand how its functionality could be fully maximised going forward as part of the proposed audit.
- 15.11.2 The Committee discussed how the audit process could provide additional assurance around Serous Adverse Events, Duty of Candour and whether they could be linked to risk management and litigation processes. Mr Clark took an action to investigate whether this could be incorporated into a future internal audit plan and report back to the Committee.
- PC**
- 15.11.3 Mr Marriott and Mr Clark took an action to look at the non-financial controls that sit around Microsoft Office 365, specifically how staff access the systems and data available to them and whether this could be incorporated into the scope of the audit.
- PC/CM**

15.11.4 The Committee approved the internal audit plan for the period covering 1 April 2022 to 31<sup>st</sup> March 2023.

## **16. Counter Fraud Activity**

16.1 Counter Fraud Activity for the year 1 April 2021 to 31 March 2022 - Mr Old presented the previously circulated report.

16.1.1 The Committee accepted the report as a summary of the counter fraud activity within the period covering 1 April 2021 and 31 March 2022.

16.1.2 The Committee accepted the report as a moderate level of assurance that the Board were raising awareness of the counter fraud strategy and policy through communications and training. Member noted that all cases of suspected fraud accounted for, and appropriate action had been taken.

16.1.3 The Committee accepted the report.

## **17. Corporate Governance**

17.1 National Services Audit Reports 2021/22 – Mr Marriott presented the previously circulated report.

17.1.1 The Committee accepted these reports from the service auditors as a source of significant assurance and that there are adequate and effective systems of internal control relating to the National Single Instance financial ledger, practitioner services and the National IT Services contract.

17.2 SFR 18.0 - Schedule of Losses and payments for the year ended 31 March 2022 – Ms Notman presented the previously circulated report.

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

## **18. Edinburgh and Lothians Health Foundation Annual Report and Annual Accounts 2021/22**

18.1 The Committee noted that there had been a review of the charitable funds and that they were found to be a clean set of accounts, and there had been no issues raised.

18.2 The Committee accepted the report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Foundation for 2021/22, Azets have carried out an external audit of the accounts and provided an unqualified opinion.

## **19. NHS Lothian Annual Accounts**

19.1 Governance Statement – Mr Marriot presented the previously circulated report.

- 19.1.1 The Committee accepted the report as a significant source of assurance that the process to develop the Governance Statement was consistent with the associated instructions and good practice.
- 19.1.2 The Committee reviewed the report and the draft Governance Statement and did not identify any additional disclosures and agreed it should be included within the 2021/22 annual accounts.
- 19.2 Planning Performance & Development Committee Annual Report 2021/22 – The Committee accepted the Planning Performance & Development Annual Report 2021/22 as a source of assurance.
- 19.3 Finance and Resource Committee Annual Report 2021/22 – The Committee accepted the Finance and Resources Committee Annual Report 2021/22 as a source of assurance.
- 19.4 Staff Governance Committee Annual Report 2021/22 - The Committee accepted the Staff Governance Committee Annual Report 2021/22 as a source of assurance.
- 19.5 Healthcare Governance Committee Annual Report 2021/22 – The Committee accepted the Healthcare Governance Committee Annual Report 2021/22 as a source of assurance.
- 20. Azets: NHS Lothian Draft External Audit Report for the year to 31 March 2022**
- 20.1 Mr Brown gave an overview of the report highlighting how the report was collated, key findings and the audit certificate.
- 20.2 Mr Eardley advised that this was Azets 6 and final year as External Auditor for NHS Lothian, noting the final report would be forthcoming. He anticipated that they would provide an unqualified opinion subject to the completion of outstanding audit work.
- 20.3 The Chair thanked Mr Brown and Mr Eardley the comprehensive report and their support and hard work over the years that they had served on the Audit and Risk Committee.
- 20.4 The Committee accepted the report.
- 21. NHS Lothian Annual Accounts for the year ended 31 March 2021**
- 21.1 The Committee reviewed the draft Representation Letter to the external auditors, confirming that the statements represented confirmation to the external auditors on matters arising on during the course of their audit of the annual accounts for the year ended 31 March 2022, and agreed to recommend to the Board that the letter be signed by the Chief Executive of NHs Lothian.
- 22. Management Representation Letter**
- 22.1 The Committee reviewed the draft Representation Letter to the external auditors, confirming that the statements represented confirmation to the external auditors on matters arising on during the course of their audit of the annual accounts for the year ended 31 March 2022, and agreed to recommend to the Board that the letter be signed by the Chief Executive of NHS Lothian.

## **23. NHS Lothian Patients Private Funds Annual Accounts 2021/22**

- 23.1 Mr Old presented the previously circulated report.
- 23.2 The Committee accepted the management letter from Azets as a source of assurance in relation to the draft annual accounts and the underlying systems of internal control.
- 23.3 The Committee agreed to recommend to the Board that the Chief Executive and the Director of Finance sign the “Statement of Lothian NHS Board Members’ Responsibilities” on behalf of the Board.
- 23.4 The Committee recommended to the Board that following the Board’s consideration, the Director of Finance and the Chief Executive sign the “Abstract of receipts and Payments” (SFR19.0).
- 23.5 The Committee recommended to the Board that the Board approve the draft Patients’ Private Funds accounts for the year ended 31 March 2022.

## **23. Committee Business**

- 23.1 Audit and Risk Committee Annual Report and Assurance Statement to the Board 2021/22 – The Committee reviewed the draft report and advised that subject to the inclusion of the statement from the external auditors they were content to approve the annual report.
- 23.2 Notification to Scottish Government – Significant Issues – The Committee reviewed the letter of significant issues and approved it to be submitted.

## **24. Any Other Competent Business**

- 24.1 There were no other items of competent business for consideration.

## **25. Reflections on the meeting**

- 25.1 The Chair noted that there was nothing to report to the Board at this time.

## **26. Date of Next Meeting**

- 26.1 The next meeting of the Audit and Risk Committee will be held on Monday 22<sup>nd</sup> August 2022 at 9.30 a.m. via Microsoft Teams.

**Minutes Agreed by Committee 22/08/2022**

## HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 19 July 2022 by video conference.

**Present:** Ms F. Ireland, Non Executive Board Member (chair); Dr P. Donald, Non Executive Board Member; Mr J. Encombe, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Mr P. Knight, Non Executive Board Member.

**In attendance:** Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms J. Campbell, Chief Officer Acute Services; Ms J. Browning, Lead Pharmacist; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Ms L. Guthrie, Associate Director, Infection Prevention and Control; Ms P. Holland, Project Manager (item 17.1); Ms K. Holmes, Clinical Nurse Manager, Children's Services; Ms G. McAuley, Nurse Director Acute Services; Ms A. MacDonald, Executive Nurse Director; Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Mr A. Short, Director of Women's and Children's Services; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms A. White, Chief Officer West Lothian Health and Social Care Partnership; Ms C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Interim Executive Nurse Director.

**Apologies:** Mr C. Campbell, Chief Executive; Ms J. Clark, Partnership Representative; Mr J. Crombie, Deputy Chief Executive; Mr S. Garden, Director of Pharmacy; Ms C. Hirst, Non Executive Board Member; Dr J. Long, Director of Primary Care; Mr P. Murray, Non Executive Board Member; Ms T. Miller, Employee Director; Ms L. Rumbles, Partnership Representative; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

### Chair's Welcome and Introductions

*The Chair 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.*

*The Chair noted that this was the last meeting for Carolyn Hirst and Patricia Donald who were stepping down from the Board, and for George Gordon who was stepping down from this Committee but would remain on the Board. The Chair thanked members for their participation over a number of years and wished them well in future ventures.*

### 14. Patient story

14.1 The chair welcomed the parents of a child who had been treated by the paediatric audiology service with deafness from birth. The parents advised that their child also had other complex needs including autism. The parents described their experience with paediatric audiology, CAMHS and speech and language therapy over the last 12 years and described the outcome for their child of their experience, advising that although their child had begun to speak during early childhood their child was now completely non verbal.

- 14.2 The parents wished to highlight some key learning for the Board which were relevant more widely than the Paediatric Audiology service alone. Throughout their child's treatment the parents had never been invited to attend a multidisciplinary meeting which would have allowed them to be involved in decisions relating to their child's care.
- 14.3 They felt that processes for their child's care were inflexible and did not take into account their knowledge of their child's needs. They pointed out the vulnerability of their position in the early years after the birth of a severely disabled child. In their experience, the different teams involved in their child's care did not communicate with one another and operated separately.
- 14.4 They also wished to highlight the fact that speech and language therapy services were unable to provide language to support for their child as there were no practitioners in the team with British Sign Language skills. They had the same experience with the City of Edinburgh Council where staff with British Sign Language skills were not employed at the special school their child attends, in spite of there being other children at the school in a similar position.
- 14.5 Whilst the Committee engaged in extensive dialogue around the points raised the chair noted that the Committee must focus on the governance and learning from the patient story and referenced the Children's Partnership Group as an appropriate group to take forward the broader concerns. The Chair also advised that any specific follow up for the family would be via the operational line and asked the Medical Director to engage with the service on the specific points raised by the parents regarding current access to services. Mr Short referenced work already underway, including engagement with education officers.
- 14.6 Members thanked the parents for describing their experience to the Committee and noted the importance of hearing personal experiences of the services provided in improving services.

## **15. Minutes from Previous Meeting (24 May 2022)**

- 15.1 The minutes from the meeting held on 24 May 2022 were approved as a correct record.
- 15.2 The updated cumulative action note had been previously circulated.

## **16. Emerging Issues**

### **16.1 Waiting times**

- 16.1.1 Ms Campbell advised that Planning, Performance and Development Committee as focussing on actions to improve long waits for patients and that changes were expected from the Scottish Government around guidance for 'reasonable offers' for elective procedures. This was being introduced and progress would be reported to the Board.



## 17. Children's Services

### 17.1 Annual Assurance Report

- 17.1.1 Mr Short presented the previously circulated paper. In response to a question about the school nurse programme, Ms Holmes advised that the Scottish Government was now funding 36.64 WTE new school nurses in new roles with ten priority areas for action which would be delivered across primary, secondary and special schools. These included mental health and wellbeing, substance misuse and transition. The training programme was funded by the Scottish Government and graduates were offered a permanent band 6 post in Lothian. The school nurses would have a key role as part of the wider health system and could help families with complex needs with advocacy and coordination. The Getting it Right for Every Child (GIRFEC) programme was an underpinning policy across education, social work and health.
- 17.1.2 Mr Short agreed to circulate more information on key themes of complaints received.
- 17.1.3 The actions on the Children's Services Improvement Plan discussed at item 3.3.1 in the paper were expected to be completed within the next 12 months; the plan would be updated annually with any further required actions added.
- 17.1.4 Information from the southern hemisphere suggested that a more severe strain of RSV would be circulating this winter. The winter plan included increase from 22 to 34 beds in Paediatric Acute Receiving Unit in November 2022 and increasing from 15 to 19 beds in the Paediatric Intensive Care Unit. Staff had already been recruited to support these beds and there were plans to do a gradual increase from September 2022 if required.
- 17.1.5 Ms McAuley noted that the LACAS standards had been applied to Children's Services for the first time and advised that the deteriorating patient standard had moderate assurance but many of the areas of limited or no assurance were similar to those in adults services including leading and managing the ward. There was now a focus on improvement in these areas. The full report would be shared with the Committee following the final sign off. **GMcA**
- 17.1.6 The high number of pharmacy technician vacancies remained a risk across children's as well as other acute services. The team was working to prioritise tasks and there had not been an impact on clinical care at present. Ms Browning advised that training and recruitment schemes were in progress to help fill the vacancies, including technician apprentices. The pharmacy technician vacancy rate at the Royal Infirmary was currently at 26%.
- 17.1.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance on the systems and processes in place, but added an additional recommendation to accept limited assurance that the 38 actions being taken forward in response to the paediatric audiology review would deliver the improvements required across the wider health, education and other services outside paediatric audiology as identified from the patient story.

## 17.2 Paediatric Audiology Update

- 17.2.1 Ms Gilles gave a verbal update. She noted that the children affected by the issues raised in the paediatric audiology review could be considered in three groups including children who were deaf from birth with late identification but no other health needs, those who had mild to moderate deafness along with other complex needs where there had been a delay in intervention.
- 17.2.2 Many of the parents of the children affected such as those who spoke at the beginning of this meeting had attended individual meetings with the medical director and a summary of the themes raised at these meetings would be included in the next written update.
- 17.2.3 In response to the issues raised in the patient story it was noted that system leadership would be necessary to action the changes necessary. Ms Gillies advised that she had written to the Directors of Education at the four local authorities but that persistent engagement was needed as the problems with integration with paediatric audiology and speech and language therapy services were not being raised through local authority routes. Allister Short had engaged with teachers associations in all the local authorities and was engaging with the Speech and Language Therapy service.
- 17.2.4 Ms Bennett advised that a measurement framework was being put in place as a focus for measuring improvement and quality of care in the paediatric audiology service. The progress against the actions from the review was good.
- 17.2.5 The additional testing required of the service for the children affected was adding pressure to the team. Recruitment had taken place but a high workload remained. It was difficult for the team to make any change to a more holistic process while this position continued and introducing this to the service must be done in a sensitive way as new skills would be required and the specialist technical skills of the staff in the team were invaluable. The need to listen and engage with parents about their children's needs was a theme from all the parents' meetings that had taken place. This wider engagement may be better led by another service with paediatric audiology participating.
- 17.2.6 The national paediatric audiology review was in the early stages but it was clear that the themes found in NHS Lothian were common in other services across Scotland.
- 17.2.7 There had been engagement with the National Deaf Children's Society which was helping to support families affected.
- 17.2.8 In response to a question as to whether services were available to advocate for parents in the vulnerable situation described by the parents at the start of the meeting when looking after a young child with complex needs, Mr Short advised that Kindred Scotland was one such third sector organisation providing a service like this effectively.

- 17.2.9 Ms Gillies advised that the 38 recommendations from the review were to deal with the issue of delayed interventions identified in the report, but would not deal with the wider cultural changes required in the team regarding the relationship between parent and professional which would require training and a wider skill set for staff.
- 17.2.10 A written report would be provided at the next meeting. **TG**

## **18. Person Centred Culture**

### **18.1 Urgent Care Access Redesign**

- 18.1.1 The chair welcomed Ms Holland to the meeting and she gave a verbal update. Ms Holland advised that the Scottish Government was running the public communications for the redesign and that the public did appear to understand the new system, but that frustrations and individual situations at the time lead to some patients presenting at the Emergency Department anyway. The team was working on improving the experience at the alternative points of contact and reducing this number.
- 18.1.2 Ms Morrison reported that the feedback team had received positive feedback on the new process from patients, but there were still problems with the appointment system which were being worked on to resolve.

## **19. Safe Care**

### **19.1 Covid Risk Assurance Update**

- 19.1.1 Dr Milne presented the previously circulated paper. In response to a question regarding covid safety on the ship housing 700 Ukranian refugees to be docked at Leith Dr Milne advised that the team was engaging with the environmental health team who would visit the ship and provide advice.
- 19.1.2 Dr Milne provided assurance that the national covid response team set up based on expertise and resource which could be deployed where needed across the country was based on a robust model. The staff posts would be retained locally and used for both national and local response as needed.
- 19.1.3 Ms Ireland noted that the update to the risk mitigation plan requested at the previous meeting had now been added. Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 19.2 **Health and Safety – Clinical Governance and Performance Annual Report**
- 19.2.1 Ms Gillies presented the previously circulated paper. It was noted that there remained limited assurance on anti-ligature at the Royal Infirmary and the Royal Edinburgh Hospital. Ms Gillies advised that there was now increased awareness of the ligature risk in physical health as opposed to mental health settings which may mean further work had been identified at the Royal Infirmary. The limited assurance at the Royal Edinburgh Hospital was likely to be related to short staffing but a plan was in place to mitigate this and there was a robust health and safety system on the site.

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

### 19.3 Public Protection Update

19.3.1 Ms MacDonald presented the previously circulated paper. Ms MacDonald agreed that data on trends and comparison with other Health Boards would be included in the next update paper. **AMcD**

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

### 19.4 Healthcare Associated Infection Update

19.4 Ms Gillies presented the previously circulated paper. It was noted that the Scottish Government had delayed the update of Healthcare Associated Infection targets until 2023. Ms Gillies advised that all necessary interventions were made to keep the infection rate as low as possible including in the absence of specific targets. A low rate of infection had been achieved in spite of current staffing and system pressures.

## 20. **Effective Care**

### 20.1 Lothian Liaison Psychiatry

20.1.1 Ms Gillies presented the previously circulated paper and advised that this area did not fit easily with either acute or mental health reporting as it covered both areas. In response to questions she advised that liaison psychiatrists received peer support through their own teams and through Continual Professional Development programmes and appraisal including from the psychiatry and multi disciplinary teams.

20.1.2 An update on progress with the recommendation to identify measures to ensure that the team was meeting psychiatry standards would be submitted to the meeting in January 2023, when the mental health assurance report would also be received. **TG**

20.1.3 Members accepted the recommendations laid out in the paper.

### 20.2 Pregnancy and Newborn Screening Annual Report

20.2.1 Dr Milne presented the previously circulated paper. It was noted that the report was based on data to March 2021; Dr Milne advised the report relied on national data released by the Scottish Government but that further reports based on more recent data would be brought forward when received.

20.2.2 Members accepted the recommendations laid out in the paper.

## **21. Exception Reporting**

### **21.1 Abdominal Aortic Aneurysm Screening**

21.1.1 Dr Milne advised that action plans were in place to reduce inequalities in access to all the screening programmes. There was also a piece of work with Acute Services using data to identify inequalities and this would report back in the Healthcare Governance Committee in September 2022. **DM**

21.1.2 Members accepted the recommendations laid out in the paper.

### **21.2 Litigation Annual Report**

21.2.1 Ms Gillies presented the previously circulated paper. It was noted that of the 62 new claims reported, 18 were related to paediatric audiology.

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

## **22. Other Minutes: Exception Reporting Only**

Members noted the following previously circulated minutes:

22.1 Clinical Management Group, 10 May 2022;

22.2 Policy Action Group, 7 June 2022;

22.3 Area Drug and Therapeutics Committee, 1 April 2022;

22.4 Health and Safety Committee, 25 May 2022.

## **23. Corporate Risk Register**

23.1 Ms Bennett presented the previously circulated paper. She advised that the mitigation plan against each risk was reviewed with the risk owner every two months and necessary changes made.

23.2 Members accepted the recommendations laid out in the paper.

## **24. Reflection on the Meeting**

24.1 Ms Ireland agreed to raise the paediatric audiology update with the Board including the change to the recommendations for Children's Services to offer limited assurance that the actions following the paediatric audiology review would improve wider services outside paediatric audiology. She would also highlight an outcome of the patient story of the need for dialogue between departments and partners when looking after patients with complex needs.

24.2 Ms Ireland also agreed to advise the Board of positive development in our governance responsibilities by way of the reporting on the liaison psychiatry service to the committee.

**25. Date of Next Meeting**

25.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 27 September 2022** by video conference.

**26. Further Meeting Dates**

26.1 Further meetings in 2022 would take place at 13:00 on the following date:  
- 29 November 2022.

**Agreed by Committee 27/09/2022**

## FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 31 May 2022 by videoconference.

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

**In attendance:** Mr C. Campbell, Chief Executive; Ms M. Campbell, Director of Estates and Facilities; Mr J. Connaghan, Board Chair; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Programme Director; Ms K. Imrie, Talent Management and Succession Planning Programme (observing); Mr C. Marriott, Deputy Director of Finance; Ms K. McCabe, Talent Management and Succession Planning Programme (observing); Mr A. McCreadie, Head of Management Accounts; Dr D. Milne, Director of Public Health and Health Policy; Ms I. Penman, Talent Management and Succession Planning Programme (observing); Ms B. Pillath, Committee Administrator (minutes); Mr C. Stenhouse, Talent Management and Succession Planning Programme (observing); Mr J. Sturgeon, Head of Programmes and Development, eHealth.

**Apologies:** Ms J. Campbell, Chief Officer, Acute Services.

### 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.*

## 9. Committee Business

### 9.1 Minutes and Actions from Previous Meetings (20 April 2022)

- 9.1.1 Members accepted the minutes from the meeting held on 20 April 2022 as a correct record.
- 9.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

## 10. Capital

### 10.1 Property and Asset Management Investment Programme

- 10.1.1 Mr Graham presented the previously circulated paper. The sale of the Royal Victoria Hospital site had been delayed following an options appraisal as there was a need for a site adjacent to the Western General Hospital for use during construction work.

- 10.1.2 Primary care project updates had now been added to the project tracker in the report, and a process for submission of primary care projects was being worked up to be ready later that year.
- 10.1.3 Mr Graham advised that an index called the Building Cost Information Service was used to monitor construction inflation costs. Currently the indices lagged behind real inflation which was approximately 10-15% depending on individual products, but this was changing fast. Inflation was factored in as part of the Business Case.
- 10.1.4 The medical equipment replacement programme was managed alongside colleagues from the service; a short term capacity impact was expected when changing over equipment, but no greater than the usual impact.
- 10.1.5 Regarding the catering strategy, the plan to build a regional cook-freeze unit had not been progressed and the current focus was on improving and maintaining existing catering services in the meantime.
- 10.1.6 The Liberton Hospital site would be sold and leased back; this was unusual but was to ensure that the City of Edinburgh council could acquire the resources they needed so provide assurance that services would be provided elsewhere. There was no additional cost to NHS Lothian from the lease and there had been short term benefit from the sale. A further update would be provided in the next report.
- 10.1.7 It was suggested that an executive team discussion with NHS Assure would be useful before they presented to the Committee to ensure that the right areas were covered, including what level of delay and increase in costs the process would cause, and what the governance benefits would be compared to previous processes.
- 10.1.8 Members accepted the recommendations laid out in the paper and accepted significant assurance on the delivery of the 2021-22 Property and Asset Management Investment Programme and moderate assurance on the delivery of the 5 year Property and Asset Management Investment Programme.
- 10.2 Facilities Fit for Purpose update (risk 3189)
- 10.2.1 The chair welcomed Ms Campbell to the meeting and she presented the previously circulated report. The risk reported on related to NHS Lothian owned properties only; there was a separate risk on the risk register for PFI maintenance. Ms Campbell was confident that the resourcing required to complete the actions was available. The electrical audit identified significant risks but an action plan was in place and improvements were progressing.
- 10.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 10.3 Cyber Security risk assurance
- 10.3.1 Ms Gillies presented the previously circulated paper. This risk had also been discussed at the Planning, Performance and Development Committee but was within the remit of the Finance and Resources Committee.



- 10.3.2 Ms Gillies advised that account management was a mixture of automated processes and staff following a written protocol. All inactive accounts expired after 90 days, some role changes require opening of a new account. Background checks were carried out on what records staff were accessing, and staff had a professional accountability to follow the required processes. Account usage was dependent on relevant mandatory training being completed and kept up to date.
- 10.3.3 The Digital Oversight Board was a management group which reported to the Planning, Performance and Development Committee and the Finance and Resources Committee which allowed Non-Executive oversight. The Board Chair had requested a meeting to discuss whether any further input was needed. There was a need for security data to be available in an accessible format and any concerns to be highlighted so that this could be assessed by the relevant governance committees.
- 10.3.4 Due to the reliance on electronic patient records for patient care, a number of business continuity systems were in place to ensure continued access for instance during a power cut. This included backup TRAK and backup for when systems were offline.
- 10.3.5 Ms Gillies advised that a lot of resources were put into cyber security and this was of a high standard. Members accepted the recommendations laid out in the paper.

## **11. Revenue**

### **11.1 2021/22 Financial Position**

- 11.1.1 Mr McCreadie presented the previously circulated paper. He advised that the level of funding to be provided would be less than the projected costs. An updated covid cost profile was being worked on, including the impact of the extra staff in post which would continue to be on contract if covid related services were stopped.
- 11.1.2 Members accepted the recommendations laid out in the paper.

### **11.2 Sustainability and Value Performance**

- 11.2.1 Mr Marriott presented the previously circulated paper. He advised that staffing gaps were not included in efficiency measures. Previously there had been a target for 3% reduction in spend in all areas per year, but this was moved to helping business areas remain within their budgets.
- 11.2.2 Mr Marriott advised that most real savings were from a combination of drugs savings, non recurring savings, and successful change in practice leading to recurring savings. There would continue to be a focus on larger scale thematic efficiency programmes as there was still scope for savings to be made.
- 11.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance. The efficiency programmes would be overseen by the Financial Oversight Board and update to Corporate Management Team monthly as well as to the Finance and Resources Committee as part of the financial updates.

## **12. Scottish Hospitals Inquiry**

### **12.1 Scottish Hospitals Inquiry update**

- 12.1.1 Mr Marriott presented the previously circulated paper. Members wished to thank the witnesses who appeared at the hearings in May for their excellent performance on NHS Lothian's behalf.
- 12.1.2 Members accepted the recommendations laid out in the paper and accepted significant assurance.

## **13. Sustainability**

### **13.1 Update on Sustainability**

- 13.1.1 Dr Hopton presented the previously circulated paper. Dr Hopton agreed that the equalities statement in the National Sustainability self assessment tool needed more work and this was in progress.
- 13.1.2 It was noted that independent evaluation was expected to follow the sustainability self assessment, but that this was not yet in place nationally.
- 13.1.3 It was noted in the paper that the climate risks laid out in 3.14 would be reviewed. Dr Hopton confirmed that this would take place over the summer and that the ELT had requested a progress update at the end of June 2022.
- 13.1.4 In response to a question about the scope for sharing risk mitigation for larger areas such as power and flooding with other community bodies, Dr Hopton advised that the resources for this engagement were not available currently but similar assessments took place across Scotland and this could be done nationally in future.
- 13.1.5 Members accepted the recommendations laid out in the paper.

## **14. Reflections on the meeting**

- 14.1 Mr McCann agreed to highlight the following areas to the Board: the good position NHS Lothian was in regarding the response to the Scottish Hospitals Inquiry; the financial position; acceptance of mitigations for the cyber security risk.

## **15. Date of Next Meeting**

- 15.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Wednesday 17 August 2022.**

## **16. Meeting Dates in 2022**

- 16.1 Further meetings in 2022 would take place on the following dates:
  - 19 October 2022, 9.30;
  - 21 December 2022, 9.30.

**Minutes agreed by Committee 17/08/2022**

# Midlothian Integration Joint Board



| Meeting                            | Date                  | Time   | Venue                                       |
|------------------------------------|-----------------------|--------|---|
| Midlothian Integration Joint Board | Thursday 16 June 2022 | 1.00pm | Virtual Meeting held using Microsoft Teams. |

## Present (voting members):

|  |                                 |                  |
|--|---------------------------------|------------------|
| Carolyn Hirst (Chair)                      | Cllr Colin Cassidy (Vice Chair) | Tricia Donald    |
| Jock Encombe                               | Cllr Derek Milligan             | Cllr Kelly Parry |
| Val de Souza (Substitute for Angus McCann) | Cllr Pauline Winchester         |                  |

## Present (non-voting members):

|  |  |  |
|--|--|--|
| Morag Barrow (Chief Officer)                 | Hannah Cairns (Allied Health Professional) | Keith Chapman (User/Carer)             |
| Wanda Fairgrieve (Staff side representative) | Claire Flanagan (Chief Finance Officer)    | Miriam Leighton (Volunteer Midlothian) |
| Fiona Stratton (Chief Nurse)                 |  |  |

## In attendance:

|  |   |   |
|--|---|---|
| Nadin Akta (NHS Lothian Board Member)    | Nick Clater (Head of Adult Services)        | Grace Cowan (Head of Primary Care and Older Peoples Services) |
| Annette Lang                             | Cllr Willie McEwan                          | Cllr Stuart McKenzie  |
| Jim Sherval (Public Health Practitioner) | Johanne Simpson (Medical Practitioner)      | Jill Stacey (Chief Internal Auditor)                          |
| Elouise Johnstone (Programme Manager)    | Roxanne Watson (Executive Business Manager) | Tom Welsh (Integration Manager)                               |
| Andrew Henderson (Clerk)                 |   |   |

## Apologies:

|              |  |  |
|--------------|--|--|
| Angus McCann | Grace Chalmers (Staff side representative) | Joan Tranent (Chief Officer Children's Services, Partnerships and Communities) |
|--------------|--|--|

# Midlothian Integration Joint Board

Thursday 16 June 2022

## 1. Welcome and Introductions

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The Chair, Carolyn Hirst, in welcoming everyone to the virtual Meeting of the Midlothian Integration Joint Board, extended an additional welcome to new and returning Councillors who had been appointed to the Board. Carolyn Hirst further highlighted that this was the final board meeting of Tricia Donald and extended thanks on behalf of the board for her service and contributions. Tricia Donald then took the opportunity to thank her fellow Board members for their support.

## 2. Order of Business

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

## 3. Declarations of interest

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Keith Chapman outlined that for the sake of transparency he was a trustee for Alzheimer's Scotland.

## 4. Minute of Previous Meetings

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### 4.1 Minutes of the MIJB held on 14 April 2022

The minutes of the meeting of the MIJB of the 22 of March were approved as correct record subject to the addition to item 5.8, in which it was highlighted that a discussion had taken place in relation to the visibility of performance areas and that Morag Barrow had agreed to look into this. Morag Barrow highlighted that the re-establishing of the integrated care forum had been considered and acknowledged the need to find a solution and agreed to keep board members updated.

#### **Matters arising:**

Item 5.1, Carolyn Hirst updated that a paper was being formulated on community pharmacies which would be circulated in due course.

Item 5.5, Carolyn Hirst advised that the draft revised IJB Board Member Code of Conduct had been submitted to the Scottish Government and the board's proposed amendment looked likely to be accepted, although it had not yet received formal approval.

Item 5.10, Carolyn Hirst advised that the consultation period was now complete and that the Scheme of Integration would be submitted for approval to the NHS Lothian board on the 22<sup>nd</sup> of June and Midlothian Council on the 27<sup>th</sup> of June.

## Midlothian Integration Joint Board

Thursday 16 June 2022

### 4.2 Minutes of the Strategic Planning Group held on 16 March 2022

The minutes of the meeting of the Strategic Planning Group were noted.

## 5. Public Reports

| Report Title/Summary   | Decision                               | Action Owner       | Date to be Completed/Comments |
|--|--|--------------------|-------------------------------|
| <p><b>5.1 Chief Officer Report – Morag Barrow, Chief Officer</b></p> <p>Morag Barrow provided an overview of the Chief Officer report making reference to the key strategic updates for the MIJB. Grace Cowan also took the opportunity highlight the figures in relation to discharge delays, recruitment issues, and opened to questions from board members.</p> <p>In relation to the increase in fuel allowance for NHS staff and the possibility for this to be extended to Midlothian Council staff, Morag Barrow confirmed that NHS staff are covered as part of a national agreement and that fuel allowances for council employees would be discussed at the next meeting of Midlothian Council.</p> <p>. Reference was also made to the value of the 3rd sector reference group and Morag Barrow welcomed the opportunity for the strategic planning group to have a discussion with 3<sup>rd</sup> sector representatives.</p> <p>Morag Barrow advised that to help support staff a</p> | <p>Noted the Chief Officers Report</p> | <p>All members</p> |                               |

## Midlothian Integration Joint Board

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| Report Title/Summary  | Decision                       | Action Owner | Date to be Completed/Comments |
|---|--------------------------------|--------------|-------------------------------|
| <p>wellbeing lead had been recruited for the HSCP, that a new wellbeing assessment tool was being set up and that wellbeing hubs were being established at main sites.</p> <p>Nick Clater also confirmed the intention to establish Naloxone training for staff, and subsequent availability of kits across a wider area.</p>   |                                |              |                               |
| <p><b>5.2 Chair's Update</b></p> <p>Carolyn Hirst advised that the Board Member self-evaluation survey had now been analysed and that the outcome would be discussed at a future Development session.</p> <p>Carolyn Hirst also advised that work was taking place on possible future venues for IJB Board meetings and on the feasibility of holding meetings which could be both in person and remote access.</p> | <p>Noted the Chairs update</p> |              |                               |

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| Report Title/Summary  | Decision   | Action Owner                            | Date to be Completed/Comments |
|---|--|---|-------------------------------|
| <p><b>5.3 Council Membership of Integration Joint Board Paper prepared by Mike Broadway, Democratic Services and presented by Carolyn Hirst, Chair</b></p> <p>Carolyn Hirst provided a brief overview of the report and welcomed Councillor Cassidy in to the board in his role a Vice Chair and outlined that per the MIJB scheme of integration, two Councillors would be required to partake in the MIJB's Audit and Risk Committee. After a brief discussion it was agreed that per the previous term, the two administration members would be nominated to sit on the Audit and Risk committee.</p>  | <p>a) Members endorsed the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Vice-Chair until August 2023.</p> <p>b) Members nominated Councillors Cassidy and Parry to fill the two vacant positions within the Audit and Risk Committee and appointed Councillor Cassidy as Chair of the Committee.</p> | <p>All members</p> <p>All members</p>   |                               |
| <p><b>5.4 Approval of MIJB Annual Report on Directions 2021-2022 Paper presented by Elouise Johnstone, Programme Manager for Performance</b></p> <p>Carolyn Hirst took the opportunity to thank Gill Main, for the significant amount of work that had gone into the report. Elouise Johnstone then provided an overview of the report, outlined the recommendations and responded to board members questions.</p> <p>Regarding Workforce planning, Elouise Johnstone confirmed that due to the report structure that this had been taken into account throughout the report. Morag Barrow further highlighted that this was a retrospective report and that as workforce is one of the spotlight</p> | <p>a) Members reviewed and noted the full year report on Directions 2021-22</p> <p>b) Members agreed that bi annual updates be continued with more frequent updates from the finance, performance group and the IJB scrutiny group and that any urgent business be brought to the board's attention.</p>   | <p>All members</p> <p>Chief Officer</p> |                               |

## Midlothian Integration Joint Board

Thursday 16 June 2022

| Report Title/Summary   | Decision  | Action Owner                                | Date to be Completed/Comments |
|--|---|---|-------------------------------|
| <p>programs and that more detailed reporting would be done in future.</p> <p>In relation to substance misuse, Elouise Johnstone highlighted that a move had been undertaken to a new platform with different measures to minimise the duplication of work and that there would be further information at the next reporting period.</p> <p>With regard to the use of language used for reporting, Elouise Johnstone acknowledged that ‘avoidance’ could be difficult to clarify and that some cases required a proxy or a ‘best guess’ and that the alternative pathways would need to be explored and expanded where useful.</p> <p>In relation to future reporting, Morag Barrow suggested that continuing with the bi annual with updates on finance, performance group and the IJB scrutiny group coming through more frequently Carolyn Hirst acknowledged that anything exceptional would also be brought to the board’s attention out with the typical reporting attention should it occur.</p> |   |   |                               |
| <p><b>5.5 Approval of MIJB Directions 2022-2023 Paper presented by Tom Welsh, Programme Manager</b></p> <p>Tom Welsh provided an overview of the MIJB Directions 2022-2023 and outlined the IJB’s key objectives and the report recommendations.</p>   | <p>a) Approved the proposal to issue the attached Directions to Midlothian Council and NHS Lothian.</p> <p>b) Approved the proposal that the HSCP maintains a comprehensive log of Directions to ensure a more systematic and more vigilant review process.</p> | <p>Programme Manager</p> <p>All members</p> |                               |



## Midlothian Integration Joint Board

Thursday 16 June 2022

| Report Title/Summary  | Decision  | Action Owner  | Date to be Completed/Comments |
|---|---|---|-------------------------------|
| <p>In response to comments in regarding the lack of mention of dementia, Morag Barrow agreed to look at the wording going forwards.</p> <p>Morag Barrow clarified that the directions were a result of consultations that had taken place in throughout the previous year and confirmed that anything that required urgent attention would be brought to the board. Morag Barrow further outlined that any of the directions could be amended by the board going forward.</p> <p>Going forward, Morag Barrow confirmed that progress on the directions would be brought to the Board routinely twice a year. Operational oversight is thought the HSCP Finance and Performance group, with overarching performance reviewed by the IJB Strategic Planning Group (SPG). Any deviation from planned trajectory would be highlighted to Board via SPG.</p> | <p>c) Approved the proposal to issue new Directions to make full use of financial reserves.</p> <p>d) Agreed to a review and refresh of the MIJB Directions Policy</p>                        | <p>Chief Finance Officer</p> <p>Programme Manager</p>                       |                               |
| <p><b>5.6 Financial Allocation for 2022-2023 Paper presented by Claire Flanagan, Chief Finance Officer</b></p> <p>Claire Flanagan provided an overview of the report making reference to the IJB reserve position and underspends from the 21/22 financial year, further outlined the 22/23 financial position and provided an initial look at the 23/24 financial position. Claire Flanagan then opened to questions from board members.</p>   | <p>a) Noted the final 21/22 out-turn position for the IJB.</p> <p>b) Noted the impact of that position on the IJB's reserves.</p> <p>c) Noted the review of the 22/23 financial position.</p> | <p>All members</p> <p>All members</p> <p>All members</p> <p>All members</p> |                               |

## Midlothian Integration Joint Board

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| Report Title/Summary  | Decision  | Action Owner   | Date to be Completed/Comments |
|---|---|--|-------------------------------|
| <p>Claire Flanagan acknowledged that COVID reserves were higher than anticipated as a result of non-recurrent funding and also highlighted some of the difficulties with earmarked reserves including recruitment challenges and inflation impacts. Claire Flanagan also highlighted the requirement to maintain a 2% contingency reserve.</p> <p>A brief discussion followed in relation to the level of reserves. It was suggested that if there was spare capacity that the funding could be used to support the local population and the IJBs strategic plan as long as it was one off expenditure and it was acknowledged that senior officers would need to guide where the money was spent. The board then approved for the use of the financial reserves in line with the IJB directions.</p> | <p>d) Noted the initial look at the 23/24 financial position.</p> <p>e) Approved for the use of the financial reserves in line with the IJB directions.</p>   | Chief Finance Officer  |                               |
| <p><b>5.7 Approval of 2022-23 IJB Performance Indicators Paper presented by Elouise Johnstone, Programme Manager for Performance</b></p> <p>Elouise Johnstone provided an overview of the report and outlined the IJB Improvement goals for 2022/23. Elouise Johnstone then offered to respond to points of clarity outwith the meeting. Morag Barrow highlighted that the report rationale was not due to a lack of ambition but was due to this being an unknown area. Board members then approved the IJB improvement goals for 2022/23.</p>   | <p>a) Noted the performance against the IJB Improvement Goals for 2021/22.</p> <p>b) Noted the recommendation from the Performance Assurance &amp; Governance Group regarding the proposed Improvement Goals for 2022/23.</p> <p>c) Approved the IJB Improvement Goals for 2022/23.</p> | <p>All members</p> <p>All members</p> <p>Programme Manager for Performance</p> |                               |

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| Report Title/Summary   | Decision  | Action Owner       | Date to be Completed/Comments |
|--|---|--------------------|-------------------------------|
| <p><b>5.8 Clinical Care and Governance Report Paper presented by Fiona Stratton, Chief Nurse</b></p> <p>Fiona Stratton provided an overview of the report outlining the main concerns. In addition Fiona Stratton outlined that that the Clinical Care and Governance Group provides the opportunity to allow members for share stories and experiences as referenced in the report. Carolyn Hirst commended the approach of the report and highlighted that the Chief Social Worker would also submit an annual report.</p> | <p>Board members noted and approved the content of this report.</p> | <p>All members</p> |                               |

### 6. Any other business

Carolyn Hirst thanked members for attending the meeting and offered further thanks to Tricia Donald for her work with the MIJB.

### 7. Private Reports

No private reports were submitted for consideration.

### 8. Date of next meeting

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

- Thursday 29 June 2022      2.00pm      MIJB Audit and Risk Committee
- Thursday 25 August 2022      2.00pm      MIJB Board

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

The meeting terminated at 15:12

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 29 JUNE 2022.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Ann Davidson, Jock Encombe, Anne McMillan

Non-Voting Members – Elaine Duncan, David Huddleston, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Damian Doran-Timson, Karen Adamson and Lesley Cunningham

Absent – Katharina Kasper and Steven Dunn

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), George Gordon (NHS Lothian), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), James Millar (Standards Officer), Greg Stark (Programme Manager), Jeanette Whiting (Chief Allied Health Professional) and Fiona Wilson (Head of Health)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minutes of its meeting held on 21 April 2022 as a correct record.

Matters arising: Item 4 – Chief Officer's Report

Members noted an update from the Head of Health on ongoing work on community wellbeing hubs. Further updates would be provided as work progressed.

3 MINUTES FOR NOTING

- a The IJB noted the minutes of the Audit, Risk and Governance Committee held on 23 February 2022.
- b The IJB noted the minutes of the Strategic Planning Group held on 10 February 2022.
- c The IJB noted the minutes of the Strategic Planning Group held on 31 March 2022.
- d The IJB noted the minutes of the Health and Care Governance Group held on 5 May 2022.

#### 4 MEMBERSHIP & MEETING CHANGES

1. The IJB confirmed the appointment of Tom Conn, Ann Davidson, Damian Doran-Timson and Anne McMillan as voting members for a period of three years.
2. The IJB confirmed the appointment of Anne McMillan as IJB Vice-Chair.
3. The IJB agreed to re-appoint Alan McCloskey as non-voting member of the IJB from 26 June 2022 for a period of three years..

#### 5 FORMAT OF FUTURE IJB MEETINGS

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting options on the format of future meetings and asking the Board to agree a way forward.

It was recommended that the IJB:

1. Note the feedback from members on the proposed format of future board and committee meetings; and
2. Approve the recommendation to move to a mixed approach to future meetings of the IJB, Audit, Risk and Governance Committee and Appointments Committee.

#### Decision

1. To approve the terms of the report.
2. To revisit the issue of meetings format by the new calendar year, taking into consideration feedback from hybrid meetings at West Lothian Council.

#### 6 CHIEF OFFICER REPORT

The IJB considered a report (copies of which had been circulated) providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues including those related to Covid-19.

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

During discussion, it was proposed that officers explore optimal ways of engagement with the community in terms of in planning and delivering health and social care services in the context of the Strategic Plan.

#### Decision

To note the terms of the report.

### 7 2022/23 BUDGET AND UPDATED FINANCIAL OUTLOOK

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2022/23 budget position based on current partner funding assumptions. The report also provided an update on the financial outlook for future years, incorporating a summary of the Scottish Government's spending review and an update on the IJB's financial planning assumptions for the period 2023/24 to 2027/28.

It was recommended that the IJB:

1. Note the confirmed financial contribution received from NHS Lothian in respect of 2022/23 IJB delegated functions;
2. Note the 2022/23 IJB budget resources available and the budget monitoring arrangements;
3. Note current assumptions around Covid-19 funding and expenditure for 2022/23, including one off funding carried forward from 2021/22 to be used to meet ongoing costs associated with Covid-19;
4. Note the outcome of the Scottish Spending Review announced on 31 May 2022; and
5. Consider the updated IJB medium term financial outlook for the period 2023/24 to 2027/28 and that there remain a number of risks and uncertainties that will require to be closely monitored.

#### Decision

To note the terms of the report.

### 8 CONSIDERATION OF 2021/22 ANNUAL ACCOUNTS (UNAUDITED)

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer requesting that members consider the unaudited 2021/22 Annual Accounts of the West Lothian Integration Joint Board.

It was recommended that the IJB:

1. Consider the overall 2021/22 Annual Accounts prior to submission

to Ernst and Young (EY) for audit and publication; and

2. Agree the letters provided by NHS Lothian and West Lothian Council, along with partner financial ledger reports used throughout the year, provide assurance of the year end spend and funding contained in the unaudited annual accounts.

#### Decision

To approve the terms of the report.

### 9 STRATEGIC INSPECTION - ACTION PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an update on progress being made against the recommendations contained in the report of a joint strategic inspection by Healthcare Improvement Scotland and the Care Inspectorate published on 9th September 2020.

It was recommended that the IJB:

1. Note the progress being made with the action plan to address the recommendations of the strategic inspection report, and the actions still to be finalised; and
2. Agree that outstanding actions be remitted to the committees referred to in the report with updates on key areas still to be developed added to the IJB workplan.

#### Decision

To approve the terms of the report.

### 10 HSCP WORKFORCE PLAN 2022-25 REVIEW

The IJB considered a report (copies of which had been circulated) by the Programme Manager providing information on the development of the West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022-2025 and presenting a draft for approval prior to submission to the Scottish Government by the 31 July 2022 deadline.

Regarding the Social Policy PDSP referenced on page 9 of the Workforce Plan, it was noted that this had now been replaced by the Social Work and Health PDSP.

It was recommended that the IJB note the contents of the report and approve submission of the draft Workforce plan to the Scottish Government by the 31 July 2022 deadline.

During discussion, members made comments on the draft Workforce Plan and it was agreed that more detail on specific roles and targets should be

included in the action plan section.

Decision

1. To approve the terms of the report.
2. To include more detail on specific roles and targets in the action plan section of the Workforce Plan.

11 ST MICHAEL'S HOSPITAL APPRAISAL AND RECOMMENDATIONS

The IJB considered a report (copies of which had been circulated) by the Head of Health providing an update on the temporary closure of St Michael's Hospital and presenting recommendations on the future of the hospital in the context of the Home First transformation programme.

It was recommended that the IJB:

1. Acknowledge the Home First transformation programme and the ongoing work to determine bed based and community models of care to support people in West Lothian;
2. In line with the IJB's strategic priority, provide care and support in a person's home wherever possible, and having regard to demand for community hospital beds, agree that St Michael's Hospital remain closed; and
3. Approve consultation with the IJB's Strategic Planning Group and community stakeholders, including service users, carers, and community groups, on the future requirement for beds in St Michael's Hospital.

In response to a point raised during discussion, members were assured that appropriate tone and context would be considered in any consultation communications with stakeholders.

Decision

To approve the terms of the report.

12 WEST LOTHIAN PRACTICE INFRASTRUCTURE AUDIT

The IJB considered a report (copies of which had been circulated) by Neil Ferguson providing an update on the West Lothian Practice Infrastructure Audit.

It was recommended that the IJB note the content of the paper and recognise its potential role in informing future service developments or capital planning ventures.

Decision



To note the terms of the report.

13 CARE AT HOME SERVICES IN WEST LoTHIAN

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Older People’s Services providing an update on the situation with regard to the delivery of care at home services in West Lothian.

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

Decision

To note the terms of the report.

14 COMMUNICATION AND ENGAGEMENT STRATEGY PROGRESS UPDATE AND REVIEW

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the implementation of the Communication and Engagement Strategy as well as an overview of engagement and communication activity that had been undertaken during 2021/22.

It was recommended that the IJB:

1. Note the progress made in implementing the Communication and Engagement Strategy and the examples of engagement and communication activity across the Health and Social Care Partnership;
2. Note that a specific communication and engagement plan would be put in place to underpin the development of the IJB’s new strategic plan; and
3. Note that a full review of the strategy was due in 2023.

Decision

To note the terms of the report.

15 CLINICAL GOVERNANCE ANNUAL REPORT 2021/22

The IJB considered a report (copies of which had been circulated) by the Clinical Director, West Lothian HSCP presenting the Clinical Governance Annual Report for 2021/22.

It was recommended that the IJB:

1. Note the contents of the report

2. Be assured that service recovery and development continued to progress as we moved out of the pandemic;
3. Recognise the wide range of new developments being implemented across all clinical areas, despite ongoing staffing challenges, as we continue to strive to offer safe effective and person-centred care to the people of West Lothian; and
4. Note the PCIP tracker V5 as recently submitted to Scottish Government (Appendix 1 of the report).

#### Decision

To note the terms of the report.

### 16 IJB ANNUAL PERFORMANCE REPORT 2020/2021

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2021/2022 acknowledging that data for inclusion in the report were not yet available for inclusion in the report, and seeking a decision to delegate authority to the Chief Officer to approve the final version of the annual performance report once data were available and ensure publication by the deadline of 31 July 2022.

It was recommended that the IJB:

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

#### Decision

To approve the terms of the report.

### 17 DELEGATED ACTIONS TAKEN IN TERMS OF STANDING ORDER 16 (URGENT BUSINESS): APPOINTMENT OF MEMBERS AND CHAIR TO AUDIT RISK & GOVERNANCE COMMITTEE

#### Decision

To note the action taken in terms of Standing Order 16.

18 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

19 CLOSING REMARKS

As this was Jock Encombe's last meeting, the Chair on behalf of the West Lothian IJB thanked him for his time on the Board and wished him well in the future.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 17 AUGUST 2022.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, George Gordon and Katharina Kasper

Non-Voting Members – Karen Adamson, David Huddleston, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Ann Davidson, Damian Doran-Timson, Elaine Duncan, Jo MacPherson and Anne McMillan

Absent – Lesley Cunningham and Steven Dunn

In attendance – Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addictions Services), Kerry Taylor (Project Officer) and Alison Wright (CEO, Carers of West Lothian)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minutes of its meeting held on 29 June 2022 as a correct record.

3 MINUTES FOR NOTING

- a The IJB noted the minutes of the Development Session held on 21 June 2022.
- b The IJB noted the minutes of the Strategic Planning Group held on 21 July 2022.
- c The IJB noted the minutes of the Health and Care Governance Group held on 12 July 2022.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that there was nothing to report under this item.

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 including those related to Covid-19.

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.

Members were to be notified when the Scottish Government published its new alcohol pathway, which was currently in production. It was also agreed that a further update on alcohol-related death prevention options would be provided at the next meeting.

#### Decision

1. To note the terms of the report.
2. To include a further update on alcohol-related death prevention options in the next meeting report.

### 6 WEST Lothian Carer Strategy Progress Update

The IJB considered a report (copies of which had been circulated) and presentation by the Senior Manager Adult Services providing an update on the progress of the implementation of the West Lothian Carer Strategy.

It was recommended that the IJB note:

1. The contents of the report; and
2. The progress made.

#### Decision

1. To note the terms of the report and presentation.
2. To include a further update on the West Lothian Carer Strategy on the next meeting agenda.

### 7 Chief Finance Officer Report

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

It was recommended that the IJB note and consider the finance updates in respect of the IJB which were included in the report.

#### Decision

To note the terms of the report.

## 8 MEDICATION ASSISTED STANDARDS FOR ADDICTIONS UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services noting the recent publication of drug deaths within West Lothian in 2021; noting the ministerial statement on accountability for Medication Assisted Standards and asking members to approve the operational lead; noting progress against the 'Medication Assisted Standards'; noting and asking members to approve the Substance Use Treatment Target trajectory for West Lothian.

It is recommended that the IJB:

1. Note the contents of the report;
2. Approve the governance arrangements; and
3. Approve the drug treatment trajectory for West Lothian.

### Decision

To approve the terms of the report.

## 9 MENTAL HEALTH RENEWAL AND RECOVERY FUND

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing assurance and reporting on progress in relation to the Mental Health Renewal and Recovery fund spend which had been issued to the West Lothian IJB on the 29 of March 2022.

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

During discussion, members requested more information on the effectiveness of Naloxone in preventing deaths from drug overdose.

### Decision

1. To note the terms of the report.
2. To provide more information on Naloxone effectiveness in a future report.

## 10 NATIONAL MENTAL HEALTH AND WELLBEING STRATEGY HSCP CONSULTATION RESPONSE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing the

HSCPs draft response to the National Mental Health and Wellbeing Strategy and seeking approval to submit to the Scottish Government by the 9 September deadline.

It was recommended that the IJB note the contents of the report and approve submission of the appendix.

During discussion, members proposed changes to the consultation response and highlighted the crossover of the Health and Wellbeing Strategy Consultation with the Suicide Prevention Strategy Consultation (agenda item 13).

#### Decision

To approve the terms of the report.

#### 11 NATIONAL SUICIDE PREVENTION STRATEGY HSCP CONSULTATION RESPONSE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services seeking approval to submit a response to the Scottish Government on behalf of the HSCP on the draft response to the National Suicide Prevention Strategy by the 23 August deadline.

It was recommended that the IJB:

1. Note contents of the report and attached draft response; and
2. Provide approval to submit to Scottish Government by the 23 August deadline.

#### Decision

To approve the terms of the report.

#### 12 NATIONAL CARE SERVICE (SCOTLAND) BILL CONSULTATION

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance informing members of the Scottish Government's consultation on the National Care Service (Scotland) Bill and seeking approval for the submission of the draft response to the Scottish Government.

It was recommended that the IJB:

1. Consider that draft response to the Scottish Government's consultation on the National Care Service (Scotland) Bill; and
2. Approve the submission of the draft response to the Scottish Government.

Decision

To approve the terms of the report.

13 SELF-ASSESSMENT QUESTIONNAIRE

The IJB considered a report (copies of which had been circulated) by the Project Officer proposing arrangements for carrying out periodic self-assessment of the Board's administrative arrangements and activity and asking members to approve the questionnaire for issue to Board Members.

It was recommended that the IJB:

1. Consider carrying out the annual self-assessment of the Board's effectiveness by the use of the questionnaire in the appendix 2 of the report;
2. Consider including once again the questions on communication on the pandemic response and on development requirements; and
3. Agree to the questionnaire being issued to Board members and the results reported to the August meeting of the Board.

Decision

1. To approve the terms of the report.
2. To delay circulation of the questionnaire until the end of the year and to discuss the questionnaire content at the next development session for the benefit of new IJB members.
3. To publish the self-assessment questionnaire results in early 2023.

14 ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

The IJB considered a report (copies of which had been circulated) by the Project Officer seeking approval of the recommended changes to the Records Management Plan following its annual review; and assuring members 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.

### 15 MEMBERS' CODE OF CONDUCT

The IJB considered a report (copies of which had been circulated) by the Standards Officer finalising the process for adoption of a revised Members' Code of Conduct.

It was recommended that the IJB:

1. Note that the Scottish Ministers had approved the Board's Members' Code of Conduct (Appendix 1) which had become effective on its publication on 15 July 2022;
2. Note that arrangements were in hand to have Board members comply with their duty to submit a register of interests return under the new Code;
3. Agree that the Code should be kept under review through the existing arrangements for an annual report to the Board on the Code and related ethical standards matters; and
4. Agree arrangements for a training or briefing session for Board members on the new Code and related revised Standards Commission guidance and advice.

#### Decision

To approve the terms of the report.

### 16 WORKPLAN

A workplan had been circulate for information.

#### Decision

1. To note the workplan.
2. It was also agreed that dates of future meetings would be included on agendas.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within MSTEAMS VIRTUAL MEETING, on 15 JUNE 2022.

Present – Councillors Ann Davidson (Chair) and Tom Conn; Martin Connor and Katherina Kasper (NHS Lothian Non-Executive Directors);

In Attendance – Alison White (Chief Officer), Kenneth Ribbons (IJB Internal Auditor); James Millar (IJB Standards Officer), Patrick Welsh (IJB Chief Finance Officer); and Jo MacPherson (Head of Social Policy)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The committee approved the Minute of its meeting held on 23 February 2022.

3. INTERNAL AUDIT ANNUAL REPORT

The Committee considered a report (copies of which had been circulated) by the IJB Internal Auditor advising of the internal audit annual report and his conclusions on the IJB's framework of governance, risk management and control.

It was recommended that the Audit, Risk and Governance Committee considers the internal audit annual report for 2021/22

Decision

To note the contents of the report

4. BEST VALUE - ANNUAL COMPLIANCE

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer which set out the Best Value Annual Statement of Compliance for 2021/22

It was recommended that the committee :-

1. Notes that the IJB has a statutory duty to make arrangements to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003.
2. Agrees that the IJB has demonstrated substantial compliance with its Best Value duties based on the Framework agreed for reporting on Best Value.

Decision

To approve the recommendations of the report

5. LOCAL CODE OF CORPORATE GOVERNANCE 2021/22

The Committee considered a report (copies of which had been circulated) by the Standards Officer asking committee to consider the completed Local Code of Corporate Governance for 2021/22.

Committee was asked :-

1. To review the completed Local Code of Corporate Governance for 2021/22 in the appendix and accept its assessment of compliance.
2. To note that the Code was a significant factor in preparing the draft annual governance statement for approval by the committee.

Decision

To note the recommendations of the report

6. GOVERNANCE ISSUES - UPDATE ON PROGRESS

The Committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified for attention through the annual governance statements for recent years.

Committee was asked :-

1. To note the update on governance issues of concern since committee met in December 2021 and to note that information was a significant factor in preparing the draft annual governance statement for approval.
2. To agree the status allocated to each issue in the appendix

Decision

To approve the recommendations of the report

7. ANNUAL GOVERNANCE STATEMENT 2021/22

The Committee considered a report (copies of which had been circulated) by the Standards Officer and which provided a copy of the draft annual governance statement for consideration and approval.

Committee was asked :-

1. To consider the draft annual governance statement in the appendix and its conclusion that the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2021/22
2. To approve the draft annual governance statement in the appendix on behalf of the Board
3. To note that the statement will form part of the Board's unaudited accounts to be considered by the Board and submitted to the external auditors before the end of June 2022.
4. To authorise the Standards Officer to make any minor changes to the statement deemed reasonable and necessary before finalisation of the accounts for Board approval.

#### Decision

To approve the recommendations of the report

#### 8. RISK MANAGEMENT ANNUAL REPORT

The Committee considered a report (copies of which had been circulated) by the IJB Risk Manager advising members of the risk management annual report.

It was recommended that the Audit, Risk and Governance Committee consider the risk management annual report for 2021/22.

#### Decision

1. To note the recommendations of the report;
2. To ask that the IJB Risk Manager review the current controls being used to manage those risks identified as high; and
3. To ask the IJB Risk Manager to give consideration to providing members of both the committee and the IJ Board with further training in risk management.

#### 9. IJB HIGH RISKS

The Committee considered a report (copies of which had been circulated) by the IJB Risk Manager advising committee of the IJB's high risks.

It was recommended that that the committee :-

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

2. Makes recommendations it thinks appropriate to the Chief Officer in relation to those risks, controls and actions;
3. Makes recommendations it thinks appropriate to the Integration Joint Board in relation to the risk register and the degree of assurance it provides.

Decision

To note the recommendations of the report;

10. LOCAL GOVERNMENT IN SCOTLAND OVERVIEW 2022

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the Local Government in Scotland Overview 2022 report published by the Accounts Commission. The committee was being asked to consider the key messages in the report.

It was recommended that the committee notes and considers the key messages contained in the 2022 report.

Decision

1. To note the recommendations of the report;
2. To agree that the Chief Finance Officer review the recommendations outlined in his report at sections 4.3 and 5.3 and report back to a future meeting of the AR&GC on what actions were being recommended to the IJB.

11. LOCAL GOVERNANCE IN SCOTLAND FINANCIAL OVERVIEW 2022

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing a summary of the Local Government in Scotland Financial Overview 2020/21 report, published by the Accounts Commission in March 2022.

It was recommended that the Committee notes the key messages included in the annual financial overview report for local government.

Decision

To note the recommendations of the report

12. TIMETABLE OF MEETINGS 2022/23

A timetable of meetings 2022/23 had been circulated.

Decision

To approve the timetable of meetings 2022/23

13. WORKPLAN

A workplan had been circulated for information

Decision

To note the content of the workplan.



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

THURSDAY 23 JUNE 2022

Held in the Saltire rooms, John Muir House, Haddington and virtually via  
TEAMS

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### **Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Akhtar  
Councillor L Bruce  
Dr P Donald (until 27<sup>th</sup> June 2022)  
Ms F Ireland (virtual)  
Councillor L Jardine  
Councillor C McFarlane  
Dr R Williams (virtual) (until 31<sup>st</sup> Jul 2022)  
Ms E Gordon (virtual) (from 27<sup>th</sup> June 2022)  
Ms V De Souza (from 1<sup>st</sup> August 2022)

### **Non-voting Members Present:**

Ms M Allan  
Dr P Conaglen  
Ms C Flanagan  
Mr I Gorman  
Ms M McNeill

### **Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry  
Ms C Goodwin  
Ms L Kerr  
Ms L Cowan (virtual)  
Mr M Kennedy  
Ms G Neil  
Ms J Jarvis

### **Clerk:**

Ms S O'Kane

### **Apologies:**

Ms J Tait  
Dr J Turvill  
Dr C Mackintosh  
Mr D Binnie

### **Declarations of Interest:**

None

## **1. CHANGES TO THE VOTING MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD**

A report was submitted by the Chief Officer of the IJB asking the Integration Joint Board (IJB) to note the changes to East Lothian Council's voting members and two of NHS Lothian's voting members.

Iain Gorman presented the report and advised members that following the local government elections on 5 May 2022, East Lothian Council met on 24 May and approved its voting members for the East Lothian Integration Joint Board for the period 2022-2027: Shamin Akhtar, Lachlan Bruce, Lyn Jardine and Carol McFarlane. Councillor Akhtar to continue in her role as Depute Chair.

Iain Gorman also advised that as a result of the impending retirement of Patricia Donald and Richard Williams, the NHS Lothian Board met on 6 April to consider their replacements. The Board approved the nomination of Ms Val de Souza and Ms Elizabeth Gordon as voting members of the East Lothian IJB with effect from 1 August 2022. The Chair advised the members that due to a complex situation with Patricia Donald in her capacity as chair of the Audit & Risk committee, Elizabeth Gordon will officially start on 27 June 2022 not 1 August 2002.

Councillor Akhtar would like to thank the members who are standing down, especially Patricia Donald who chaired the Audit & Risk Committee and her valuable experience and background and wished her all the best. Peter Murray reiterated his own personal thanks and his personal thanks to Patricia Donald and to Richard Williams who has been a Board member for 12 years.

The members agreed to note recommendations.

### **Decision**

The IJB agreed:

- i. To note the East Lothian Council voting members for the IJB will be: Councillor Shamin Akhtar, Councillor Lachlan Bruce, Councillor Lyn Jardine and Councillor Carol McFarlane.
- ii. To note that Councillor Shamin Akhtar will continue in the role of Depute Chair of the IJB.
- iii. To note that the appointment by NHS Lothian of Ms Val de Souza and Ms Elizabeth Gordon as voting members of the IJB with effect from 1 August 2022 for MS Val de Souza and 27 June 2022 for Ms Gordon. Those members will replace Patricia Donald and Richard Williams who are both retiring from NHS Lothian.

## **2. CHAIR'S REPORT AND WELCOME TO NEW MEMBERS (VERBAL)**

The Chair welcomed the new Councilor's and thanked those members standing down for their contribution.

The Chair also mentioned the bill of the NCS which is being led by Parliament this Week which will be of great interest to us all. The Chair advised there is a whole range of information on the government website that the Chair recommends members look at.

The Chair confirmed the new Chief Officer, Fiona Wilson starts on 27 June 2022. The



Chair also thanked Alison Macdonald in her absence for her significant contribution and wished her all the best in her new role.

The Chair highlighted to members that he met Fiona last week and she is very keen to see the IJB as an ongoing entity and active body even with the NCS work which is ongoing and Fiona will do her utmost to ensure we are as productive as an IJB as we can be.

### **3. MEMBERSHIP OF THE IJB'S AUDIT & RISK COMMITTEE**

A report was submitted by the Chief Officer of the IJB asking the IJB to review the existing membership and consider nominations/appoint new voting members to the Audit & Risk Committee to fill current and pending vacancies.

Iain Gorman presented the report and discussed the recommendations that the IJB is asked to consider.

The first is to formally extend the membership for Fiona Ireland and David Binnie. Iain Gorman discussed the background of the IJB Standing Orders which allow the IJB to establish committees and working groups as necessary and to approve their membership, Chair and terms of reference. The membership of the Audit & Risk Committee requires an equal number of NHS and Council voting members (minimum 2 each) and at least one non-voting member. The Audit & Risk Committee's Scheme of Administration states that membership of the Committee will be for 3 years and may be extended by the IJB. Previously these extensions have been automatic, rather than via formal approval, but with more than half of the Committee membership changing, it is considered appropriate to formally extend the membership of those continuing in their current roles. Going forward, all membership of the Committee will be formally reviewed and, where appropriate, extended in line with the Committee's Scheme of Administration.

The Chair asked for two nominations for the East Lothian voting members. Councillor Akhtar nominated Councillor Jardine and Councillor Bruce with Patricia Donald being the seconder the nomination for Councillor Bruce and the Chair being the seconder for the nomination for Councillor Jardine. The Chair asked for one nomination from the NHS Lothian Board voting member. Councillor Akhtar nominated Elizabeth Gordon and Patricia Donald being the seconder.

The Chair then asked for a nomination for the Chair of the Audit & Risk Committee. The Chair nominated Fiona Ireland and Councillor Akhtar being the seconder for the nomination.

The Chair confirmed he looks forward to welcoming them on 29 June 2022 which is being held virtually.

The vote was taken by roll call for all recommendations, and these were approved unanimously.

## Decision

The IJB agreed:

- i. To formally extend the membership of Fiona Ireland and David Binnie on the Audit & Risk Committee for a further 3 years.
- ii. To appoint Councillor Bruce and Councillor Jardine as the new East Lothian voting members and Elizabeth Gordon as the new NHS Lothian Board voting member.
- iii. To appoint Fiona Ireland as the new Chair of the Audit & Risk Committee.

## 4. APPOINTMENT OF A NEW CHIEF OFFICER

A report was submitted by the HR Business Partner within East Lothian Council asking the IJB to consider and approve the appointment of the new Chief Officer of the IJB, on a permanent basis.

The Chair presented the report advising as a result of the impending departure of Alison Macdonald in June, Fiona Wilson will be her replacement from 27 June 2022.

Councillor Akhtar suggested we write to Alison to send our huge thanks and appreciation on behalf of the IJB. The Chair will arrange this. The Chair also stated he will sell well wished to Fiona Currie.

The vote was taken by roll call and the recommendation was approved unanimously.

## Decision

The IJB agreed:

- i. To approve the recommendation made by the Appointment Committee as to the appointment of a Chief Officer.

## 5. FINANCE UPDATE

A report was submitted by the Chief Finance Officer of the IJB.

Claire Flanagan presented the report to members. Claire confirmed there was a total underspend of £10.68m for the financial year 2021/22. This has been generated by three main drivers –

- Additional funds to support the costs of the Covid pandemic which were received by the Scottish Government in March 2022; This was a major driver for the underspend, £9.18m;
- Additional allocations made to the IJB in November 2021 to support the Winter Planning for care at home capacity and interim care, as it arrived so late in the financial year anything not spent will be carried forward as part of the IJB's earmarked reserves;
- Actual underlying financial position is £1.7m of an underspend. This is less than 1% of our IJB budget.

Claire confirmed the reserves position which is still draft and unaudited at this point. Claire went on to highlight the 2022-2023 financial position. Claire also confirmed there is no further Covid funding.

Claire finished by confirming the draft annual accounts would normally be presented to the IJB and the IJB Audit & Risk Committee but be due to change in the committee dates they will be presented at the Audit & Risk Committee next week (29 June 2022) for approval to be presented for audit.

Councillor Jardine asked on item 3.1.4, regarding the statement 'The IJB may wish to consider making a specific direction to its partners' Councillor Jardine asked what sort of things are possible. Claire confirmed as we have significant reserves, we allocate a financial budget to each of the directions that are issued. As the reserves sits separate to our core operational budget, we tend not to allocate a direction or assign a direction to the reserves balance but since the reserve balance is significant it may be something the IJB consider.

Councillor Akhtar asked on item 3.2, regarding estimated income, once all the adequate costs are covered, how much will be left for IJB. Claire confirmed we still have to develop a standalone 5-year rolling financial plan for the IJB for this financial year. Until this is completed it's difficult to say.

Councillor Bruce asked what the rationale is behind the reserve's strategy of 2%. Claire confirmed the reserves policy is based on CIPFA (Chartered Institute of Public Finance and Accountancy) guidelines.

Patricia Donald welcomed Claire back and commended David King in his interim role as Chief Finance Officer. Patricia also commented on the financial position is remarkably good but noted it's wise to reflect and imaginative in using the extra especially with the challenges ahead.

Claire also highlighted all reserves are non-recurring and therefore only used in supporting work towards a sustainable financial model.

Richard Williams asked if there is any risk to the reserves from our partner organisations. Claire confirmed they are completely separate and ring-fenced for the IJB.

Marilyn McNeil asked if Covid monies are ring-fenced. Claire confirmed yes there are ring-fenced for that purpose only and the Scottish Government have given a clear directive regarding this.

The members agreed to note recommendations.

## **Decision**

The IJB agreed:

- i. To note the final 21/22 out-turn position for the IJB
- ii. To Note the impact of that position on the IJB's reserves
- iii. To note the review of the 22/23 financial position
- iv. To note the initial look at the 23/24 financial position

## 6. CODE OF CONDUCT FOR MEMBERS OF EAST LoTHIAN IJB

A report was submitted by the Chief Officer to seek approval for adoption by East Lothian IJB of a new Code of Conduct (based on the Model Code for Members of Devolved Public Bodies, which came into effect on 7 December 2021) and which will apply to all East Lothian IJB members.

Laura Kerr presented the report and asked members to sign and return a copy of the document to Suzanne O’Kane.

The vote was taken by roll call and the recommendations were approved unanimously.

### Decision

The IJB agreed:

- i. To note that all IJBs, as Devolved Public Bodies listed in schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 must adopt a Code of Conduct (based on the Model Code of Conduct for Members of Devolved Public Bodies) in order to comply with the Act.
- ii. Note that although the deadline date for approval of the Code of Conduct was 10 June 2022, in early May, East Lothian received an extension to the 30 June. This reflected the potential effect of the local election on IJB membership, the need for induction of any new members and the IJBs meeting schedule, meaning formal approval of a new Code of Conduct would not be possible until the 23 June meeting.
- iii. Agree to adopt the Code of Conduct for East Lothian IJB (appendix 1)
- iv. Require all current IJB members to sign a copy of the Code of Conduct, and to similarly require all new members to sign the Code on appointment

Signed .....

Mr Peter Murray  
Chair of the East Lothian Integration Joint Board



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

THURSDAY 25 AUGUST 2022  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

Councillor S Akhtar (Chair)  
Ms E Gordon  
Ms F Ireland  
Councillor L Jardine  
Councillor C McFarlane  
Ms V de Souza

### **Non-voting Members Present:**

|                 |               |
|-----------------|---------------|
| Ms M Allan      | Dr P Conaglen |
| Ms L Cowan      | Ms C Flanagan |
| Dr C Mackintosh | Ms F Wilson   |

### **Officers Present from NHS Lothian/East Lothian Council:**

|             |              |
|-------------|--------------|
| Ms L Berry  | Ms K Burke   |
| Mr P Currie | Ms J Irwin   |
| Ms J Jarvis | Mr M Kennedy |
| Ms L Kerr   | Ms S O'Kane  |
| Ms G Neil   |              |

### **Clerk:**

Ms F Currie

### **Apologies:**

Councillor L Bruce  
Mr P Murray  
Mr D Binnie  
Mr I Gorman  
Dr W Hale  
Ms M McNeill  
Dr J Turvill  
Ms L White

### **Declarations of Interest:**

None

## **1. MINUTES OF THE EAST LoTHIAN IJB MEETING ON 23 JUNE 2022 (FOR APPROVAL) AND MATTERS ARISING**

The minutes of the meeting on 23<sup>rd</sup> June 2022 were approved and there were no matters arising.

## **2. ESTABLISHMENT OF A CARE AT HOME CHANGE BOARD**

The Chief Officer had presented a SBAR seeking the IJB's agreement to the establishment of a Change Board to oversee the strategic development of Care at Home Services in East Lothian.

Laura Kerr presented the report outlining the proposals, the relevant Directions and the terms of reference for the Change Board. She confirmed that the Change Board would provide regular updates and briefings to the Strategic Planning Group and the IJB.

Ms Kerr responded to questions on the membership of the Change Board and accepted the nomination of Maureen Allan and Lyn Jardine, to represent community groups and the IJB respectively. Further appointments to the Change Board would be made in the coming weeks.

The vote was taken by roll call and the recommendations were approved unanimously.

### **Decision**

The IJB agreed:

- i. To the establishment of the Change Board and the Chair and Vice Chair;
- ii. The terms of reference and membership;
- iii. To request regular updates on progress and project plan development
- iv. That the two Directions be adopted by the Change Board

## **3. EAST LoTHIAN INTEGRATION JOINT BOARD RECORDS MANAGEMENT PLAN**

The Chief Officer had presented a SBAR seeking the IJB's approval of a Records Management Plan.

Paul Currie presented the report outlining the legislative background to the Records Management Plan, the types of information and files involved and the agreement with East Lothian Council Information Governance team to manage and store those records covered by the plan. He added that formal approval of the Plan was required from the Keeper of Records by 31<sup>st</sup> August and he had already been consulted on a draft proposal.

The vote was taken by roll call and the recommendation was approved unanimously.

### **Decision**

The IJB approved the East Lothian Integration Joint Board Records Management Plan and associated Memorandum of Understanding.

#### **4. CHANGE TO THE PROCEDURE FOR APPROVAL OF THE IJB'S ANNUAL ACCOUNTS**

Claire Flanagan, the Chief Finance Officer, provided a verbal report to the IJB seeking agreement to a change of procedure for the approval of the IJB's audited annual accounts for 2021/22.

Ms Flanagan reminded members that the audited annual accounts were usually presented to the Audit & Risk Committee for an initial review and then presented to the IJB for final sign-off. This year she was seeking members' agreement to present the accounts to the Audit & Risk Committee on 13<sup>th</sup> September for review and final sign-off. She confirmed that the IJB's Chair would attend the Audit & Risk Committee meeting, along with the external auditors, and that the accounts would be signed electronically after that meeting.

The vote was taken by roll call and the recommendation was approved unanimously.

#### **Decision**

The IJB agreed that, in a change to the usual procedure, the audited annual accounts for 2021/22 would be presented to the Audit & Risk Committee on 13<sup>th</sup> September for review and final-sign off.

Signed

.....  
Councillor Shamin Akhtar  
Depute Chair of the East Lothian Integration Joint Board



# Minute

## Edinburgh Integration Joint Board

10.00am, Tuesday 19 April 2022

Held remotely by video conference

**Present:**

**Board Members:**

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Heather Cameron, Councillor Phil Doggart, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon, Kirsten Hey, Grant Macrae, Jacqui Macrae, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor, Emma Reynish and Richard Williams.

**Officers:** Matthew Brass, Jessica Brown, Tony Duncan, Rachel Gentleman, Linda IrvineFitzpatrick, Gavin King, Mike Massaro-Mallinson, Jay Sturgeon

**Apologies:** Ruth Hendery, Siddharthan Chandran and Allister McKillop

### 1. Minutes

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The minute of the Edinburgh Integration Joint Board of 22 March 2022 was submitted for approval as a correct record.

**Decision**

To approve the minute as a correct record.



## 2. Rolling Actions Log

---

The Rolling Actions Log updated to April 2022 was presented.

### Decision

- 1) To agree to close the following actions:
  - Action 1 (2) – Membership Proposal – Referral from the Strategic Planning Group.
  - Action 2 – Proposal to Continue Programme Management Resource within the Health and Social Care Partnership.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

## 3. Drug and Alcohol Recovery Orientated System of Care Development and Investment Plan

---

The plans to achieve five treatment outcomes for people in Edinburgh who are drug dependent were presented to the Board for approval alongside the recurring spending forecast. It was noted that the funding for the full implementation of MAT 2 remained unresolved.

### Decision

- 1) To note the comments on the plans and allocates funding in line with Appendix 2 (subject to formal confirmation of expected SG funding allocations).
- 2) With exception of MAT 2, issue directions to implement these plans in line with Appendix 3.
- 3) Instructs the Chair to raise concerns around the lack of funding to fully implement MAT 2 standard with the Scottish Government.
- 4) To instruct the Chief Officer to issue a direction for MAT 2 once the review of EADP slippage has concluded.
- 5) To formally record thanks to Colin Beck and David Williams for their work with the Edinburgh Alcohol and Drug Partnership.

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

## 4. System Pressures and Renewal and Recovery

---

An update on system pressures and performance was presented to the Board for information. The report also provided information on the additional funding that had been provided from the Scottish Government.

### Decision

- 1) To note the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP) and mitigating actions being taken.
- 2) To agree to allocate recurring resources of £0.9m to support the emerging innovation and sustainability programme.

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

## **5. The Edinburgh Wellbeing Pact: Formulation to Enactment Progress Report**

---

The Board were provided with an update on the seven recommendations that were approved by the EIJB in April 2021 on the future work of the Edinburgh Wellbeing Pact.

### **Decision**

- 1) To acknowledge the progress made on the 7 recommendations of the Edinburgh Pact Formulation to Enactment report agreed by the EIJB in April 2021.
- 2) To approve a two-year extension of the EIJB Grants Programme from 31 March 2023 to 31 March 2025 whose beneficiaries will continue to be active contributors to the More Good Days PSP.
- 3) To agree to present a report back to the EIJB within the next year on the funding for the Grants Programme and the agreed allocations.

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

## **6. Edinburgh Integration Joint Board Governance Report**

---

The Board were provided with a Governance Report which included the EIJB, Committees, Development Sessions and Working Group Diary for 2023; the revised Terms of Reference for each committee and an update to the Strategic Planning Group (SPG) membership.

### **Decision**

- 1) To agree the proposed EIJB, Development Sessions, Budget Working Groups and committee dates for 2023.
- 2) To agree the updated terms of reference for each of the EIJB committees.
- 3) To approve the recommendation from the Futures committee in the referral report (appendix 6) to remove this committee from the EIJB and committee structure and replace with an annual event for all EIJB members to attend.
- 4) To note that in line with the Covid-19 restrictions the appropriate engagement and consultation will take place for the future ways of working for the EIJB.
- 5) To appoint Alyson Falconer to replace Belinda Hacking on the Strategic Planning Group as the non-voting Health Professional.

- 6) To appoint Susan McMillan to replace Phillip Brown on the Strategic Planning Group as the non-voting Performance Lead.
- 7) To note the current vacancies on the EIJB and Committees.

Councillor Main requested her dissent to the decision be recorded.

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

## **7. Review of the Edinburgh Integration Joint Board Standing Orders**

---

A revised version of the EIJB's Standing Orders were presented for approval following the approval of the Code of Conduct at the previous Board meeting.

### **Decision**

- 1) To approve the revised Standing Orders.
- 2) To note the outcome of the discussions with the Standards Commissioner and the amendment made to the Model Code of Conduct.

(Reference – Report by the EIJB Standards Officer, submitted)

## **8. Membership Proposal for the Strategic Planning Group**

---

A proposal for a member of the Edinburgh Association of Community Councillors to join the EIJB's Strategic Planning Group was presented for approval.

### **Decision**

To agree to defer the report to a future meeting of the Edinburgh Integration Joint Board once the concerns originally raised on EACC representation, communication and the benefit to the Strategic Planning Group have been addressed in full.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

## **9. Committee Updates**

---

A report provided an update on the work of the IJB Committees which had met since the last Board meeting. In addition to the summary report, the draft minutes of the Strategic Planning Group and Performance and Delivery Committee were submitted for noting.

### **Decision**

To note the update and the draft minutes of the IJB Committees.

## **10. Valedictory Remarks**

---

The Chair gave thanks to Councillor Main and Councillor Gordon who were resigning from the Board and wished them well in the future.

The Vice-Chair gave thanks to the Chair who was resigning from the Board and wished him well in the future.

|   |
|---|
| <b>Meeting Name: Board</b><br><b>Meeting date: 5 October 2022</b> |
|---|

|   |
|---|
| <b>Title: National Whistleblowing Standards – Quarter 1 2022/23 Whistleblowing Performance Report</b> |
|---|

|  |
|--|
| <b>Purpose and Key Issues of the Report:</b> |
|--|

|            |   |          |  |           |  |
|------------|---|----------|--|-----------|--|
| DISCUSSION | X | DECISION |  | AWARENESS |  |
|------------|---|----------|--|-----------|--|

The attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman

To note that the number of concerns received in Quarter 1 2022/23, is comparable to the number received in the same quarter in the previous year.

To note that as only one Stage 2 concern has been closed in this Quarter the actual number of days to close the concern (93) is above the average of 37 working days to respond to in full against the 20 working days target which was achieved last year. However, this average was based on the closure of seven concerns.

|                         |
|-------------------------|
| <b>Recommendations:</b> |
|-------------------------|

Note:

The content of the Quarter 1 2022/23 Whistleblowing Performance report and that there have been a further six whistleblowing concerns received this quarter, of which four were recorded as Stage 2 and the remaining two were raised anonymously.

That implementation of the Whistleblowing standards, links to the Corporate Objective – Improving Staff Experience (objective 10).

|  |  |
|--|--|
| <b>Author: Lynne Barclay</b><br><b>Date: 12 September 2022</b> | <b>Director: Janis Buter</b><br><b>Date: 12 September 2022</b> |
|--|--|

**NATIONAL WHISTLEBLOWING STANDARDS – QUARTER 1 2022-23 PERFORMANCE REPORT**

**1 Purpose of the Report**

- 1.1 The purpose of this report is to present to the Board for noting the Quarter 1 Whistleblowing Performance report covering the period 1 April 2022 to 30 June 2022.

**2 Recommendations**

The Board is invited to:

- 2.1 Note the content of the attached Quarter 1 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 27 July 2022.
- 2.2 Note that the Quarterly and Annual report, in line with the requirements of the Standards, are published on the NHS Lothians Staff pages of the Internet.
- 2.2 Note that implementation of the Whistleblowing standards, links to the Corporate Objective – Improving Staff Experience (objective 10).

**3 Discussion of Key Issues**

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Quarter 1 Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and noted by the Staff Governance Committee at its meeting on the 27 July 2022.
- 3.1 As advised at the June meeting of the Board, processes are in place to include on a quarterly basis figure from both our Primary Care and Local Contractors. However, under the Standards, these services only need to report quarterly if they have had any concerns. If no concerns have been received there is no need to report, however good practice would be to inform the Board that no concerns had been received.
- 3.2 During Quarter 1 2022/23, six whistleblowing concerns were received, four Stage 2 and two anonymous concerns. During the same period last year four Stage 2, two Stage 1 and two anonymous concerns were received.
- 3.3 During Quarter 1 2022/23 only one Stage 2 concern was closed. The number of days taken to complete the investigation and provide the outcome to the whistleblower was 93 days, this compared to an average of 37 days over the previous reporting year. The average for last year is based on the closure of seven Stage 2 concerns. In line with the Standards the Whistleblower is advised of the need to extend the timescales and is kept up to date, every 20 working days, with the progress of the investigation and when they are likely to receive the outcome.

- 3.4 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 1 Whistleblowing Performance report (Appendix 1).
- 3.5 In line with the Standards the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#)
- 3.6 Due to the comparatively low number of concerns received to date learning, changes or improvements to services are limited, and as there is a requirement in the Standards to maintain anonymity there is a real concern that those raising concerns may be identified. In general, the concerns received to date have been complex, quite service specific and have been overlaid by cultural issues.
- 3.7 For the concern closed during Q1 an action/improvement plan is in place and we continue to monitor the remaining actions plans, to support the transition from monitoring through the whistleblowing process to business-as-usual action/improvement plans.
- 3.8 As previously agreed all quarterly reports now contain information relating to those cases referred into the formal Whistleblowing processes via our Speak Up Service.

#### **4 Key Risks**

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

#### **5 Risk Register**

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

#### **6 Impact on Inequality, Including Health Inequalities**

- 6.1 At this stage there are no implications for health inequalities or general equality and diversity issues arising from this paper.

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

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

#### **8 Resource Implications**

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

Lynne Barclay  
Whistleblowing Programme and Liaison Manager  
12 September 2022  
lynne.barclay@nhslothian.scot.nhs.uk

## List of Appendices

Appendix 1: Annual Whistleblowing Performance Report



# Whistleblowing Performance Report

---

Quarter 1 April to 30 June 2022

**Lynne Barclay**  
**Whistleblowing Programme and Liaison Manager**



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## Whistleblowing Concerns – Quarter 1 (April – June) 2022-23

### Context

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

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

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

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

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

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

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

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

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

## Areas covered by the report

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

## Implementation and Raising Awareness

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

In addition, our plans for 2022/23 include, but are not limited to the actions outlined below:

- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- We will train more managers in the skills to undertake a good investigation.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Working with our Speak Up Service, we will continue to gather information on barriers to raising concerns and look at way in which these can be addressed.
- We are currently working on a new induction programme, which contains a dedicated section on raising concerns and whistleblowing.
- Working with the Speak Up Ambassadors address any barriers identified by staff about raising concerns through the line management structure.

## Quarter 1 Performance Information April 2022 – June 2022

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

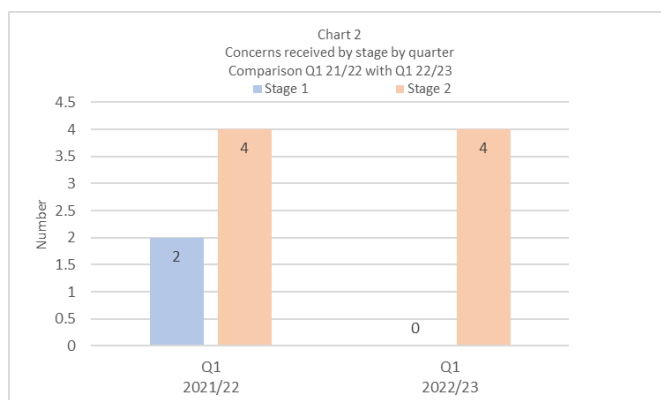
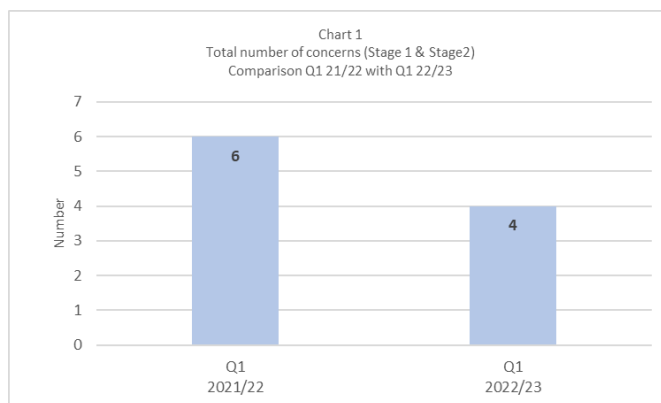
- 7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

For reporting purposes, except for Charts 1 and 2, the numbers and percentages in the other chart are based on cumulative figures.

Due to the nature of whistleblowing concerns, some concerns received during 2021/22 remained open at the end of the previous reporting year (2021/22). These concerns will be reflected in the performance information for this reporting year. At the of quarter 4 2021/22 four stage 2 concerns were still being investigated.

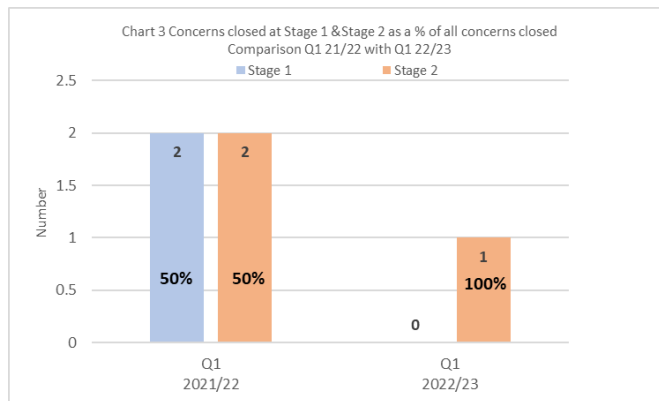
### Indicator 1 - Total number of concerns, and concerns by Stage

During quarter 1 2022/23 a total of four concerns were received, all concerns received were at stage 2. This compares to a total of six concerns received during the same quarter last year. Chart 1 shows the total number of concerns received in Q1 2022/23 compared with Q1 2021/22. Chart 2 gives a break down on 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 quarter 1, one Stage 2 concern was closed. This concern was received in quarter 3 of 2021/22. As at the end of quarter 1, there are still three stage 2 concerns from the previous reporting year, being investigated, along with the four new concerns received during the first quarter of 2022/23. No stage 1 concerns were received or closed during this quarter.



## 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 or closed during this quarter, this compares to two stage 1 concerns received and upheld during Q1 2021/22.

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.

During the first quarter of this year, one stage 2 concern was closed (100%) with it being partially upheld. When compared to the same quarter last year where two stage 2 concerns were closed, one partially upheld (50%) and the other not upheld (50%). There are currently seven (7) stage 2 concerns which are subject to ongoing investigations. Three (3) of which were received in 2021/22 and the four (4) received this quarter.

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

During this quarter only one stage 2 concern was closed, the number of days taken to close the concern was 93 days, this compares to the average of 37 days over the previous reporting year.

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

No concerns were closed in this quarter within the set timescales of 5 or 20 working days. As reported in the 2021/22 annual report, as the number of stage 2 concerns increases the percentage being closed within 20 working days is reducing. This has been attributed to the complexity of the cases currently being investigated, and 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 the course of their investigation.

#### Concerns where an extension was authorised

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must provide an update on the progress of any investigation every 20 working days. Of the four concerns received during quarter 1, extensions have been agreed for two of the concerns, and it is anticipated that extensions will be required for the other two. The whistleblower's are advised of the need to extend the timescales and are kept up to date with the progress of the investigation into their concerns 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 96 returns were received for quarter 1. Details are outlined in the table below:

|                      | No of Q1 Returns received | % Based on number of practices | No of Stage 1 concerns received | Time to respond | Outcome |
|----------------------|---------------------------|--------------------------------|---------------------------------|-----------------|---------|
| GP Practices         | 57                        | 47.5%                          | 0                               | n/a             | n/a     |
| Dental Practices     | 23                        | 13.3%                          | 1                               | 5 days          | upheld  |
| Optometry Practices  | 9                         | 7.4%                           | 0                               | n/a             | n/a     |
| Community Pharmacies | 7                         | 3.8%                           | 0                               | n/a             | n/a     |

One stage 1 concern was received and responded to within the agreed timescales. No stage 2 concerns were recorded during quarter 1.

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

- 120 GP practices including the challenging behaviour practice
- 173 general dental practices
- 122 optometry practices including domiciliary only
- 182 community pharmacies

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

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

No information has been received in quarter 1 from any of the 36 local supplies, who are not contracted through the National Procurement Framework.

## Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

We have received two anonymous concerns, during this quarter. In total since the implementation of the Standards in April 2021 five anonymous concerns have been received two in quarter 1 and one in quarter 2 (2021/22) and two in quarter 1 (2022/23).

Where appropriate and applicable the outcomes from the investigations into anonymous concerns are shared with the service area.

## 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 whistleblower's. For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors.

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

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

In general, the concerns received to date have been complex and have been overlaid by cultural, relationship and communication issues. Improvement work is underway, for example it has been identified that the current once per year iMatter survey is not sufficient in itself to measure real time staff experience. It has been agreed as part of the Boards corporate priorities for 2022/23 we will explore the development of a tool/platform for capturing data on staff experience real time to augment the annual iMatter staff survey.

### **Experience of individuals raising concerns**

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. For those raising concerns at stage 2 they are offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process. During the last reporting year, four whistleblower took up the offer to speak to the Non-Executive Whistleblowing Champion and their feedback on their experience was positive in terms of how the investigation was undertaken and being kept up to date with progress throughout the process. They also commented on the positive way in which their anonymity was maintained throughout.

### **Level of staff perception, awareness and training**

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.



## Whistleblowing and Speak Up

Of the four stage 2 concerns received during quarter 1 three were raised through the Speak Up Service, the Board's identified confidential contacts.

Further work will be undertaken in 2022/23 with the Speak Up Ambassadors to more fully understand how this perception may be changed and to look at ways to overcome these barriers when staff are raising concerns through the line management structure.

In relation to anonymous concerns, only 1 of the two anonymous concerns received was raised via Speak Up, the other one was received directly or indirectly via the Director of HR & OD.

## Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 1 2021/22 and quarter 1 2022/23. The themes from the anonymous concerns are also included in the table below.

| Theme* <sup>1</sup>                | Q1 21/22 | Q1 22/23 |
|------------------------------------|----------|----------|
| Patient Care and/or Patient Safety | 2        | 8        |
| Poor Practice                      | 5        | 3        |
| Unsafe working conditions          | 2        | 4        |
| Breaking legal obligations         | 1        | 1        |
| Abusing Authority                  | 0        | 4        |

\*<sup>1</sup> more than one theme may be applicable to a single Whistleblowing concern

\*<sup>2</sup> themes were broadened for reporting post April 2021

## Concerns raised by Division

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

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

## **MAT STANDARDS IMPLEMENTATION PLAN**

### **1 Purpose of the Report**

- 1.1 NHS Lothian received a letter of direction on the 23 June 2022 alongside our Integration Authorities and Local Authorities advising that under section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.
- 1.2 Any member wishing additional information should contact the Chief Executive in advance of the meeting.

### **2 Recommendations**

- 2.1 The Board is asked to:
  - Review and if satisfied approve the attached plans and note that quarterly performance reporting against this will be commenced.
- 2.2 MAT Implementation Plans are required for all Integration Authority areas as a consequence of delivery partners having been directed by the Scottish Ministers to implement the MAT standards fully.

### **3 Discussion of Key Issues**

- 3.1 The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services.
- 3.2 Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:
  - a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards.
  - b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels.
  - c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement

should align with on-going work to define and refine local governance and accountability over alcohol and drug services.

- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans.
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary.
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

3.3 The plans have been submitted with it highlighted that these are subject to NHS Board approval.

#### **4 Key Risks**

4.1 The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

#### **5 Risk Register**

5.1 There are no specific impacts on the risk register at this point.

#### **6 Impact on Inequality, Including Health Inequalities**

6.1 Many of the people who require Medication Assisted Treatment are amongst the most deprived and disadvantaged in our communities. Delivery of those standards should help support them.

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

7.1 National policy for IJBs to develop appropriate commissioning plans and for Health Boards and Councils to deliver. The plans have been developed with input from all the ADP partners.

#### **8 Resource Implications**

8.1 The plans outline the budget and expenditure intentions.

Calum Campbell

Chief Executive Director

22 September 2022

[chiefexecutive@nhsllothian.scot.nhs.uk](mailto:chiefexecutive@nhsllothian.scot.nhs.uk)

#### **List of Appendices**

Appendix 1: Edinburgh MAT Standards Implementation Plan

Appendix 2: West Lothian MAT Standards Implementation Plan

Appendix 3: Midlothian Standards Implementation Plan

Appendix 4: East Lothian MAT Standards Implementation Plan

## **APPENDIX 1 – EDINBURGH**

### **MAT STANDARDS IMPLEMENTATION PLAN**

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

## *Edinburgh*

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

| Name           | Position/Job Title |
|----------------|--------------------|
| Judith Proctor | EIJB Chief Officer |

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

The plan has been developed with the full range of ADP partners.

Involvement of lived and living experience includes their involvement in underpinning needs assessment work, ongoing experiential data gathering and widespread involvement of PWLE in the delivery of treatment and support.

The governance of the plan is in line with the Minister's letter:

- The EADP and EH&SCP will co-ordinate monthly meetings of a new MATS Oversight Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.
- This quarterly report will be presented to the H&SCP Executive Management Team (chaired by the Lead Officer who is

also IJB Chief Officer) for comment and to address any risks to delivery.

- The report will be passed to the other two Chief Executives for agreement before being shared with the SG.
- Timelines for each of the above will be established when the submission dates to the SG have been confirmed.

This Plan has been signed off on behalf of the delivery partners by:

| Name | Position | Delivery Partner | Date signed |
|------|----------|------------------|-------------|
|      |          |                  |             |
|      |          |                  |             |
|      |          |                  |             |
|      |          |                  |             |
|      |          |                  |             |

**Appendices:**

- Appendix 1: Summary of recruitment plans:
- Appendix 2: Summary of developmental/ QI projects:

**Background reading:** Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh  
[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22 p357-375\)](#)

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### Abbreviations used in this document:

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| Abbreviation | Description  |
|--------------|--|
| CGL          | Change, Grow, Live (contracted voluntary sector partner)           |
| EADP         | Edinburgh Alcohol and Drugs partnership                            |
| EH&SCP       | Edinburgh Health and Social care Partnership                       |
| MIST         | MAT standards Implementation Support Team (Public Health Scotland) |
| NHSL PH      | NHS Lothian Public Health  |
| ORT          | Opiate Replacement Therapy   |

|                       |   |
|-----------------------|---|
| Police Scotland (VOW) | Police Scotland (Operation Threshold, outreach team)                          |
| QI                    | Quality Improvement   |
| QI Academy            | Quality Improvement Academy (NHS Lothian)                                     |
| REAS                  | Royal Edinburgh and Associated Services                                       |
| REAS (HRT)            | Harm Reduction Team   |
| REAS (PCFT)           | Primary Care Facilitation Team  |
| RGN                   | Registered General Nurse  |
| RMN                   | Registered Mental Nurse   |
| The Access Place      | EH&SCP service delivering integrated treatment and support to homeless people |
| TPS                   | Turning Point Scotland (contracted voluntary sector partner)                  |

**Lead Contacts of organisations involved in implementation:**

| Organisation | Contact  |
|--------------|--|
| CGL          | Beverley Hubber <Beverley.Hubber@cgl.org.uk>   |
| EADP         | David Williams <David.Williams@edinburgh.gov.uk>   |
| EH&SCP       | Mike Massaro-Mallinson <Mike.Massaro-Mallinson@nhslothian.scot.nhs.uk>                                 |
| MIST         | Dave Taylor <david.taylor28@nhs.scot>  |
| NHSL PH      | James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;  |
| REAS (HRT)   | Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;  |
| REAS (PCFT)  | Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk> |
| TPS          | Carmen McShane <carmenmcshane@turningpointscotland.com>  |

**MAT Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.

**April 2022 RAG status:** Amber.

**Summary of current performance:** Local guidance allows for same day start of MAT, but there are multiple routes into treatment (4 x hubs, Harm reduction Team, Edinburgh Access Place) and the pathways and pressures vary. An information gathering exercise in April 2022 indicated variable waits and same day initiation of prescribing in only two settings (EAP and HRT).

**Summary action plan:** Develop single city-wide clinic to offer same day assessment and treatment start. This will offer assessment and initiation five days a week to people presenting themselves, being referred by other agencies or attending with the support of outreach teams. It will offer treatment in community settings where this is required.

**Summary budget:**

|  |                |
|--|----------------|
| Central Titration Clinic costs pa                        | (£000's/ year) |
| Clinical component (nurses, prescribers, admin, manager) | £368           |
| Social work  | £56            |
| Voluntary sector practitioners                           | £120           |

| <b>Actions/deliverables to implement standard 1</b>   | <b>Lead</b> | <b>Timescales to complete</b> |
|---|-------------|-------------------------------|
| <b>Implement a central clinic offering same day access, open 5 days a week, supported by outreach</b> |             |                               |
| <b>Recruitment in H&amp;SCP (see appendix 1)</b>  |             |                               |
| Funding confirmation  | EADP        | Dec 2021                      |
| First round of Advertisement  | EHSCP       | September 2022                |
| Second round of advertisement (if needed)   | EH&SCP      | Dec 2022                      |
| <b>Expansion in voluntary sector partners' capacity (see appendix 1)</b>                              |             |                               |

|  |  |              |
|--|--|--------------|
| Funding confirmation/ contracts in place   | EADP   | August 2022  |
| First round of Advertisement   | TPS/ CGL                                       | Sept 2022    |
| Second round of advertisement (if needed)  | TPS/ CGL                                       | Dec 2022     |
| <b>Clinic set up</b>   |  |              |
| Service procedures, pathways etc in place  | EH&SCP   | October 2022 |
| QI charter agreed  | NHL PH/ EH&SCP/ MIST                           | October 2022 |
| Clinic open and seeing existing waiting list   | EH&SCP   | October 2022 |
| Clinic open via self presentation/ assertive outreach  | EH&SCP   | Dec 2022     |
| <b>Monitoring and oversight</b>  |  |              |
| External evaluation of clinic secured  | EADP   | October 2022 |
| MAT 1 reporting submitted to SG/ PHS   | NHSL PH  | Feb 2023     |
| Six month progress report  | EH&SCP/ NHSL PH                                | June 2023    |
| <b>Criminal Justice</b>  |  |              |
| Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement | EADP and various local partners alongside MIST | April 2025   |
| Ensure, in line with the previous Health Needs Assessment, that treatment can be initiated in HMP Edinburgh and that all people returning to the Edinburgh community from any prison have continuity of care                     | EADP and various local partners alongside MIST | April 2025   |



**MAT Standard 2:** All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

**April 2022 RAG status:** Amber

**Summary of Current position/ planned actions**

Most components of this standard are already in place; there is no time limited care and guidance requires offering choice in relation to dose and medications.

The key development in this area is roll out of Buvidal (a novel, injected medication formulation with significant advantages). This is currently offered to a proportion of patients in secondary care, mostly people who have recently entered treatment. The standard requires it to be offered to all of those entering treatment but also conversion to it should be systematically offered to the existing patients.

The NHS and ADP have developed an agreed pathway for people to start on/ convert to buvidal. The key new things required to implement it are

- 1) capacity to dispense the drug in secondary care (nursing time) and
- 2) dispensing arrangements in community pharmacy (via a new contract) – this is currently being piloted in 3 pharmacies

When these are in place, the local teams and GP practices will be able offer conversion to Buvidal to their patients and will progressively do this group by group.

As with MAT 1, the next milestone is the development of a central, dispensing clinic, in this case requiring recruitment of two band 5 nurses, prescribing and admin capacity (total investment £138k pa). The outline processes, guidance etc and accommodation are in place but the required recruitment has not yet begun. Other costs associated with the roll out of Buvidal (medication costs, pharmacy charges) are not part of the ADP financial plan.

| <b>Actions/deliverables to implement standard 2</b>  | <b>Lead</b> | <b>Timescales to complete</b> |
|--|-------------|-------------------------------|
| <b>Implement a central clinic dispensing Buvidal</b> |             |                               |
| <b>Recruitment in H&amp;SCP (see appendix 1)</b>     |             |                               |
| Funding confirmation                                 | EADP        | Dec 2021                      |
| First round of Advertisement                         | EH&SCP      | September 2022                |
| Second round of advertisement (if needed)            | EH&SCP      | Dec 2022                      |
| <b>Clinic set up</b>                                 |             |                               |

|   |  |               |
|---|--|---------------|
| Service procedures, pathways etc in place   | EH&SCP   | October 2022  |
| Clinic open and taking existing buvidal patients  | EH&SCP   | October 2022  |
| <b>Establish arrangements for community pharmacy Dispensing</b>   |  |               |
| Pilot sites in place (three outlets)  | REAS   | August 2022   |
| Initial evaluation of Pharmacy Buvidal dispensing   | REAS   | December 2022 |
| <b>Systematically offer choice to existing patients in primary and secondary care</b>   |  |               |
| Plan for offering conversion for secondary care patients in each hub  | EH&SCP (hubs)                                  | December 2022 |
| Plan for offering conversion to patients in each GP practice  | EH&SCP (hubs)                                  | December 2022 |
| <b>Monitoring and oversight</b>   |  |               |
| Annual MAT 2 reporting submitted to SG/ PHS   | NHSL PH  | Feb 2023      |
| <b>Criminal Justice</b>   |  |               |
| Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications | EADP and various local partners alongside MIST | April 2025    |
| Ensure that treatment options in HMP Edinburgh include all medications  | EADP and various local partners alongside MIST | April 2025    |

**MAT Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

**RAG status April 2022:** Amber

**Summary of present/ planned actions:** Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death. Subject to the outcomes of ongoing performance monitoring, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. Actions for this area focus on standardising practice, evidencing impact and stabilising/ expanding funding.

**Summary action plan**

- Expand total capacity for outreach to those in crisis
- Ensure that Assertive outreach is linked to the arrangements for rapid access to treatment (MAT 1)
- Systematise and standardise approaches to decision making, practice, risk management and reporting evidence
- Diversify the skill mix of those doing outreach
- Ensure integration with other systems (vulnerable adults, MH, etc) and between elements of our own system

**Summary budget:** A ringfenced budget of £251,000 pa has been allocated to this work by the Scottish Government. Several of the key elements of the current provision have been developed using non-recurring ADP funding and it has been agreed to commit revenue to these.

| <b>Current non-recurring investments (to be extended)</b> | £000's pa |
|---|-----------|
| Outreach post at Harm Reduction Team                      | 35        |
| Operation Threshold                                       | 30        |
| A&E navigators  | 27        |
| Drug liaison nursing contribution                         | 45        |
| <b>Proposed new development:</b>                          |           |
| Additional outreach capacity in Harm Reduction team       | 58        |

| <b>Actions/deliverables to implement standard 3</b>   | <b>Lead</b> | <b>Timescales to complete</b> |
|---|-------------|-------------------------------|
| <b>Standardising practice and ensuring governance:</b>  |             |                               |
| Standardise and share operating procedures: develop standard assessment, risk assessment and decision-making paperwork for each of the outreach teams | NHSL PH     | October 2022                  |

|  |   |                       |
|--|---|-----------------------|
| <b>Expanding capacity and securing funding</b>   |   |                       |
| Fund/ recruit additional workers in Harm Reduction Team  | EADP/ REAS  | Done/<br>October 2022 |
| Fund/ Recruit vol sec workers and social worker attached to the new MAT 1 clinic   | EADP/ CGL &<br>TPS/ EH&SCP                              | August 22/<br>Oct 22  |
| <b>Reaching high risk individuals in specific environments:</b>  |   |                       |
| <b>Hostels/ B&amp;Bs:</b> Establish standard joint working and training offer with these teams to support MAT 3 delivery; test delivery of ORT clinics within Hostels  | NHSL PH; The<br>Access Place                            | April 2023            |
| <b>Council Housing Concierge Service:</b> Establish joint working and training offer with this team to support MAT 3 delivery  | Police Scotland<br>(VOW)                                | April 2023            |
| <b>Residential social landlords</b> (complete test of change of intensive joint working with one RSL and publish)  | TPS/ CGL  | April 2023            |
| <b>Practice improvements:</b>  |   |                       |
| Ensure that patients of the Central titration clinic have transport and support to use it (drivers/ outreach)  | EADP  | Dec 2022              |
| Undertake a test of change to identify the impact of out of hours work on engagement rates   | EADP/ EH&SCP  | June 2023             |
| <b>Criminal Justice</b>  |   |                       |
| Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement | EADP and<br>various local<br>partners<br>alongside MIST | April 2025            |
| Ensure, in line with the previous Health Needs Assessment, that all people returning to the Edinburgh community from any prison have continuity of care including outreach to support continued engagement                       | EADP and<br>various local<br>partners<br>alongside MIST | April 2025            |

|   |                       |                               |
|---|-----------------------|-------------------------------|
| <p><b>MAT Standard 4:</b> All people are offered the following evidence-based harm reduction interventions at the point of MAT delivery. BBV testing; Assessment of injecting risk; Injecting equipment provision; Naloxone and overdose awareness; Wound care; Sexual and reproductive health</p> <p><b>RAG status (April 2022):</b> Amber:</p> <p><b>Current and planned actions:</b> This standard is partially implemented (amber) because it is not clear that the core interventions (naloxone, injection equipment, blood-borne virus testing) are consistently available at the same time and place as all MAT appointments. However, most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. Note that the assessment of this standard does not include primary care settings, but this is a challenge in Edinburgh where 62% of the caseload are cared for by general practice.</p> |                       |                               |
| <b>Actions/deliverables to implement standard 4</b>   | <b>Lead</b>           | <b>Timescales to complete</b> |
| <b>BBV testing</b>  |                       |                               |
| Survey to identify the proportion of staff trained (nursing and vol sec)  | EADP                  | Jan 2023                      |
| Action plan for each team to bring it towards 100%  | EH&SCP/ REAS/ CGL&TPS | Jan 2023                      |
| Audit of case notes   | EADP/ NHSL PH         | March 2023                    |
| <b>Assessment of injecting risk</b>   |                       |                               |
| Survey to identify the proportion of staff who have done injecting training (nursing and vol sec)   | EADP                  | Jan 2023                      |
| Action plan for each team to bring it towards 100%  | EH&SCP/ REAS/ CGL&TPS | Jan 2023                      |
| Audit of case notes   | EADP/ NHSL PH         | March 2023                    |
| <b>Injecting equipment provision</b>  |                       |                               |
| Ensure that all rooms in which ORT is offered by specialist services have equipment in  | EHSCP and REAS (HRT)  | Feb 2022                      |
| <b>Naloxone and overdose awareness</b>  |                       |                               |
| Audit of case notes   | EADP/ NHSL PH         | March 2023                    |
| <b>Criminal Justice</b>   |                       |                               |
| Include DTTO in all MAT 4 developments alongside other community treatment services   | EADP/ CEC/ REAS       | As above                      |
| Ensure that the elements of MAT 4 that can be delivered in a prison environment are delivered in HMP Edinburgh  | EADP/ REAS            | As above                      |

**MAT Standard 5, & 7 and Treatment target:**

- MAT 5: All people will receive support to remain in treatment for as long as requested
- MAT 7: All people have the option of MAT shared with Primary Care
- Treatment target: increase by 9% the number of people receiving Opiate Replacement Treatment by April 2024

**April 2022 RAG status:** Amber

**Summary of present/ planned actions**

- Currently there are 3000 patients receiving drug treatment in Edinburgh, out of 6000 estimated people who use drugs problematically. Meeting the Treatment target will require that an additional 276 patients are treated by a system of care which already has very high pressures. Introducing same day access to treatment (MAT 1) and even more active efforts to avoid disengagement (MAT 3) are expected to result in increasing numbers of people in care.
- Currently 62% of people on ORT are already in primary care and 95% of all people who are in ORT treatment have GPs who provide ORT. This is hugely ahead of the national average (a legacy of NHS Lothian approaches over several decades).
- There are no limits on the time that people can remain in care but there is a finite capacity for treatment. The clinical and voluntary sector workforce in specialist services is smaller than required to deliver care to the current patient group. It is further depleted by recruitment challenges, staff absence and reliance on temporary posts.
- MAT 5 requires systems of care to “have pathways in place or models of support that are flexible and offer different care packages that [range from low [to high] intensity” and to ensure that people are able to move easily between these models of care according to need. It is not clear that the current system of care is able to achieve this.

Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible. In December 2021 the ADP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes and a funding request of **£1.6m** pa

- Reducing practitioner caseloads in hub services
- Developing Low intensity care in community settings - demonstrating models of high volume care/ increased safe, MAT compliant throughput from secondary care to increase the number of people who can be treated).
- Maximising use of primary care

This proposal was agreed. However, only £0.75m pa has been made available and the funding has only recently been confirmed. This recurring budget is to be divided between EH&SCP (£628k pa) and voluntary sector (£128k pa) partners. The implementation plan for this work consists of

|  |   |                               |
|--|---|-------------------------------|
| <ul style="list-style-type: none"> <li>recruitment (summarised in appendix 1) and</li> <li>commitments to Quality Improvement projects (summarised in appendix 2.</li> </ul> <p>This plan has been agreed between</p> <ul style="list-style-type: none"> <li>the ADP</li> <li>key delivery partners (EH&amp;SCP and the voluntary sector hubs services – CGL and TPS) and</li> <li>The organisations who will support the change (NHSL Public Health, MIST, REAS PCFT).</li> </ul> |   |                               |
| <b>Actions/deliverables to implement standard 5, 7 and Treatment Target</b>  | <b>Lead</b>                                     | <b>Timescales to complete</b> |
| <b>Expand and diversify workforce in locality teams (see appendix 1)</b>   |   |                               |
| <b>Recruitment in H&amp;SCP</b>  |   |                               |
| Funding confirmation   | EADP  | August 2022                   |
| First round of Advertisement   | EH&SCP  | September 2022                |
| Second round of advertisement (if needed)  | EH&SCP  | Dec 2022                      |
| <b>Recruitment in voluntary sector partners'</b>   |   |                               |
| Funding confirmation/ contracts in place   | EADP  | August 2022                   |
| First round of Advertisement   | TPS/ CGL  | Sept 2022                     |
| Second round of advertisement (if needed)  | TPS/ CGL  | Dec 2022                      |
| <b>Develop new models of care through tests of change (See appendix 2)</b>   |   |                               |
| <b>Alcohol Pathway improvement (to increase efficiency and patient experience, releasing capacity) – three hubs</b>  |   |                               |
| QI charters/ baseline measures (3 hubs)  | EH&SCP with support from NHSL PH and MIST       | October 2022                  |
| <b>Primary care: Maximising the appropriate use of primary care to increase total treatment capacity</b>   |   |                               |
| Recruit additional developmental capacity (Primary Care Liaison GP)  | REAS (PCFT)                                     | November 2022                 |
| QI charters/ baseline measures   | EH&SCP with support from PCFT, NHSL PH and MIST | October 2022                  |

|  |   |              |
|--|---|--------------|
| <b>Improved throughput, case management and role delineation</b> |   |              |
| QI charters/ baseline measures                                   | EH&SCP with support from NHSL PH and MIST | October 2022 |

**MAT Standard 6:** The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

Completed and planned actions are noted below  
 Note that standards 6 - 10 were not formally evaluated in March 2022.  
 However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.

| <b>Actions/deliverables to implement standard 6</b>   | <b>LEAD</b>              | <b>Timescales to complete</b> |
|---|--------------------------|-------------------------------|
| Establish required MAT 6 strategic leadership/steering group with appropriate membership and function   | NHSL Clinical Psychology | Complete                      |
| Develop an overall MAT 6 delivery plan for EADP   | NHSL Clinical Psychology | Complete                      |
| Develop service specific delivery plans for all EADP services (including a framework for evidencing and reporting implementation progress)                          | NHSL Clinical Psychology | Dec 2022                      |
| To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes:<br><br>a) Staff survey<br>b) Service user survey | NHSL Clinical Psychology | a) Complete<br>b) Dec 2022)   |
| Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed                              | NHSL Clinical Psychology | March 2023                    |
| Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.  | NHSL Clinical Psychology | Complete                      |



|  |                          |            |
|--|--------------------------|------------|
| Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions   | NHSL Clinical Psychology | Complete   |
| Make available regular reflective practice space for staff working across all service areas  | NHSL Clinical Psychology | Complete   |
| Ensure appropriate staff have psychosocial interventions delivery built into job plans, with protected time to deliver (and attending coaching/supervision)  | NHSL Clinical Psychology | Dec 2022   |
| Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions  | NHSL Clinical Psychology | Dec 2022   |
| Establish a collaborative MAT 6 care planning process which has the service users' views at the centre.  | NHSL Clinical Psychology | Dec 2022   |
| To ensure tier 3 & 4 psychological therapies are available to people without significant delay (i.e. initial assessment within 4 weeks, and treatment starting within 12 weeks of being deemed suitable) | NHSL Clinical Psychology | Dec 2022   |
| Develop a short-life working group that will scope current peer networks activity in specialist services   | EADP                     | Complete   |
| Develop specific plans to ensure people are actively offered access to recovery community activities and people in open recovery from all specialist services  | EADP/ CGL                | April 2023 |

**MAT Standard 7: All people have the option of MAT shared with Primary Care.**

**Actions required are described above (MAT 5 plan):**

95% of ORT patients have practices which provide ORT. Improvement will consist of ensuring the maximum appropriate use of primary care through

- improving communication between primary care, secondary care, and non-statutory addiction agencies.

- improving primary care confidence in shared care treatment
- supporting GP practices in their delivery of ORT

and/ or by supporting pathway changes which encourage smooth transfer of patient care to primary care and appropriate referral from primary to secondary care.

**MAT Standard 8** All people have access to independent advocacy and support for housing, welfare and income needs. Note that standards 6-10 were not formally evaluated in March 2022, but completed and planned actions are noted below

| <b>Actions/deliverables to implement standard 8</b>   | <b>Timescales to complete</b> | <b>Lead</b> |
|---|-------------------------------|-------------|
| Continue provision of Independent Advocacy through Advocard, on site income maximisation services in locality teams and primary care; continue to offer voluntary sector case management to all secondary care patients; provide support for families (through VOCAL) | Ongoing                       | EADP        |
| Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them   | Feb 2023                      | EADP        |
| Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners  | March 2023                    | EADP        |
| <b>Criminal Justice</b>   |                               |             |
| Include DTTO in all MAT 8 developments alongside other community treatment services   | EADP/ CEC/ REAS               | As above    |
| Ensure that the MAT 8 standards that can be delivered in a prison environment are delivered in HMP Edinburgh  | EADP/ REAS                    | As above    |

**MAT Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. The local system of secondary care has strengths in this regard (notably integration between the vol sec, social work and clinical teams; and shared locality management of MH and drug and alcohol teams. However, there are a very wide range of approaches to how integrated dual diagnosis care should be delivered and the current intention is to respond to national developments identifying best practice.

| <b>MAT Standard 10: All people receive trauma informed care.</b>   |                          |   |
|--|--------------------------|---|
| <p>Completed and planned actions are noted below<br/>           Note that standards 6 - 10 were not formally evaluated in March 2022.<br/>           However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p> |                          |   |
| <b>Actions/deliverables to implement standard 10</b>   | <b>Lead</b>              | <b>Timescales to complete</b>               |
| Establish required MAT 6 strategic leadership/steering group with appropriate membership and function  | NHSL Clinical Psychology | Complete                                    |
| Develop an overall MAT 10 delivery plan for EADP   | NHSL Clinical Psychology | Complete                                    |
| To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6 & 10. This includes: <ul style="list-style-type: none"> <li>a) Staff survey</li> <li>b) Service user survey</li> <li>c) Trauma Walkthroughs</li> </ul>                          | NHSL Clinical Psychology | a) Complete<br>b) Dec 2022<br>c) March 2023 |
| Initiate a process of continuous quality improvement underpinned by the principles of trauma informed care   | NHSL Clinical Psychology | March 2023                                  |
| Initiate a process where service users are continually asked for their views on service delivery and areas for improvement (in line with TIC)  | NHSL Clinical Psychology | March 2023                                  |
| Offer appropriate training supervision for all staff to work safely and effectively with trauma  | NHSL Clinical Psychology | Complete                                    |
| Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing   | NHSL Clinical Psychology | March 2023                                  |
| Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised   | NHSL Clinical Psychology | March 2023                                  |

---

## Appendix 1: Summary of recruitment plans:

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### Permanent additional recruitment:

| Professional group | Number to be recruited |
|--------------------|------------------------|
|--------------------|------------------------|

#### **Expanding capacity (MAT 5, 7 and Treatment target):**

|   |   |
|---|---|
| B7 advanced nurse practitioners/ pharmacy NMP | 3 |
| Band 6 RMN                                    | 4 |
| Band 6 OT                                     | 1 |
| Band 5 RMN                                    | 1 |
| Band 4/ Band 3 Health care assistants         | 6 |
| TPS/ CGL practitioners (various grades)       | 6 |

#### **Titration clinic (MAT 1):**

|   |   |
|---|---|
| B7 nurse team leader                    | 1 |
| WTE nurses/ prescribers (B6)            | 3 |
| 2 x 0.5 WTE Social Worker               | 1 |
| TPS/ CGL practitioners (various grades) | 4 |

#### **Buvidal Clinic (MAT 2)**

|               |   |
|---------------|---|
| Band 5 nurses | 2 |
| Admin         | 1 |

#### **Project manager**

|        |   |
|--------|---|
| Band 7 | 1 |
|--------|---|

### Temporary posts to support development for two years:

|                         |     |
|-------------------------|-----|
| Development RGN         | 1   |
| Primary care liaison GP | 0.4 |

As described under the All of the core posts are to be advertised through a single recruitment process (in each organisation) by September 2022, readvertised as needed in December 2022.

Other, non-recurring investments in workforce have been made or are being considered: most particularly, Speciality doctors and Pharmacist prescribers are in post/ are being sought to provide treatment capacity until the full complement of nursing posts can be filled.

Additional non-recurring funding for staffing or other uses is available within the ADP budget. All partners, particularly EH&SCP are able to have requests for this funding considered where it would achieve MAT standards.

## Appendix 2: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers and included in the reporting to

| Key developmental projects:   | Standard                  | Lead operational team(s) delivering                 | Lead QI support                            |
|---|---------------------------|---|--|
| Same day access   | MAT 1                     | Central Titration clinic                            | Project manager (plus external evaluation) |
| Implementation of the Bupivacaine pathway   | MAT 2                     | Central Bupivacaine Clinic/ all hubs                | Project manager                            |
| Increasing capacity   | MAT 5&7& treatment target |   |  |
| <ul style="list-style-type: none"> <li>Improving links Primary care (resulting in greater use of available capacity)</li> </ul>                               |                           | NW, SW, SE hubs                                     | Project manager/ PCFT (REAS)               |
| <ul style="list-style-type: none"> <li>More effective alcohol pathway (leading to efficiencies, improved patient experience and higher throughput)</li> </ul> |                           | NW, SW, SE hubs                                     | QI academy                                 |
| <ul style="list-style-type: none"> <li>Improved throughput, case management and role delineation</li> </ul>   |                           | NE and NW hubs                                      | MIST/ project manager                      |
| <ul style="list-style-type: none"> <li>Identifying the value of occupational therapy in increasing ORT capacity</li> </ul>                                    |                           | NE hub  | QI Academy                                 |
| Improving access to physical healthcare for patients of the hubs  | Passim                    | All hubs  | QI Academy                                 |
| Establishing/ expanding extra local bases to improve access and retention   | Passim                    | NE (Craigmillar), SE (Gilmerton), SW (Gorgie Dalry) | NA   |

## **APPENDIX 2 – WEST LOTHIAN**

### **MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE**

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan, as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

|                              |                     |
|------------------------------|---------------------|
| <b>Integration Authority</b> | <b>West Lothian</b> |
| <b>Period covered</b>        | <b>Q1 2022-23</b>   |

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

| <b>Name</b> | <b>Position/Job Title</b>                     | <b>Contact details</b>           |
|-------------|---|----------------------------------|
| Mike Reid   | General Manager: Mental Health and Addictions | Mike.reid@nhslothian.scot.nhs.uk |

| <b>MAT Standard 1</b>   | <b>All people accessing services have the option to start MAT from the same day of presentation.</b> |   |                                  |
|---|--|---|----------------------------------|
| <b>Actions/deliverables to implement standard 1</b>   | <b>Timescales to complete</b>  | <b>Progress in period</b>                                   | <b>Risks</b>                     |
| <p>A test of change was implemented in Bathgate from April 2022 offering same day OST prescribing through drop-in clinics every Friday between 09.00 and 12.00. Once staff complement has been achieved drop-in clinics will be rolled out 5 days a week in the following areas: Bathgate, Blackburn, Broxburn, Howden and Whitburn. By 18.07.224 drop-in clinics were in operation across West Lothian.</p> <p>Prescribing guidelines are in place that support same-day prescribing and there is a Standard Operating Procedure to support the safe initiation of same-day opioid substitution therapy. As of 1/9/22 only one site – Whitburn - is outstanding. Online information has been updated by all services in the partnership with information on the same day prescribing clinics.</p> <p>Not all clinics have been well attended so there is a plan below to consider an evening clinic to see if that improves attendance. Additionally, partners will work with local homeless units to improve attendance. Homelessness addictions workers may support this.</p> <p>Referral pathways to the same day clinics have been expanded to include telephone and GP referrals.</p> | 4 Days completed by 18 <sup>th</sup> July 2022   |   |                                  |
| Offering 4 days same day prescribing service currently. Plan now in place to increase this to 5 days by offering an evening clinic to accommodate people who cannot attend during the day. This will depend on securing access to a venue   | 6 October 2022   | Venue agreed<br>Staffing appointed,<br>awaiting start date. | Possible delay in staff starting |

|  |                           |  |
|--|---------------------------|--|
| Assessment of Progress:  | <i>Amber</i> <sup>1</sup> |  |
| <p>Comment / remedial action required</p> <p>This is on target to be green in community services as of the 6<sup>th</sup> of October 2022 assuming workforce requirements are met</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison. It is likely this standard is already met.</p> |                           |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action



|  |  |                                |                                   |
|--|--|--------------------------------|-----------------------------------|
| <b>MAT Standard 2</b>  | <b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b> |                                |                                   |
| <b>Actions/deliverables to implement standard 2</b>  | <b>Timescales to complete</b>  | <b>Progress in period</b>      | <b>Risks</b>                      |
| Clinical guidelines in place which include methadone and short and long-acting buprenorphine as treatment choices for people who present. The Lothian formulary now does have long-acting buprenorphine as an available medication choice.   | <b>Complete June 2022</b>  |                                | <b>None</b>                       |
| When people attend drop in clinic information leaflets are given to clients on choice of medication and discussed with staff on site   | <b>Complete June 2022</b>  |                                | <b>None</b>                       |
| The ADP have secured funding for Home Office licenses for the storage of controlled drugs , one in Whitburn and one in Broxburn to improve access to medication for same day prescribing and ensure Buvidal can be kept in stock.<br><br>This action will progress once we are clear that the drop-in clinics are successful in the area we apply for.<br><br>This does not prevent prescribing in all geographical areas within WL but will improve efficiency, as patients are prescribed sub-lingual buprenorphine then transferred to LAI. | <b>December 2022</b>   |                                | <b>None</b>                       |
| There is a pilot in Blackburn Pharmacy that allows administration of Buvidal by a pharmacist and we will monitor the effectiveness of this. This will increase the local delivery of Buvidal but does not prevent Buvidal being available across the council area  | <b>Will report in June 2023</b>  | <b>Pilot started June 2022</b> | <b>Pilot may not be effective</b> |
| Assessment of Progress:  | <i>Green</i>   |                                |                                   |
| Comment / remedial action required<br>MAT 2 SOP to be signed off   |  |                                |                                   |

More information is required to understand what this standard looks like in the prison environment in HMP Addiewell

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

| <b>MAT Standard 3</b>  | <b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b> |                           |              |
|--|---|---------------------------|--------------|
| <b>Actions/deliverables to implement standard 3</b>  | <b>Timescales to complete</b>   | <b>Progress in period</b> | <b>Risks</b> |
| <p>There is a draft Standard Operating Procedure for assertive outreach to people who experience near fatal overdose and attend Scottish Ambulance Service, Police Scotland or E.Ds. Information sharing agreements are in place with NHS Lothian, West Lothian Council, and all commissioned partners contracted by West Lothian ADP and West Lothian council.</p> <p>This allows anyone who has taken an overdose to be flagged to the addictions team who advise a third sector assertive outreach team if their intervention is considered to be necessary to support immediate access to MAT.</p> <p>Policies and procedures for child and adult protection are in place and include staff training. The draft SOP will shortly be agreed between commissioned partners and NHS Lothian. This will also include a measure of the interventions and their outcomes.</p> <p>The pathway currently operates but the SOP is being reviewed. The recent change to this is that reports are now sent daily rather than weekly to ensure that there is an offer of MAT within 24 hours or up to 72 hours at weekends</p> | <p>Pathway in place since October 2021<br/>SOP to be reviewed by October 2022</p>   |                           |              |
| <p>People at high risk are also identified through arrest referral in Livingston custody suite, and voluntary through care arrangements for West Lothian residents liberated from Her Majesty's Prisons Edinburgh and Addiewell. We are working closely with Police Scotland and receive direct referrals for high risk people they come across.</p>   | <p>Historically in place</p>  |                           |              |
| <p>The Addictions service has invested in training for ward staff at St John's Hospital to improve identification and support for high risk people attending hospital. The Addictions Liaison service offer same day treatment (Monday to Friday)if anyone is identified by the inpatient services.</p>  | <p>Historically in place</p>  |                           |              |

|  |              |  |  |  |
|--|--------------|--|--|--|
| Assessment of Progress:  | <i>Green</i> |  |  |  |
| <p>Comment / remedial action required<br/>NFO SOP to be signed off</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison. It is likely that this is already in place.</p> |              |  |  |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |   |                               |   |              |
|--|---|-------------------------------|---|--------------|
| <b>MAT Standard 4</b>  | <b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b> |                               |   |              |
| <b>Actions/deliverables to implement standard 4</b>  |   | <b>Timescales to complete</b> | <b>Progress in period</b>   | <b>Risks</b> |
| This standard is implemented as the core harm reduction interventions (naloxone, injection equipment, blood borne virus testing, sexual health and wound assessment and management) are consistently available at the same time and place as all MAT appointments.   |   | Completed July 2022           | Increased staff training across the partnership in harm reduction interventions |              |
| The above should be offered at every appointment the patient attends.<br>They are offered routinely across the partnership by NHS and 3 <sup>rd</sup> sector staff at every clinic. A spreadsheet is kept which documents whether each of the 6 harm rection measures are offered at each appointment. It notes both offers and completion of harm reduction |   | Completed July 2022           | Spreadsheet implemented and is now standard practice                            |              |
| Assessment of Progress:  | <i>Green</i>  |                               |   |              |
| <p>Comment / remedial action required<br/>Harm reduction SOP</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison.</p>   |   |                               |   |              |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|   |   |                           |              |
|---|---|---------------------------|--------------|
| <b>MAT Standard 5</b>   | <b>All people will receive support to remain in treatment for as long as requested.</b> |                           |              |
| <b>Actions/deliverables to implement standard 5</b>   | <b>Timescales to complete</b>   | <b>Progress in period</b> | <b>Risks</b> |
| The ADP reports that there are a variety of approaches to enable retention in care and safe discharge. These include regular partnership meetings and case load reviews to ensure people are seen by the most appropriate service or staff and there is the option to have shared care with primary care. There is a variety of strategies to manage caseloads and appointment systems, including fixed appointments, drop-ins, four evening and a Saturday morning clinic. | In place April 2022   |                           |              |
| The use of pharmacy sites and recovery café clinics are currently being explored for patients to be transferred for ongoing support.  | Ongoing   |                           |              |
| If someone does not attend an appointment, the individual team will assertively follow up. If no contact can be established, a referral may be made to the CGL Assertive Outreach Service, depending on risk. CGL have a risk stratification strategy to prioritise follow up. Contact may be telephone or face to face depending on need, risk and preference.   | Complete since July 2022  |                           |              |
| Should someone suitable for Primary Care prescribing then people can be supported via the Enhanced Practices. This extends across the council area.   | Historically available  |                           |              |
| Assessment of Progress:   | <i>Green</i>  |                           |              |
| <p>Comment / remedial action required<br/>SOP for assertive contact to be signed off</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison. It is likely that this is already in place due to the nature of the environment</p>  |   |                           |              |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|   |  |                               |                           |              |
|---|--|-------------------------------|---------------------------|--------------|
| <b>MAT Standard 6</b>   | <b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b> |                               |                           |              |
| <b>Actions/deliverables to implement standard 6</b>   |  | <b>Timescales to complete</b> | <b>Progress in period</b> | <b>Risks</b> |
| West Lothian has a senior psychologist embedded in the third sector Psychological Therapies Service. This supports the third sector to deliver Tier 1 and 2 interventions.  |  |                               |                           |              |
| MIST funded 05. B5 Psychology Assistant was recruited, to support lower tier interventions.   |  |                               |                           |              |
| All organisations work to develop social networks as part of their activity. This will be made explicit in third sector contracts as they come up for renewal   |  |                               |                           |              |
| Further work to ensure there is resilience and sustainability in the teams to ensure the whole system achieves MAT 6 is required  |  | <b>March 2023</b>             |                           |              |
| Assessment of Progress:   | <i>Amber</i>   |                               |                           |              |
| <p>Comment / remedial action required</p> <p>Review systems to ensure resilience and sustainability</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison.</p> |  |                               |                           |              |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action



|   |  |                               |                           |              |
|---|--|-------------------------------|---------------------------|--------------|
| <b>MAT Standard 7</b>   | <b>All people have the option of MAT shared with Primary Care.</b> |                               |                           |              |
| <b>Actions/deliverables to implement standard 7</b>   |  | <b>Timescales to complete</b> | <b>Progress in period</b> | <b>Risks</b> |
| Most practices in West Lothian operate an enhanced contract to allow GP prescribing of MAT. Where practices do not, neighbouring practices can offer a service. |  |                               |                           |              |
| Further work will be required to support those practices to ensure that MAT standards can be met in those areas   |  | <b>March 2023</b>             |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
| <b>Assessment of Progress:</b>  | <b>Amber</b>   |                               |                           |              |
| <b>Comment / remedial action required</b>   |  |                               |                           |              |
| Review of care offered in Primary Care and identify gaps  |  |                               |                           |              |
| It is assumed this is not relevant to HMP Addiewell   |  |                               |                           |              |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

| MAT Standard 8   |       | All people have access to independent advocacy and support for housing, welfare and income needs. |                    |       |
|--|-------|---|--------------------|-------|
| Actions/deliverables to implement standard 8   |       | Timescales to complete  | Progress in period | Risks |
| ADP funds additional advocacy within the broader mental health advocacy contract. This was increased recently.   |       |   |                    |       |
| ADP has funded specific advice hours as part of the 'Advice Shop' to provide welfare and income needs.   |       |   |                    |       |
| Housing needs are supported via good links with housing. Providing services for additional housing needs remains challenging.  |       |   |                    |       |
|  |       |   |                    |       |
|  |       |   |                    |       |
|  |       |   |                    |       |
|  |       |   |                    |       |
| Assessment of Progress:  | Amber |   |                    |       |
| Comment / remedial action required   |       |   |                    |       |
| Review access to housing support as part of RRTP Health and Wellbeing Subgroup   |       |   |                    |       |
| Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison. |       |   |                    |       |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|   |  |                               |                           |              |
|---|--|-------------------------------|---------------------------|--------------|
| <b>MAT Standard 9</b>   | <b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b> |                               |                           |              |
| <b>Actions/deliverables to implement standard 9</b>   |  | <b>Timescales to complete</b> | <b>Progress in period</b> | <b>Risks</b> |
| The addiction services work closely with the mental health crisis team and can have joint assessments for people with both addictions and mental health problems who are an acute crisis  |  |                               |                           |              |
| CPNs in CMHTs can offer support to addictions teams or provide assessment and support   |  |                               |                           |              |
| There is a plan to improve assessment and treatment for routine co-occurring mental health and addictions. This is in the form of a QI project reporting to the Service Manager for mental health and addictions                                      |  | <b>March 2023</b>             |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
|   |  |                               |                           |              |
| Assessment of Progress:   | <i>Amber</i>   |                               |                           |              |
| Comment / remedial action required  |  |                               |                           |              |
| Improve pathways for people with co-morbid issues - ongoing improvement work led by Service Manager   |  |                               |                           |              |
| Workforce issues may pose a risk to this  |  |                               |                           |              |
| Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison. It is likely that this standard is met through the existing team |  |                               |                           |              |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

| MAT Standard 10  |                        | All people receive trauma informed care. |                           |       |
|--|------------------------|--|---------------------------|-------|
| Actions/deliverables to implement standard 10  |                        | Timescales to complete                   | Progress in period        | Risks |
| A subgroup of the ADP to drive forward MAT 6&10 has been set up.   |                        | Completed                                |                           |       |
| Trauma training is being rolled out across all ADP services  |                        | Ongoing – this will need to be rolling   |                           |       |
| A ADP subgroup is exploring ‘Trauma walk-throughs’ and trauma audits to assess trauma informed care. These will link in with the Lived Experience Panel to ensure that there is lived experience assessment and feedback or the care.                            |                        | March 2023                               |                           |       |
| A Trauma Board across the HSCP has been set up and that is leading Trauma approaches across all departments  |                        | Completed                                | Board started August 2022 |       |
| Assessment of Progress:  | <i>Red/Amber/Green</i> |  |                           |       |
| <p>Comment / remedial action required<br/>Ongoing Trauma rollout</p> <p>Work within HMP Addiewell will be undertaken through collaboration with Royal Edinburgh and Associated Services who deliver mental health and addictions services within the prison.</p> |                        |  |                           |       |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

## Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

|                 |     |
|-----------------|-----|
| Q1 Performance: | 89% |
| Q2 Performance: |     |
| Q3 Performance: |     |
| Q4 Performance: |     |

| Key actions to improve performance  | Timescales to complete | Progress in period | Risks                  |
|---|------------------------|--------------------|------------------------|
| Continue to recruit additional staff to support standard  | By 6 October 2022      |                    | Workforce difficulties |
| ADP to offer ongoing support to partners, noting additional one year investment to both WLDAS and CGL | Ongoing                |                    |                        |
|   |                        |                    |                        |
|   |                        |                    |                        |
| Comment / remedial action required  |                        |                    |                        |

## Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

|                 | Projection | Performance |
|-----------------|------------|-------------|
| Q1 Performance: |            |             |
| Q2 Performance: |            |             |
| Q3 Performance: |            |             |
| Q4 Performance: |            |             |

| Key actions to improve performance              | Timescales to complete | Progress in period | Risks |
|---|------------------------|--------------------|-------|
| N/A – first data to be published September 2022 |                        |                    |       |
|   |                        |                    |       |
|   |                        |                    |       |
|   |                        |                    |       |
| Comment / remedial action required              |                        |                    |       |



## **APPENDIX 3 – MIDLOTHIAN**

### **MAT STANDARDS IMPLEMENTATION PLAN**

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

|                 |
|-----------------|
| Midlothian HSCP |
|-----------------|

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

| Name        | Position/Job Title                      |
|-------------|---|
| Nick Clater | Head of Adult Services, Midlothian HSCP |

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

|  |
|--|
| <p>The plan has been developed with a range of ADP partners.</p> <p>The governance of the plan is in line with the Minister’s letter:</p> <ul style="list-style-type: none"><li>• Midlothian HSCP and MELDAP will co-ordinate monthly meetings of a new MAT implementation Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery. Operational strategic managers will report on the implementation plan to Head of Service and Chief Officer monthly.</li><li>• This quarterly report will be presented to Midlothian HSCP Senior Management Team for comment and to address any risks to delivery.</li><li>• The report will be passed to the two Chief Executives and Chair of the Midlothian Integrated Joint Board for agreement before being shared with the SG.</li></ul> |
|--|

Timelines for each of the above will be established when the submission dates to the SG have been confirmed.

Ongoing experiential data gathering and widespread involvement of People with Lived Experience in the delivery of treatment and support, which includes their involvement in underpinning needs assessment work.

**NB: This Plan is being submitted prior to submission and approval by the NHS Lothian Board, Midlothian Council Cabinet and Midlothian Integrated Joint Board. Key Chief Officers are listed below.**

| Name             | Position                           | Delivery Partner   | Date signed                           |
|------------------|------------------------------------|--------------------|---------------------------------------|
| Morag Barrow     | Joint Director of Midlothian HSCP  | Mid HSCP/MELDAP    | Midlothian IJB Meeting - 13/10/22     |
| Callum Campbell  | Chief Executive NHS Lothian        | NHS Lothian        | NHS Lothian Board Meeting – 08/10/22  |
| Dr Grace Vickers | Chief Executive Midlothian Council | Midlothian Council | Midlothian Council Cabinet – 18/10/22 |
| Val de Souza     | Chair Midlothian IJB               | Midlothian IJB     | Midlothian IJB Meeting – 13/10/22     |
|                  |                                    |                    |                                       |

Glossary of abbreviations:

| Abbreviation | Description  |
|--------------|--|
| Mid SUS      | Midlothian Substance Use Service                                   |
| MELDAP       | Mid and East Lothian Alcohol and Drugs partnership                 |
| MidH&SCP     | Midlothian Health and Social care Partnership                      |
| MIST         | MAT standards Implementation Support Team (Public Health Scotland) |
| ORT          | Opiate Replacement Therapy   |
| QI           | Quality Improvement  |
| RMN          | Registered Mental Health Nurse                                     |

|                        |                                   |
|------------------------|-----------------------------------|
| MELD                   | Midlothian and East Lothian Drugs |
| HIM                    | Health In Mind                    |
| Recovery Practitioners | MELD recovery workers             |
| Peer                   | Peer workers                      |

Appendices:

- Appendix 1: Key Delivery risks
- Appendix 2: Summary of recruitment plans:
- Appendix 3: Summary of developmental/ QI projects:
- Appendix 4: Lead Contacts of organisations involved in implementation

Background reading:

Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh

[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22 p357-375\)](#)

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>MAT Standard 1</b>   | <b>All people accessing services have the option to start MAT from the same day of presentation.</b>   | April 2022 <b>RAG status: Amber.</b> Implement changes agreed with MIST teams |                               |
|   |  |   |                               |
|   | <p><b>Summary of current performance:</b><br/>Local guidance allows for same day start of MAT, but there are several routes into treatment (Contact Service, Harm reduction Team, GP direct referral, No 11 services). As part of the current review we were able to identify current challenges this indicated variable waits and same day initiation of prescribing. This was staffing dependant.</p> <p><b>Summary action plan:</b> Development of specific daily clinic time to offer same day assessment and treatment start. This will offer assessment and initiation five days a week to people presenting themselves, being referred by other agencies or attending with the support of outreach teams. It will offer treatment in community settings where this is required.</p> |   | (£000's/ year)                |
|   |  | Clinical Nurse Lead X 2   | £126,936                      |
|   |  | Recovery practitioners x 2  | £80,000                       |
|   |  | Band 6 x 1.8  | £96,940                       |
| <b>Actions/deliverables to implement standard 1</b>   |  | <b>Lead</b>   | <b>Timescales to complete</b> |
| <b>Implement clinic offering same day access, open 5 days a week, supported by outreach</b> |  |   |                               |
| <b>Recruitment of staff to MidLothian Substance Use Service (MidSUS)</b>                    |  |   |                               |
| Funding confirmation  |  | MELDAP  | April 2022                    |
| First round of Advertisement  |  | MidSUS  | July 2022                     |
| Second round of advertisement   |  | MidSUS  | Aug 2022                      |
| Third round of advertisement  |  | Mid SUS   | Sep 2022                      |
| Fourth round (if required)  |  | Mid SUS   | Oct 2022                      |
| <b>Expansion in voluntary sector partner's (MELD) capacity 2 wte</b>                        |  |   |                               |

|  |  |               |
|--|--|---------------|
| Funding confirmation/ contracts in place   | MELDAP   | July 2022     |
| First round of Advertisement (awaiting HSCP)   | MELD   | Sep 2022      |
| Second round of advertisement (if needed)  | MELD   | Dec 2022      |
| <b>Test of Change</b>  |  |               |
| Improve efficiency of Contact service – Standard operating procedure for same day access   | MELD/MidSUS/HIM                                  | October 2022  |
| Standard operating procedures, improved pathways, including outreach support for those people who can't access   | MidSUS/MELD/HIM                                  | November 2022 |
| Primary care in reach pathway, improve pathways to and from Primary care   | Mid SUS  | Nov 2022      |
| QI charter agreed  | MELDAP/ MIDH&SCP/ MIST                           | October 2022  |
|  |  |               |
|  |  |               |
| <b>Monitoring and oversight</b>  |  |               |
| Monthly Meetings with Chief Officer and Head of Service  | MidH&SCPMELDAP                                   | October 2022  |
| MAT 1 reporting submitted to SG/PHS  | Mid HSCP/MELDAP                                  | Feb 2023      |
| Six month progress report  | MidH&SCP/ MELDAP                                 | June 2023     |
|  |  |               |
| <b>Justice Services</b>  |  |               |
| Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement | MELDAP and various local partners alongside MIST | April 2025    |
| Ensure, treatment can be initiated in HMP Edinburgh and that all people returning to the Midlothian community from any prison have continuity of care, this is managed through our current No 11 Allocation meeting              | Mid SUS and Midlothian Justice                   | On going      |

|                       |  |   |
|-----------------------|--|---|
| <b>MAT Standard 2</b> | <b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>   | <b>April 2022. RAG status: Amber</b> The key development in this area is to demonstrate and provide evidence of person centred informed medication choice. Establishment of Buvidal clinic. |
|                       | <p><b>Summary of Current position/ planned actions</b></p> <p>Most components of this standard are already in place; there is no time limited care and there are choice in relation to dose and medications.</p> <p>The key development in this area is roll out of Buvidal (a novel, injected medication formulation with significant advantages). This is currently offered to a proportion of patients in secondary care, mostly people who have recently entered treatment. The standard requires it to be offered to all of those entering treatment but also conversion to it should be systematically offered to the existing patients.</p> <p>The NHS and MELDAP have developed an agreed pathway for people to start on/ convert to Buvidal. The key new things required to implement it are</p> <ol style="list-style-type: none"> <li>1) capacity to dispense the drug in secondary care (nursing time) and</li> <li>2) dispensing arrangements in community pharmacy (via a new contract) – this is currently being piloted in 3 pharmacies (Lead by REAS)</li> </ol> <p>As with MAT 1, the next milestone is the development of a clinic response, in this case requiring recruitment of two band 7 nurses, prescribing. We have been successful in recruitment of both posts .Other costs associated with the roll out of Buvidal (medication costs, pharmacy charges) are not part of the ADP financial plan.</p> |   |

| <b>Actions/deliverables to implement standard 2</b>   | <b>Lead</b>                                      | <b>Timescales to complete</b> |
|---|--|-------------------------------|
| <b>Improve access to Buvidal</b>  |  |                               |
| <b>Recruitment to MidSUS team</b>   |  |                               |
| Funding confirmation  | MELDAP   | April 2022                    |
| First round of Advertisement  | MidHSCP  | Aug 2022                      |
| Second round of advertisement (if needed)   | MidHSCP  | Sep 2022                      |
| <b>Clinic set up</b>  |  |                               |
| Development Service procedures, pathways  | MidSUS   | November 2022                 |
| Clinic open and taking existing Buvidal patients  | MidSUS   | November 2022                 |
| <b>Establish arrangements for community pharmacy Dispensing</b>   |  |                               |
| Pilot sites in place  | REAS   | August 2022                   |
| Evaluation of Pharmacy Buvidal dispensing   | REAS   | December 2022                 |
| <b>Systematically offer choice to existing patients in secondary care</b>   |  |                               |
| Plan for offering conversion for secondary care patients  | Mid SUS  | December 2022                 |
| <b>Monitoring and oversight</b>   |  |                               |
| eAnnual MAT 2 reporting submitted to SG/ PHS  | NHSL PH  | Feb 2023                      |
| <b>Mid SUS Information Pack</b>   |  |                               |
| To develop medication information sheet to be included in the Mid SUS information pack providing details on medication options, enhancing person centred choice | Mid SUS  | Dec 22                        |
| <b>Justice Services</b>   |  |                               |
| Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications                     | MELDAP and various local partners alongside MIST | April 2025                    |
| Ensure that treatment options in HMP Edinburgh include all medications  | MELDAP and various local partners alongside MIST | April 2025                    |

| <b>MAT Standard 3</b>                                     | <b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>   | <b>RAG status: Amber</b> Midlothian SUS Team MELD and HIM have established an agreed approach involving outreach nurse and peer worker who will reach out to people who are identified as being in crisis and at high risk of drug related death and harms and those who have experienced NFO. Subject to the outcomes of the performance monitoring exercise, the current work plus planned actions (including additional investment) will deliver the standard before April 2023.  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
|---|---|--|---|------------------|---------------------|-------|----------------|-------|-----------------------------------|-------|----------------------------------|--|--|---------|-------------------------|---------|
|   | <p><b>Summary of present/ planned actions:</b> Midlothian has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death. Subject to the outcomes of ongoing performance monitoring, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. Actions for this area focus on standardising practice, evidencing impact and stabilising and Maintaining funding.</p> <p><b>Summary action plan</b></p> <ul style="list-style-type: none"> <li>• Secure capacity for outreach to those in crisis</li> <li>• Ensure that Assertive outreach is linked to the arrangements for rapid access to treatment (MAT 1)</li> <li>• Systematise and standardise approaches to decision making, practice, risk management and reporting evidence</li> </ul> | <p><b>Summary budget:</b> Several of the key elements of the current provision have been developed using current and New ADP funding and it has been agreed to commit revenue to these.</p> <table border="1" data-bbox="929 646 1955 954"> <thead> <tr> <th><b>Current non-recurring investments (to be extended)</b></th> <th><b>£000's pa</b></th> </tr> </thead> <tbody> <tr> <td>Harm Reduction Team</td> <td>£3000</td> </tr> <tr> <td>A&amp;E navigators</td> <td>£6667</td> </tr> <tr> <td>Drug liaison nursing contribution</td> <td>£2628</td> </tr> <tr> <td colspan="2"><b>Proposed new development:</b></td> </tr> <tr> <td>Additional outreach – out of hours provision</td> <td>£24,155</td> </tr> <tr> <td>NFO peer support worker</td> <td>£25,250</td> </tr> </tbody> </table> | <b>Current non-recurring investments (to be extended)</b> | <b>£000's pa</b> | Harm Reduction Team | £3000 | A&E navigators | £6667 | Drug liaison nursing contribution | £2628 | <b>Proposed new development:</b> |  | Additional outreach – out of hours provision | £24,155 | NFO peer support worker | £25,250 |
| <b>Current non-recurring investments (to be extended)</b> | <b>£000's pa</b>  |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| Harm Reduction Team                                       | £3000   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| A&E navigators  | £6667   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| Drug liaison nursing contribution                         | £2628   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| <b>Proposed new development:</b>                          |   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| Additional outreach – out of hours provision              | £24,155   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |
| NFO peer support worker                                   | £25,250   |  |   |                  |                     |       |                |       |                                   |       |                                  |  |  |         |                         |         |



|   |  |                               |
|---|--|-------------------------------|
|   | <ul style="list-style-type: none"> <li>• Diversify the skill mix of those doing outreach</li> <li>• Ensure integration with other systems (vulnerable adults, MH, Justice etc) and between elements of our own system</li> </ul> |                               |
| <b>Actions/deliverables to implement standard 3</b>   | <b>Lead</b>  | <b>Timescales to complete</b> |
| <b>Standardising practice and ensuring governance:</b>  |  |                               |
| Implementation of core group to agree Standardise and share operating procedures: assessment, risk assessment and decision-making paperwork for each of the teams.  | Mid SUS/MELD/HIM   | October 2022                  |
| Establish NFO working group to make recommendation on practice including development of related performance metrics   | MELDAP/ Mid SUS/MELD/HIM   | Aug-Sept 2022                 |
| <b>Expanding capacity and securing funding</b>  |  |                               |
| Recruit nursing and third sector staff  | MidHSCP/MELD/HIM   | Dec 2022                      |
| Develop package of support including Naloxone, IEP, mobile phone (with key contact numbers) for people including those experiencing NFO who do not want to engage with treatment services –harm reduction | MidSUS/MELD/HIM/MELDAP   | Dec 2022                      |
| <b>Reaching high risk individuals in specific environments:</b>   |  |                               |
| Establish standard joint working and training offer with homeless and hostel teams to support MAT 3 delivery in these settings  | Mid SUS/MELD/HIM   | Dec' 2022                     |
| Develop as TOC the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm  | MidSUS/MELD/HIM  | Jan 2023                      |
| Develop and implement clear joint protocols (rapid response) for disengagement  | MidSUS/MELD/HIM  | Dec 2022                      |
| Continue No 11 allocation meeting for Peoples Prison liberation   | MidSUS/Justice   |                               |
| Continue Alcohol court as required (co-dependency)  | MidSUS/Justice   |                               |

|   |   |  |                               |
|---|---|--|-------------------------------|
| <b>MAT Standard 4</b>   | <b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>   | <b>RAG status: Amber:</b> most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023 |                               |
|   | <b>Current and planned actions:</b> This standard is partially implemented (amber) because it is not clear that the core interventions (naloxone, injection equipment, blood-borne virus testing) are consistently available at the same time as all MAT appointments. However, most interventions are available in the setting and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. Note that the assessment of this standard does not include primary care settings. |  |                               |
| <b>Actions/deliverables to implement standard 4</b>   |   | <b>Lead</b>  | <b>Timescales to complete</b> |
| <b>BBV testing</b>  |   |  |                               |
| Survey to identify the proportion of staff trained (nursing and voluntary sec)                          |   | MidSUS/BBV Team  | January 2023                  |
| Action plan for to bring it towards 100%  |   | MidSUS/BBV Team  | January 2023                  |
| Audit of case notes   |   | MidSUS/BBV Team  | March 2023                    |
| <b>Assessment of injecting risk</b>   |   |  |                               |
| Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)  |   | SDF/MidSUS   | Jan 2023                      |
| Action plan for each team to bring it towards 100%  |   | MidSUS/ SDF  | Jan 2023                      |
| Audit of case notes   |   | MidSUS   | March 2023                    |
| <b>Injecting equipment provision</b>  |   |  |                               |
| Ensure that if possible that all rooms in which ORT is offered by specialist services have equipment in |   | MidSUS   | February 2023                 |
| <b>Naloxone and overdose awareness training</b>   |   |  |                               |
| Increase range of settings and groups provided with training  |   | MidSUS/MELD/HIM  | March 2023                    |
| <b>Wound care training</b>  |   |  |                               |

|  |                   |            |
|--|-------------------|------------|
| Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)         | MidSUS            | March 2023 |
| Action plan for each team to bring it towards 100%   | MidSUS            | March 2023 |
| Audit of case notes  | MidSUS            | March 2023 |
| <b>Justice Service</b>   |                   |            |
| Include DTTO in all MAT 4 developments alongside other community treatment services                            | MELDAP/ CEC/ REAS | As above   |
| Ensure that the elements of MAT 4 that can be delivered in a prison environment are delivered in HMP Edinburgh | MELDAP/ REAS      | As above   |

|  |  |   |
|--|--|---|
| <b>MAT Standard 5, &amp; 7 and Treatment target:</b> | All people will receive support to remain in treatment for as long as requested and will have the option of MAT shared with Primary Care; increase by 9% the numbers on Opiate Replacement Treatment by April 2024 | <b>RAG status: Amber</b> MidSUS caseloads are high, 370. The test of change in reach into GP practices will enhance and enable a continuum step model to allow a person to move up and down the continuum from Voluntary/peer support to secondary care this enabling a person to receive support by the right person at the right time and remain in treatment for as long as requested. Midlothian SUS/MELD/HIM will work to engage a 9% increase of individuals into treatment, average of additional 35 individuals in treatment by April 2024. |
|--|--|---|

|  |  |  |
|--|--|--|
|  | <p><b>Summary of present/ planned actions</b></p> <p>There are no limits on the time that people can remain in care but there is a finite capacity for treatment. The clinical and voluntary sector workforce in specialist services is smaller than required to deliver care to the current patient group. It is further depleted by recruitment challenges, staff absence and reliance on temporary posts.</p> <p>MAT 5 requires systems of care to “have pathways in place or models of support that are flexible and offer different care packages that [range from low [to high] intensity” and to ensure that people are able to move easily between these models of care according to need. It is not clear that the current system of care is able to achieve this.</p> <p>Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures.</p> <p>In December 2021 the MELDAP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes</p> <ul style="list-style-type: none"> <li>• Reducing practitioner caseloads</li> <li>• Developing Low intensity care in community settings -</li> </ul> |  |
|--|--|--|

|   | <p>demonstrating models of high volume care/ increased safe, MAT compliant throughput from secondary care to increase the number of people who can be treated).</p> <ul style="list-style-type: none"> <li>• Maximising use of primary care</li> </ul> <p>The implementation plan for this work consists of</p> <ul style="list-style-type: none"> <li>• recruitment (summarised in appendix 1) and</li> <li>• Commitments to Quality Improvement projects (summarised in appendix 2.</li> </ul> <p>This plan has been agreed between</p> <ul style="list-style-type: none"> <li>• MELDAP</li> <li>• key delivery partners Midlothian HSCP, third sector (Meld)</li> <li>• The organisations who will support the change (NHSL Public Health, MIST, REAS PCFT).</li> </ul> |                               |  |
|---|--|-------------------------------|--|
| <b>Actions/deliverables to implement standard 5, 7 and Treatment Target</b> | <b>Lead</b>  | <b>Timescales to complete</b> |  |
| <b>Expand and diversify workforce in locality teams</b>                     |  |                               |  |
| <b>Recruitment in MidSUS</b>  |  |                               |  |
| Funding confirmation  | MELDAP   | August 2022                   |  |
| First round of Advertisement  | Mid SUS  | Aug 2022                      |  |
| Second round of advertisement (if needed)                                   | Mid SUS  | Sep 2022                      |  |
| <b>Expansion in voluntary sector partner's (MELD) capacity</b>              |  |                               |  |
| Funding confirmation/ contracts in place                                    | MELDAP   | August 2022                   |  |
| First round of Advertisement  | MELD   | October 2022                  |  |
| Second round of advertisement (if needed)                                   | MELD   | Dec 2022                      |  |

|  |   |               |
|--|---|---------------|
| <b>Develop new models of care through tests of change</b>  |   |               |
| <b>Alcohol Pathway improvement (to increase efficiency and patient experience co-dependency, releasing capacity)</b> | Mid SUS/MELD/HIM  | March 23      |
| QI charters/ baseline measures   | MidSUS, MELD and HIM with support from NHSL PH and MIST | November 2022 |

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>MAT Standard 6</b>  | <b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b> | This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication. |                               |
| Completed and planned actions are noted below<br>Note that standards 6 - 10 were not formally evaluated in March 2022.<br>However, planning and implementation for MAT 6 in the Lothian's are understood to be well developed by national standards. |  |  |                               |
| <b>Actions/deliverables to implement standard 6</b>  |  | <b>Lead</b>  | <b>Timescales to complete</b> |
| Establish required MAT 6 strategic leadership/steering group with appropriate membership and function  |  | NHSL Clinical Psychology   | Complete                      |

|  |                                |                            |
|--|--------------------------------|----------------------------|
| Develop an overall MAT 6 delivery plan for Mid HSCP  | NHSL<br>Clinical<br>Psychology | Complete                   |
| Develop service specific delivery plans for all Mid HSCP services (including a framework for evidencing and reporting implementation progress)                         | NHSL<br>Clinical<br>Psychology | Dec 2022                   |
| To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6.<br>This includes:<br><br>a) Staff survey<br>b) Service user survey | NHSL<br>Clinical<br>Psychology | a) Complete<br>b) Dec 2022 |
| Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed                                 | NHSL<br>Clinical<br>Psychology | March 2023                 |
| Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.   | NHSL<br>Clinical<br>Psychology | Complete                   |
| Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions   | NHSL<br>Clinical<br>Psychology | Complete                   |
| Make available regular reflective practice space for staff working across all service areas  | NHSL<br>Clinical<br>Psychology | Dec 2022                   |
| Ensure appropriate staff have psychosocial interventions delivery, with protected time to deliver (and attending coaching/supervision)                                 | NHSL<br>Clinical<br>Psychology | Dec 2022                   |
| Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions  | NHSL<br>Clinical<br>Psychology | Dec 2022                   |

|   |                                |          |
|---|--------------------------------|----------|
| Establish a collaborative MAT 6 care planning process which has the service users' views at the centre. | NHSL<br>Clinical<br>Psychology | Dec 2022 |
|---|--------------------------------|----------|

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| <b>MAT Standard 7</b>   | <b>All people have the option of MAT shared with Primary Care.</b> | <b>RAG status: AMBER</b>                    |                               |
| <p><b>Please see above (MAT 5 plan):</b> Improvement in ensuring the maximum appropriate use of primary care through</p> <ul style="list-style-type: none"> <li>improving communication between primary care, secondary care, and non-stat addiction agencies.</li> <li>improving primary care confidence in shared care treatment</li> </ul> <p>and/ or by supporting pathway changes which encourage smooth transfer of patient care to primary care and appropriate referral from primary to secondary care.</p> |  |   |                               |
| <b>Primary care: Maximising the appropriate pathways to and from primary care</b>   |  | <b>Lead</b>                                 | <b>Timescales to complete</b> |
| Recruitment of RMNs   |  | MidSUS                                      | March 2023                    |
| Develop and implement clear pathways and joint partnership working to enable a person to have the right support at the right time in the right place  |  | MidSUS, MELD HIM, Primary care and Mid HSCP | March 2023                    |
| QI charters/ baseline measures  |  | MidSUS with support from Mist               | November 2022                 |
| <b>Improved throughput, case management and role delineation</b>  |  |   |                               |
| QI charters/ baseline measures  |  | MidHSCP and MIST                            | November 2022                 |



|  |  |                          |                               |
|--|--|--------------------------|-------------------------------|
| <b>MAT Standard 8</b>  | <b>All people have access to independent advocacy and support for housing, welfare and income needs.</b> | <b>RAG status: AMBER</b> |                               |
| <b>Actions/deliverables to implement standard 8</b>  |  | <b>Lead</b>              | <b>Timescales to complete</b> |
| Continue provision of Independent Advocacy through CAPS  |  | MELDAP                   | Complete                      |
| Continue support from Welfare rights   |  | Mid HSCP                 | Complete                      |
| Continue Support from Shelter – Housing  |  | MidHSCP                  | Complete                      |
| Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them                  |  | MELDAP                   | Feb 2023                      |
| Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners |  | MELDAP                   | March 2023                    |
| Continue provide support for families (through VOCAL)  |  | MELDAP                   | Complete                      |
| <b>Justice Services</b>  |  |                          |                               |
| Include DTTO in all MAT 8 developments alongside other community treatment services  |  | MELDAP/CEC/REAS          | March 2023                    |
| Ensure that the MAT 8 standards that can be delivered in a prison environment are delivered in HMP Edinburgh                       |  | MELDAP/REAS              | March 2023                    |

|  |  |   |                  |
|--|--|---|------------------|
| <b>MAT Standard 9</b>  | <b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b> | <b>RAG status: GREEN</b><br>People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. |                  |
| <b>No 11 integrated building where SUS and MH services are collocated and working partnership with shared care pathways and Lead agency protocol</b><br>The local system of secondary care has strengths in this notably integration between the vol sec, social work and clinical teams; and shared locality management of MH and drug and alcohol teams. |  |   | <b>July 2022</b> |

| <b>MAT Standard 10: All people receive trauma informed care.</b>   |                                |   |
|--|--------------------------------|---|
| <p>Completed and planned actions are noted below<br/>           Note that standards 6 - 10 were not formally evaluated in March 2022.<br/>           However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p>   |                                |   |
| <b>Actions/deliverables to implement standard 10</b>   | <b>Lead</b>                    | <b>Timescales to complete</b>   |
| Establish required MAT 6 strategic leadership/steering group with appropriate membership and function  | NHSL<br>Clinical<br>Psychology | Complete  |
| Develop an overall MAT 10 delivery plan for MELDAP   | NHSL<br>Clinical<br>Psychology | Complete  |
| <p>To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6 &amp; 10. This includes:</p> <ul style="list-style-type: none"> <li>a) Staff survey</li> <li>b) Service user survey</li> <li>c) Trauma Walkthroughs</li> </ul> <p>(Of Note Midlothian was a pilot site for SG Trauma informed practice, No 11 is a specifically designed trauma informed building/workforce)</p> | NHSL<br>Clinical<br>Psychology | <ul style="list-style-type: none"> <li>a) Complete</li> <li>b) Dec 2022</li> <li>c) March 2023</li> </ul> |
| Initiate a process of continuous quality improvement underpinned by the principles of trauma informed care   | NHSL<br>Clinical<br>Psychology | March 2023  |
| Initiate a process where service users are continually asked for their views on service delivery and areas for improvement (in line with TIC)  | NHSL<br>Clinical<br>Psychology | March 2023  |
| Offer appropriate training supervision for all staff to work safely and effectively with trauma  | NHSL<br>Clinical<br>Psychology | Complete  |

|  |                                |            |
|--|--------------------------------|------------|
| Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing | NHSL<br>Clinical<br>Psychology | March 2023 |
| Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised           | NHSL<br>Clinical<br>Psychology | March 2023 |

## Appendix 1: Key Delivery risks

### **Implementation, Performance management and governance**

Implementing the plan requires rapid decision-making and sufficient management capacity to change services quickly. Mitigations for this risk will include strong management support and direct oversight by senior managers, incorporated into the monthly managers meetings.

### **Workforce expansion and development:**

The key professional groups needed to deliver the expansion plan are Mental Health Nurses, Prescribers (medical and non-medical) and recovery practitioners and Peer support workers and peer development peer workers. Mitigations for this risk might include engagement with wider workforce development processes within partner organisations, if recruitment poses challenges.

### **Premises and facilities**

Challenges created by the current premises include:

- Insufficient office space for expanding staff and insufficient delivery space for patient numbers – limited room capacity restricts how flexible services can be (essential for our patient group).

### **Resources and capacity:**

Although the recently allocated £303k is a welcome expansion (and, as noted above, probably as large an increase in capacity as could be implemented immediately), it is not clear that this will be sufficient to relieve current pressures and meet increased expectations. Mitigation will require ongoing monitoring of progress and pressures.

### **Reporting and data gathering:**

A system of quarterly reporting has been put in place. It requires evidence of continuous improvement toward MAT standards 1-5 and towards the target of increasing numbers of people in ORT. Mitigation would include investment in systems improvement and/ or admin attached to teams on a non-recurring basis. Potential addition of a data analyst within MELDAP to support

**Inaccurate predictions of demand:** the plan represents a significant lowering of the threshold for entering treatment. This is exactly the intended effect and is very necessary. However, there is the risk that improving access will result in greater numbers coming forward than can be safely treated. Conversely, the additional capacity may not result in additional presentations (risking inefficient use of resources and less public health impact). These risks have been mitigated by planning and will be carefully monitored, with additional measures to engage patients if needed.

## Appendix 2: Summary of recruitment plans:

### Permanent additional recruitment:

| Professional group          | Number to be recruited | MAT Standard                       |
|-----------------------------|------------------------|------------------------------------|
| <b>Expanding capacity:</b>  |                        |                                    |
| B7 Clinical Nurse Leads NMP | 2                      | 1, 2 ,4 Including treatment target |
| Band 6 RMN                  | 1                      | 1,4, ,7                            |
| Band 6 RMN 0.8              | 1                      | 1, 3 , 4                           |
| Recover practitioners MELD  | 2                      | 1,3, 4                             |

All of the core posts are to be advertised through a single recruitment process (in each organisation) by october2022, re advertised as needed in December 2022.

Additional non-recurring funding for staffing or other uses is available within the MELDAP budget. All partners, particularly Mid H&SCP are able to have requests for this funding considered where it would achieve MAT standards.

### Appendix 3: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers

| Key developmental projects:   | Lead operational team(s) delivering | Lead QI support |
|---|-------------------------------------|-----------------|
| Same day access   | Mid SUS<br>MELD<br>HIM              | MIST            |
| Primary care in reach   | Mid SUS                             |                 |
| Implementation of the Buvidal pathway   | Mid SUS                             | MIST            |
| Increasing capacity   |                                     |                 |
| <ul style="list-style-type: none"> <li>Improving links Primary care (resulting in greater use of available capacity)</li> </ul>   | Mid SUS                             | Mist            |
| <ul style="list-style-type: none"> <li>More effective alcohol pathway for co-dependency (leading to efficiencies, improved patient experience and higher throughput)</li> </ul> | Mid SUS<br>MELD<br>HIM              | MIST            |
| <ul style="list-style-type: none"> <li>Improved throughput, case management and role delineation</li> </ul>   | Mid SUS<br>MELD<br>HIN              | MIST            |
| Improving access to physical healthcare for patients of people  | All Teams                           | MIST            |

## Appendix 5: Lead Contacts of organisations involved in implementation:

| Organisation        | Contact  |
|---------------------|--|
| MELDAP              | Martin Bonnar <Mbonnar@eastlothian.gov.uk>   |
| Head Service        | Nick Clater <nick.clater@midlothian.gov.uk>  |
| Service manager     | Karen Darroch <karen.darroch@nhslothian.scot.nhs.uk>   |
| MIST                | Dave Taylor <david.taylor28@nhs.scot>  |
| NHSL PH             | James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;  |
| REAS (HRT)          | Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;  |
| REAS (PCFT)         | Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk> |
| MELD                | "Dave Gasparini" <davegasparini@meld-drugs.org.uk>   |
| Clinical Psychology | Peter Littlewood ,peter.littlewood@nhslothian.scot.nhs.uk>   |

## **APPENDIX 4 – EAST LOTHIAN**

### **MAT STANDARDS IMPLEMENTATION PLAN**

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

|   |
|---|
| East Lothian Health and Social Care Partnership |
|---|

The lead officer/post holder nominated to ensure delivery of this Implementation Plan is:

| Name         | Position/Job Title             |
|--------------|--------------------------------|
| Fiona Wilson | Chief Officer East Lothian IJB |

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

|   |
|---|
| <p>The plan has been developed alongside all ADP partners.<br/>East Lothian will continue to engage and involve People with Lived Experience to ensure their experiences and feedback informs delivery of treatment and support.</p> <p><u>Governance arrangements</u></p> <ul style="list-style-type: none"><li>• East Lothian HSCP and partners will meet monthly as part of the Substance Use Business meeting to deliver actions identified against each MAT standard and criteria. This group will then report to a new MAT Implementation Meeting which will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.</li><li>• Monthly meetings will be held with MELDAP, ELHSCP Operational Strategic Managers, Head of Service and Chief Officer</li><li>• 2 monthly update report will be presented by Operational Strategic Managers to the MH/SUS Change Board</li><li>• The quarterly report will be presented to East Lothian Senior Management Team for comment, to note progress comment and to address any risks to delivery.</li></ul> |
|---|



- The report will be presented to the Chief Executive of East Lothian Council and NHS Lothian for agreement and sign off prior to submission to Scottish Government.

 Timelines will be established once Scottish Government have confirmed submission dates.

This Plan has been signed off on behalf of the delivery partners by:

| Name            | Position                         | Delivery Partner     | Date signed |
|-----------------|----------------------------------|----------------------|-------------|
| Fiona Wilson    | Chief Officer                    | East Lothian HSCP    |             |
| Callum Campbell | Chief Executive                  | NHS Lothian          |             |
| Monica Paterson | Chief Executive                  | East Lothian Council |             |
| Peter Murray    | Chair of IJB                     | East Lothian HSCP    |             |
| Iain Gorman     | Head of Service/ Chair of MELDAP | East Lothian HSCP    |             |
|                 |                                  |                      |             |

Appendices:

- Appendix 1: Key Delivery risks
- Appendix 2: Summary of recruitment plans:
- Appendix 3: Summary of developmental/ QI projects:
- Appendix 4: Glossary of abbreviations:

Background reading:

Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh  
[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22 p357-375\)](#)

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>MAT Standard 1</b>   | <b>All people accessing services have the option to start MAT from the same day of presentation.</b> | April 2022 <b>RAG status: Amber.</b> Implement changes agreed with MIST teams as part of TOC<br><br><b>September 2022</b> – Initially East Lothian were able to offer clinics three times a week, however, we are currently able to offer appointments slots each day for ORT/MAT assessment and treatment start/prescribing and from 31/10/2022 we will have increased capacity to offer same day access, 5 days for people who present or are referred from other agencies. |                               |
| <b>Actions/deliverables to implement standard 1</b>   |  | <b>Lead</b>   | <b>Timescales to complete</b> |
| <b>Increase capacity of ESK Centre clinic to offer same day access, open 5 days a week, expanding to include outreach</b>   |  |   |                               |
| <b>Recruitment of staff to East Lothian Substance Use Service (ELSUS)</b>   |  |   |                               |
| Funding confirmation  |  | MELDAP  | 30 <sup>th</sup> April 2022   |
| First round of Advertisement  |  | ELSUS   | 31 July 2022                  |
| Recruitment to all posts  |  | ELSUS   | 31 October 2022               |
| <b>Expansion in voluntary sector partner's (MELD) capacity</b>  |  |   |                               |
| Funding confirmation/ contracts in place  |  | MELDAP  | 31 August 2022                |
| First round of Advertisement  |  | MELD  | 30 September 2022             |
| Second round of advertisement (if needed)   |  | MELD  | 31 Dec 2022                   |
| <b>Test of Change – Contact Centre and Clinics</b>  |  |   |                               |
| Continue to develop single point of contact service model and robust pathways/protocols to ensure same day access if indicated or advice/guidance for other services/professionals. |  | MELD/ELSUS  | 31 October 2022               |
| Standard operating procedures, improved pathways are in place, including outreach support for those people who can't access Esk Centre clinic                                       |  | ELSUS/MELD  | 30 November 2022              |

|  |  |                 |
|--|--|-----------------|
| Increased capacity at ESK Centre, 5 days a week clinic operational, supporting existing and self-referrals/new patients.   | ELSUS  | 31 October 2022 |
| Quality improvement charter agreed   | NHL PH/ ELH&SCP/ MIST                            | 31 October 2022 |
| <b>Monitoring and oversight</b>  |  |                 |
| Monthly Meetings with Chief Officers and Head of Service in EL   | ELH&SCPMELDAP                                    | 31 October 2022 |
| MAT 1 reporting submitted to SG/ PHS   | NHSL PH  | 28 Feb 2023     |
| Six month progress report  | ELH&SCP/ NHSL PH                                 | 30 June 2023    |
| <b>Community Justice</b>   |  |                 |
| Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement | MELDAP and various local partners alongside MIST | 31 March 2023   |
| Ensure, treatment can be initiated in HMP Edinburgh and that all people returning to East Lothian from any prison have continuity of care, this is managed through our current transform meeting/pathway                         | ELSUS and Community Justice                      | 31 March 2023   |

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>MAT Standard 2</b>   | <b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b> | <p><b>April 2022. RAG status: Amber</b> The key development in this area is roll out of Buvidal and evidence of people being involved in the type of medication that best meets their needs.</p> <p><b>September 2022</b> – within East Lothian, many elements of this standard have been met and buvidal is now considered as a treatment option for both new and existing/conversions within a primary and secondary care setting. Main priorities are to identify local community pharmacies within East Lothian to support with dispensing arrangements</p> |                               |
| <b>Actions/deliverables to implement standard 2</b>   |  | <b>Lead</b>   | <b>Timescales to complete</b> |
| <b>Improve access to Buvidal</b>  |  |   |                               |
| <b>Recruitment to ELSUS team</b>  |  |   |                               |
| Funding confirmation  |  | MELDAP  | 31 December 2021              |
| First round of Advertisement  |  | ELHSCP  | 30 September 2022             |
| Second round of advertisement (if needed)   |  | ELHSCP  | 31 December 2022              |
| Recruitment in place  |  |   |                               |
| <b>Clinic set up and pathway development</b>  |  |   |                               |
| Service procedures, pathways and protocols further developed and implemented and will include a pathway for those who do not wish psychosocial support in addition to MAT |  | ELSCP   | 31 Dec 2022                   |
| Clinics will continue to develop and expand to create additional capacity to accommodate new patients and ongoing reviews/administration of medication.                   |  | ELSCP   | 31 Dec 2022                   |
| <b>Establish arrangements for community pharmacy Dispensing</b>   |  |   |                               |
| Pilot sites to be identified and set up within in East Lothian  |  | REAS  | 31 December 2022              |
| Evaluation of Pharmacy Buvidal dispensing   |  | REAS  | 31 December and 31 March 2023 |
| <b>Systematically offer choice to existing patients in primary and secondary care</b>   |  |   |                               |

|   |  |                  |
|---|--|------------------|
| Whilst pathways in place, they will be further developed to create additional capacity within both primary and secondary care               | ELSUS  | 31 December 2022 |
|   |  |                  |
| <b>Monitoring and oversight</b>   |  |                  |
| eAnnual MAT 2 reporting submitted to SG/ PHS  | NHSL PH  | Feb 2023         |
| Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications | MELDAP and various local partners alongside MIST | 31 March 2023    |
| Ensure that treatment options in HMP Edinburgh include all medications  | MELDAP and various local partners alongside MIST | 31 March 2023    |

|  |   |  |                               |
|--|---|--|-------------------------------|
| <b>MAT Standard 3</b>  | <b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b> | <p><b>RAG status: Amber</b> East Lothian SUS Team and MELD have established an agreed approach involving outreach nurse and peer worker who will reach out to people who are identified as being in crisis and at high risk of drug related death and harms and those who have experienced NFO. Subject to the outcomes of the performance monitoring exercise, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023.</p> <p><b>September 2022</b> – Existing approach/pathway continues to be developed to ensure robust follow-up within 72 hours timescale and now involves partners across East Lothian including housing and community justice. Priorities are recruitment to peer worker post and the development of outreach clinics.</p> |                               |
| <b>Actions/deliverables to implement standard 3</b>  |   | <b>Lead</b>  | <b>Timescales to complete</b> |
| <b>Pathway development and standardising practice:</b>   |   |  |                               |
| Service procedures, pathways and protocols further developed across partners.  |   | NHSL PH  | 30 Nov 2022                   |
| Existing EL NFO working group to make recommendation on practice including development of related performance metrics  |   | MELDAP   | 30 Nov 2022                   |
| Develop package of support including Naloxone, IEP, mobile phone (with key contact numbers) for people including those experiencing NFO who do not want to engage with treatment services at point of follow-up. |   | ELSUS  | 30 Nov 2022                   |
| <b>Expanding capacity and securing funding</b>   |   |  |                               |
| On-going recruitment of MELD worker to support outreach model  |   |  | October 2022                  |
| <b>Reaching high risk individuals in specific environments:</b>  |   |  |                               |
| Explore and agree a standard to improve joint working and training offer with homeless and other relevant services to support MAT 3 delivery in these settings   |   | ELSUS/MELD   | 31 Dec 2022                   |
| Develop as test of change the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm (Pennypitt)  |   | ELSUS/MELD   | 31 Dec 2022                   |

|  |                      |                 |
|--|----------------------|-----------------|
| Develop and implement clear joint protocols (rapid response) for disengagement | ELSUS/MELD           | 31 Dec 2022     |
| Continue transition meeting for People Prison Liberation                       | ELSUS/Housing and CJ | 30 October 2022 |

|  |   |   |
|--|---|---|
| <b>MAT Standard 4</b>  | <b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b> | <b>RAG status: Amber:</b> most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023.<br><br>September 2022: all clinical staff have or will be trained in IEP, DBST and staff continue to offer naloxone training and awareness across East Lothian. |
| <b>Actions/deliverables to implement standard 4</b>  |   | <b>Lead</b>   |
|  |   | <b>Timescales to complete</b>   |
| <b>BBV testing</b>   |   |   |
| Survey to identify the proportion of staff trained (nursing and vol sec)   |   | ELSUS/MELD  |
| Action plan for each team to bring it towards 100%   |   | ELSUS/MELD  |
| Audit of case notes underway by BBV specialist to proactively identify those at risk of BBV's who have not recently been screened and to identify patient lost to follow-up. Themes to be identified and action plan to be developed |   | ELSUS/MELD  |
| <b>Assessment of injecting risk (IEP)</b>  |   |   |
| Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)   |   | ELSUS/MELD  |
| Action plan for each team to bring it towards 100%   |   | ELSUS/ REAS   |
| <b>Naloxone and overdose awareness training</b>  |   |   |
| Collate existing data re training offered and delivered and identify and prioritise target groups across East Lothian.   |   | ELSUS/MELD  |
| <b>Wound Care</b>  |   |   |
| Set up a local clinic within East Lothian due to increase in demand  |   | ELSUS/NHS Lothian   |
| <b>Pathways</b>  |   |   |

|   |            |             |
|---|------------|-------------|
| Update pathways including documentation to ensure all patient is offered harm reduction at point of assessment, reviews and follow-up | ELSUS/MELD | 31 Jan 2023 |
|---|------------|-------------|

|  |  |   |
|--|--|---|
| <b>MAT Standard 5, &amp; 7 and Treatment target:</b> | All people will receive support to remain in treatment for as long as requested and will have the option of MAT shared with Primary Care; increase by 9% the numbers on Opiate Replacement Treatment by April 2024 | <b>RAG status: Amber</b> Current caseloads within ELSUS are 256 in core service and 255 in primary care. The assertive outreach support in GP practices already in place should continue to transfer people to primary care.<br><br>East Lothian will work to engage an increase in 9% of individuals in to treatment by April 2024, within the core service, which is an average 23 new individuals. |
|--|--|---|

| <b>Actions/deliverables to implement standard 5, 7 and Treatment Target</b>   | <b>Lead</b> | <b>Timescales to complete</b> |
|---|-------------|-------------------------------|
| <b>Expand and diversify workforce in locality teams</b>   |             |                               |
| <b>Recruitment in ELSUS</b>   |             |                               |
| Funding confirmation  | MELDAP      | 31 August 2022                |
| First round of Advertisement  | ELSUS       | 30 September 2022             |
| Second round of advertisement (if needed)   | ELSUS       | 31 Dec 2022                   |
| <b>Expansion in voluntary sector partner's (MELD) capacity</b>  |             |                               |
| Funding confirmation/ contracts in place  | MELDAP      | 31 August 2022                |
| First round of Advertisement  | MELD        | 30 Sept 2022                  |
| Second round of advertisement (if needed)   | MELD        | 31 Dec 2022                   |
| <b>Develop new models of care through tests of change</b>   |             |                               |
| Consider ORT review clinic similar to buvidal clinic for those individuals who do not want access to psychosocial element of treatment and support. | ELSUS       | 31 December 2022              |



|   |   |                  |
|---|---|------------------|
| Develop as test of change the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm (Pennypitt) | ELSUS/MELD                                      | 31 Dec 2022      |
| QI charters/ baseline measures  | ELSUS with support from NHSL PH and MIST        | 30 November 2022 |
| QI charters/ baseline measures  | ELHSCP with support from PCFT, NHSL PH and MIST | 30 November 2022 |
| <b>Improved throughput, case management and role delineation</b>  |   |                  |
| QI charters/ baseline measures  | ELHSCP with support from NHSL PH and MIST       | 30 November 2022 |

|                       |  |  |
|-----------------------|--|--|
| <b>MAT Standard 6</b> | <b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b> | <p>NHS Lothian Psychology have developed an implementation and delivery plan and policy to ensure all staff receive appropriate training to deliver psychologically-informed care and structure psychosocial interventions.</p> <p>A number of actions are already complete eg local steering group established and an implementation plan is in place across NHS Lothian.</p> |
|-----------------------|--|--|

Continue to implement plan developed by NHS Lothian Clinical Psychology as noted below:

| <b>Actions/deliverables to implement standard 6</b>   | <b>LEAD</b>              | <b>Timescales to complete</b> |
|---|--------------------------|-------------------------------|
| Establish required MAT 6 strategic leadership/steering group with appropriate membership and function | NHSL Clinical Psychology | Complete                      |
| Develop an overall MAT 6 delivery plan for Mid HSCP   | NHSL Clinical Psychology | Complete                      |

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| Develop service specific delivery plans for East Lothian HSCP (including a framework for evidencing and reporting implementation progress)   | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                   |
| To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6.<br>This includes:<br><br>a) Staff survey<br>b) Service user survey<br>c) Trauma informed walk round – Esk Centre | NHSL<br>Clinical<br>Psychology | Complete<br><br>31 October 22 |
| Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed   | NHSL<br>Clinical<br>Psychology | 31 March<br>2023              |
| Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.   | NHSL<br>Clinical<br>Psychology | Complete                      |
| Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions   | NHSL<br>Clinical<br>Psychology | Complete                      |
| Make available regular reflective practice space for staff working across all service areas  | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                   |
| Ensure appropriate staff have psychosocial interventions delivery, with protected time to deliver (and attending coaching/supervision)   | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                   |
| Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions  | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                   |
| Establish a collaborative MAT 6 care planning process which has the service users' views at the centre.  | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                   |

|   |  |  |               |
|---|--|--|---------------|
|   |  |  |               |
| <b>MAT Standard 7</b>   | <b>All people have the option of MAT shared with Primary Care.</b> | <p>Within East Lothian, the primary care substance use service was implemented in May 2019 and this model is well established within 12 out of 14 GP practices across East Lothian MIST are to support East Lothian to write this up to promote good practice.</p> <p>Up and running and to write up model with support from MIST/ finalise SOP etc/ commenced May 2019. Ormiston – look to develop more rural areas/outreach.</p> |               |
| With support from MIST, write up model and promote good practice  |  | ELSUS with support from MIST   | 28 Feb 2022   |
| Further develop model to develop more rural areas/outreach and encourage x 2 GP practices who chose to opt out of model to engage |  | ELSUS  | 31 March 2023 |

|   |  |                               |
|---|--|-------------------------------|
| <b>MAT Standard 8</b>   | <b>All people have access to independent advocacy and support for housing, welfare and income needs.</b> |                               |
| <b>Actions/deliverables to implement standard 8</b>   |  | <b>Timescales to complete</b> |
| Continue provision of Independent Advocacy through CAPS and Access to Industry, access to income maximisation services in locality teams and primary care; continue to offer voluntary sector case management to all secondary care patients; provide support for families (through CIRCLE/COEL/MELD) |  | Ongoing                       |
| Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them   |  | Feb 2023                      |
| Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners  |  | March 2023                    |

|  |  |   |
|--|--|---|
| <b>MAT Standard 9</b>  | <b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b> | People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. |
| Within East Lothian, as part of the Adult MH review, the interface between SUS and MH was identified as an area for improvement and this pathway is being reviewed and developed to improve service delivery and access to MH care at point of MAT delivery. |  | 31 March 2023   |

|   |   |                               |
|---|---|-------------------------------|
| <b>MAT Standard 10</b>  | <b>All people receive trauma informed care.</b> |                               |
| Continue to Implement plan developed by NHS Lothian Clinical Psychology as noted below: |   |                               |
| <b>Actions/deliverables to implement standard 10</b>                                    | <b>LEAD</b>                                     | <b>Timescales to complete</b> |

|  |                                |                                       |
|--|--------------------------------|---------------------------------------|
| Establish required MAT 10 strategic leadership/steering group with appropriate membership and function   | NHSL<br>Clinical<br>Psychology | Complete                              |
| Develop an overall MAT 10 delivery plan for Mid HSCP   | NHSL<br>Clinical<br>Psychology | Complete                              |
| Develop service specific delivery plans for East Lothian HSCP (including a framework for evidencing and reporting implementation progress)   | NHSL<br>Clinical<br>Psychology | 31 Dec 2022                           |
| To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6.<br>This includes:<br><br>d) Staff survey<br>e) Service user survey<br>f) Trauma informed walk round – Esk Centre | NHSL<br>Clinical<br>Psychology | Complete<br>Dec 2022<br>31 October 22 |
| initiate a process of continuous quality improvement underpinned by the principles of trauma informed care   | NHSL<br>Clinical<br>Psychology | 31 March<br>2023                      |
| Initiate a process where service users are continually asked for their views on service delivery and areas for improvement   | NHSL<br>Clinical<br>Psychology | 31 March<br>2023                      |
| Offer appropriate training supervision for all staff to work safely and effectively with trauma  | NHSL<br>Clinical<br>Psychology | Complete                              |
| Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing   | NHSL<br>Clinical<br>Psychology | 31 March<br>2023                      |
| Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised   | NHSL<br>Clinical<br>Psychology | 31 March<br>2023                      |

|   |                                |             |
|---|--------------------------------|-------------|
| Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions     | NHSL<br>Clinical<br>Psychology | 31 Dec 2022 |
| Establish a collaborative MAT 6 care planning process which has the service users' views at the centre. | NHSL<br>Clinical<br>Psychology | 31 Dec 2022 |

## Appendix 1: Key Delivery risks

### **Implementation, Performance management and governance**

Implementing the plan requires rapid decision-making and sufficient management capacity to change services quickly. Mitigations for this risk will include strong management support and direct oversight by senior managers, incorporated into the monthly managers meetings.

### **Workforce expansion and development:**

The key professional groups needed to deliver the expansion plan are Mental Health Nurses, Prescribers (medical and non-medical) and recovery practitioners and Peer support workers and peer development peer workers. Mitigations for this risk might include engagement with wider workforce development processes within partner organisations, if recruitment poses challenges.

### **Premises and facilities**

Challenges created by the current premises include:

- Insufficient office space for expanding staff and insufficient delivery space for patient numbers – limited room capacity restricts how flexible services can be (essential for our patient group)

### **Resources and capacity:**

Although the recently allocated £224,500 (MIST £156,115 MELDAP £68,385) is a welcome expansion (and, as noted above, probably as large an increase in capacity as could be implemented immediately), it is not clear that this will be sufficient to relieve current pressures and meet increased expectations. Mitigation will require ongoing monitoring of progress and pressures.

### **Reporting and data gathering:**

A system of quarterly reporting has been put in place. It requires evidence of continuous improvement toward MAT standards 1-5 and towards the target of increasing numbers of people in ORT. Mitigation would include investment in systems improvement and/ or admin attached to teams on a non-recurring basis. Potential addition of a data analyst within MELDAP to support

**Inaccurate predictions of demand:** the plan represents a significant lowering of the threshold for entering treatment. This is exactly the intended effect and is very necessary. However, there is the risk that improving access will result in greater numbers coming forward than can be safely treated. Conversely, the additional capacity may not result in additional presentations (risking inefficient use of resources and less public health impact). These risks have been mitigated by planning and will be carefully monitored, with additional measures to engage patients if needed.

### **National Care Service:**

Consideration should be made in relation to the NSC Bill which is likely to be finalised in the summer in 2023 and how this may impact the delivery of local services and plans as the NCS is established.

## Appendix 2: Summary of recruitment plans:

### Permanent additional recruitment:

| Professional group               | Number to be recruited (WTE) |
|----------------------------------|------------------------------|
| <b>Expanding capacity</b>        |                              |
| B7 Clinical Nurse Specialist NMP | 1                            |
| Band 5 RMN                       | 2                            |
| MELD staff                       | 1.5                          |
| Band 3 admin                     | 0.5                          |

### Additional non-recurring funding

All of the core posts are to be advertised through a single recruitment process (in each organisation) by September 2022, readvertised as needed in December 2022.

Additional non-recurring funding for staffing or other uses is available within the MELDAP budget. All partners, particularly East Lothian HSCP are able to have requests for this funding considered where it would achieve MAT standards.



Appendix 3: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers and reported through the ?

| Key developmental projects:   | Lead operational team(s) delivering | Lead QI support       |
|---|-------------------------------------|-----------------------|
| Same day access   | East SUS<br>MELD                    | MIST                  |
| Implementation of the Buvidal pathway   | EAST SUS                            |                       |
| Increasing capacity   |                                     |                       |
| <ul style="list-style-type: none"> <li>Improved throughput, case management and role delineation</li> </ul> | EAST SUS<br>MELD                    | MIST/ project manager |
| Improving access to physical healthcare for patients of the hubs  | All teams                           | MIST                  |

Appendix 4: Glossary of abbreviations:

| Abbreviation | Description  |
|--------------|--|
| CJ           | Community Justice  |
| DTTO         | Drug Treatment and Testing Order                                   |
| East SUS     | East Lothian Substance Use Service                                 |
| DBST         | Dried Blood Spot Testing   |
| ELHSCP       | East Lothian Health and Social care Partnership                    |
| MELD         | Mid and East Lothian Drugs   |
| MELDAP       | Mid and East Lothian Drugs and Alcohol Partnership                 |
| MIST         | MAT standards Implementation Support Team (Public Health Scotland) |
| ORT          | Opiate Replacement Therapy   |
| QI           | Quality Improvement  |
| REAS         | Royal Edinburgh and Associated Services                            |
| PCFT         | Primary Care Facilitation Team                                     |
| RGN          | Registered General Nurse   |
| RMN          | Registered Mental Nurse  |

**Lead Contacts of organisations involved in implementation:**

| Organisation        | Contact  |
|---------------------|--|
| MELDAP              | Martin Bonnar <Mbonnar@eastlothian.gov.uk  |
| Head Service        | Iain Gorman <Iain.Gorman@nhslothian.gov.uk >   |
| General Manager     | Gillian Neil <gNeil@eastlothian.gov.uk>  |
| MIST                | Dave Taylor <david.taylor28@nhs.scot>  |
| NHSL PH             | James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;  |
| REAS (HRT)          | Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;  |
| REAS (PCFT)         | Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk> |
| MELD                | "Dave Gasparini" <davegasparini@meld-drugs.org.uk>   |
| Clinical Psychology | Peter Littlewood ,peter.littlewood@nhslothian.scot.nhs.uk>   |

## APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

### 1 Purpose of the Report

- 1.1 [Lothian NHS Board's Standing Orders](#) reserve certain matters to the Board, including decisions on the appointment of members to its committees (6.2a). Under the Public Bodies (Joint working) (Scotland) Act 2014 and its supporting Orders and Regulations, the Board is also required to appoint certain voting and non-voting members to its four integration joint boards (IJBs).
- 1.2 This report has been prepared so that the Board may consider recommendations on any committee or IJB appointments arising. Recommendations on committee and *voting* IJB member appointments will be made by the Chair. Recommendations on any *non-voting* IJB member appointments will normally be based on the advice of one of the Board's "Executive Clinical Directors".<sup>1</sup>
- 1.3 Any member wishing additional information should contact the Chair or the Board Secretary in advance of the meeting.

### 2 Recommendations

The Board is recommended to:

- 2.1 Approve the appointment of Dr Robin Balfour as a non-voting member of the Edinburgh IJB and specifically as the "*registered medical practitioner whose name is included in the list of primary medical services performers*" (retrospectively) from 1 October 2022 to 30 September 2025.

### 3 Discussion of Key Issues

#### Edinburgh Integration Joint Board

- 3.1 [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, 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*

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<sup>1</sup> NHS Lothian's Executive Clinical Directors are defined within IJB Integration Schemes as: the Medical Director, the Nurse Director, and The Director of Public Health.

*(h) a registered medical practitioner employed by the Health Board and not providing primary medical services.”*

- 3.2 The Order provides that the term of office for members of integration joint boards is not to exceed 3 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.
- 3.3 Dr Ian McKay held the position at (f) above until 31 March 2022. Dr Robin Balfour, a GP partner at Murrayfield Medical Practice, has been nominated to this vacant position. On the advice of the NHS Lothian Medical Director, it is therefore recommended that the Board approve Dr Balfour’s appointment as a new non-voting member of the IJB and specifically as the “...*registered medical practitioner whose name is on the list of primary medical services performers...*”, to apply retrospectively from 1 October 2022.

#### **4 Key Risks**

- 4.1 A committee or an IJB does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board’s governance activities.
- 4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

#### **5 Risk Register**

- 5.1 This report attends to gaps in the membership of committees, and it is not anticipated that there needs to be an entry on a risk register.

#### **6 Impact on Inequality, Including Health Inequalities**

- 6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

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

- 7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required.

#### **8 Resource Implications**

- 8.1 This report contains proposals on the membership of committees. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.

Darren Thompson  
Board Secretary  
23 September 2022

## **NHS Lothian Board and Committee Dates Schedule 2023**

### **1 Purpose of the Report**

- 1.1 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.

Any member wishing additional information should contact the Board Secretary in advance of the meeting.

### **2 Recommendations**

The Board is recommended to:

- 2.1 Approve the schedule of Board and committee meeting dates.

### **3 Discussion of Key Issues**

- 3.1 It is a challenging process to prepare this schedule due to the various competing demands on members' time, e.g. integration joint boards, national and local management meetings. The proposed timetable at Appendix 1 avoids clashes as far as is possible, and schedules the required six meetings of the NHS Board.
- 3.2 The Board and its committees all require a quorum to be achieved. This provides a control to ensure that there is always an adequate number of members present before business can proceed.
- 3.3 During 2023, we expect to hold more face-to-face meetings of the Board whilst still enjoying the efficiency benefits and convenience of virtual meetings. It is proposed that half the Board meetings be held fully face-to-face with the other half held fully virtually on MS Teams. The exact split of Board meeting dates between face-to-face and virtual will be decided and communicated in due course.

### **4 Key Risks**

- 4.1 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.
- 4.2 The schedule of meetings means that the members cannot carry out their responsibilities in other roles that they may have.
- 4.3 The need to respond to emerging events as they emerge may lead to the need for additional meetings, which not all members may be able to attend.

## **5 Risk Register**

5.1 There is no need to add anything to the risk register.

## **6 Impact on Inequality, Including Health Inequalities**

6.1 This report does not relate to a specific proposal which has an impact on an identifiable group of people.

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

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required. As part of the process of developing the timetable, we have considered the published timetable of board meetings of integration joint boards. However due to the complexity, the process did not consider the scheduling of any integration joint board committees or sub-groups.

## **8 Resource Implications**

8.1 The key currency is members' time and the availability of suitable calendar slots.

Darren Thompson

Board Secretary

21 September 2022

[Darren.Thompson@nhslothian.scot.nhs.uk](mailto:Darren.Thompson@nhslothian.scot.nhs.uk)

## **Appendix 1: Proposed list of 2023 NHS Lothian Board and Committee Dates**

**2023**  
**BOARD AND COMMITTEE DATES**

**LOTHIAN NHS BOARD**  
**9:30am – 1:00pm**

| <b>Board Meetings</b> |
|-----------------------|
| 08 February 2023      |
| 05 April 2023         |
| <b>21 June 2023 *</b> |
| 23 August 2023        |
| 04 October 2023       |
| 06 December 2023      |

*\* 10.30am Annual Accounts Meeting*

**PLANNING, PERFORMANCE & DEVELOPMENT COMMITTEE**  
**9:30am – 1:00pm**

| <b>Date of Meetings</b> |
|-------------------------|
| 25 January 2023         |
| 22 March 2023           |
| 17 May 2023             |
| 6 September 2023        |
| 8 November 2023         |

**FINANCE & RESOURCES COMMITTEE**  
**9:30am – 1:00pm**

| <b>Date of Meeting</b> |
|------------------------|
| 07 February 2023       |
| 20 March 2023          |
| 07 June 2023           |
| 9 August 2023          |
| 18 October 2023        |
| 20 December 2023       |

**HEALTHCARE GOVERNANCE COMMITTEE**  
**1:00pm – 4:00pm**

| <b>Date of Meeting</b> |
|------------------------|
| 24 January 2023        |
| 14 March 2023          |
| 23 May 2023            |
| 18 July 2023           |
| 26 September 2023      |
| 28 November 2023       |

**STAFF GOVERNANCE COMMITTEE**  
**9.30am – 1:00pm**

| <b>Date of Meetings</b> |
|-------------------------|
| 1 March 2023            |
| 31 May 2023             |
| 26 July 2023            |
| 11 October 2023         |
| 13 December 2023        |

**AUDIT & RISK COMMITTEE**  
**9:30am – 12:30pm**

| <b>Date of Meetings</b> |
|-------------------------|
| 20 February 2023        |
| 10 April 2023           |
| 19 June 2023            |
| 21 August 2023          |
| 20 November 2023        |

**LOTHIAN PARTNERSHIP FORUM**  
**12:00pm – 3:00pm**

| <b>Date of Meetings</b> |
|-------------------------|
| 1 February 2023         |
| 24 April 2023           |
| 26 June 2023            |
| 28 August 2023          |
| 23 October 2023         |
| 4 December 2023         |

**REMUNERATION COMMITTEE**  
**2:00pm – 4:00pm**

| <b>Date of Meetings</b> |
|-------------------------|
| 13 February 2023        |
| 19 April 2023           |
| 25 July 2023            |
| 9 October 2023          |
| 11 December 2023        |



# LOTHIAN NHS BOARD

5 October 2022

## BOARD EXECUTIVE TEAM REPORT – OCTOBER 2022

### Aim

The aim of this report is to update Board Non-Executive Directors on areas of activity within the Board Executive Team Director's portfolios. The template for this report has been revised following feedback from Non-Executive Members, and Directors have been invited to focus on key strategic / operational issues to bring to the attention of Non-Executive Directors, not otherwise covered in the Board papers.

### 1. Chief Executive

- 1.1 The Scottish Government Oversight group led by Elma Murray Wallace are starting to provide recommendations on actions that should be taken to improve the delayed discharges position within Edinburgh City. Once a final report is available, this will be shared with Board members.
- 1.2 NHS Lothian is due to meet with the MSPs and MPs on the 7 October 2022. This is a routine briefing meeting.
- 1.3 Cabinet Secretary, Humza Yousaf received the NHS Lothian Unscheduled Care improvement plan on 26 September 2022. This is aimed at improving the Unscheduled Care flow within the system which has had significant publicity highlighting overcrowding at the Royal Infirmary of Edinburgh Emergency Department (ED).
- 1.4 In my capacity as the Employer Chair of Scottish Terms and Conditions Committee (STAC), ongoing engagement with Trade Unions and Scottish Government has taken place to prepare for potential industrial action within the health services.

### 2. Deputy Chief Executive

- 2.1 Cancer Centre - Please see the standalone paper for a more substantial update and the request for board members approval. It should be noted that the IA has now been submitted to Scottish Government for them to commence review of the documents ahead of NHS Lothian presenting to the Health and Social Care Directorate's Capital Investment Group on 27 October 2022.
- 2.2 Lothian National Treatment Centre (NTC) - Members of the Scottish Government National Treatment Centre Programme Board are joining the NHS Lothian NTC Programme Board team for a site visit on 13 October 2022. The visits seek to share an update on the programme status and discuss further areas of consideration, including workforce, short term capacity and HSDU dependency.
- 2.3 Prohibition of Smoking Outside Hospital Grounds - On 5 September 2022 new regulations came into force (The Prohibition of Smoking outside Hospital Buildings Scotland Regulations 2022). The indoor smoking ban is extended outside health

facilities to a perimeter of 15 metres and is enforceable by a series of fines. We are developing our NHS Lothian response, a subsequent Smoke Free Policy and a framework for a Lothian health and care system approach on these responsibilities.

- 2.4 HSDU Failure - In late August, the NHS Lothian Hospital Decontamination and Sterilisation Unit based at the Royal Infirmary of Edinburgh temporarily closed after a leak from damaged pipework in the roof space above the clean room was identified. A build-up of water penetrated the ceiling running down a wall, therefore flooding a corner of the clean room area leading to compromised wall and floors standards. Our resilience plans were triggered and despite significant unavoidable impact on clinical services, external resource and temporary contingency measures were deployed and secured the provision of trauma and urgent operations. This recent shutdown of the facility emphasises the vulnerability and risks not solely related to staffing or machinery, but the physical infrastructure of the building and the single point of failure this creates for NHS Lothian. This will be presented as a corporate risk (5388) to the October 2022 Finance & Resource Committee for consideration.

### **3. Executive Director of Nursing, Midwifery, & AHPs**

- 3.1 Workforce continues to be the most significant challenge for nursing across the system. A Winter Workforce Planning Project Team led by HR Director and including the Senior Nursing Leadership team has been formed to scope and implement delivery of appropriate staffing solutions to increase Lothian wide system capacity by December 2022 through to March 2023.
- 3.2 In addition to previously established routes into healthcare we are currently giving final year student nurses the opportunity to apply for a Band 4 contract one day a week giving them the chance to join a team and consolidate their learning supported as a part of a nursing team. The advert is due to close on 7th October but there has been significant interest noted. This opportunity will be available across acute, primary care and mental health services. In addition, the first cohort of trainee Assistant Practitioners (Band 4s) commenced last week, with 25 students and we plan to run a second, larger cohort of 50 in Jan 2023.
- 3.3 A pilot project on Retention of Newly Qualified Nurses who joined REAS and SJH in Sept/Oct 2021 completed. Resulted in high retention within these areas. Learning will be shared via a report on the research undertaken by the University of Edinburgh in Oct 2022, which will help inform a retention strategy in NHS Lothian.
- 3.4 The Skills Boost Programme run in collaboration with Edinburgh College and NHS Lothian to provide employment at Band 2 has finished its pilot with 110 candidates. High rate of retention after one year with many having undertaken the programme undertaking further development to progress their careers.
- 3.5 Appointment of Mercedes Perez-Botella, new Director of Midwifery. This has allowed a refocus on plans to refresh our Best Start strategy and implementation pathway, staff wellbeing and development, recruitment and retention and assessment of the SAE process.

#### **4. Medical Director**

- As part of the process to procure a partner in the strategic development of the Bioquarter, I have presented to prospective partners on the work underway in NHS Lothian in R&D and Innovation and on future opportunities.
- I attended the first meeting of the newly established Scottish Genomics Network Board in St Andrew's House, considering the future direction and infrastructure to support this important area of clinical practice.
- We continue to provide support to NHS Tayside through mutual aid arrangements in Oncology and considering how to build additional capacity across these areas of practice remains a focus.
- In my role as Armed Forces Champion I attended the Reservists Connect session online, considering how we can improve our support to reservists and hosted a visit from Defence Medical Welfare Services and the Armed Forces Covenant Fund Trust to see our acute hospitals project.
- The responsibility at executive level for Infection Prevention and Control has transferred back to the Executive Nurse Director.
- I am pleased to share that Dr E Doyle has been appointed as the Deputy Medical Director for Governance and Standards.
- I was privileged to attend the Service of Reflection and Thanksgiving at St Giles on the death of Her Majesty the Queen.

#### **5. Director of Finance**

5.1 Upon conclusion of the quarterly financial review of the NHS Scotland financial position, the Director of Health Finance and Governance from the Scottish Government has written to all Boards to detail the required financial performance required to deliver a balanced position for the health portfolio. The level of financial risk within the Health & Social Care Portfolio has necessitated a stepped change in financial performance. All Boards have been requested to:

- Achieve as a minimum the financial plan performance for 2022-23 as detailed in the Boards opening financial plan. For NHS Lothian this would be a deficit of £28m. At Quarter 1 we have declared an improved forecast position of a £19m deficit.
- Where delivery of a balanced financial position is not achieved in year, then the SG are reinstating brokerage arrangements. Any brokerage arrangements will require to be repaid within 3 years. All actions are being reviewed as part of the Mid-Year Review exercise to deliver an improved financial position in 2022-23.

5.2 At a Board level work is concluding to review the legacy impact of COVID-19 financial pressures within the system. Any recurring financial impact will need to be reflected within the refreshed 22/23 financial plan which is under review and will be brought through the Finance and Resource Committee.

## **6. Director of Human Resources and Organisational**

- 6.1 NHS Lothian Leadership Event - NHS Lothian have delivered an annual leadership event since 2019. For the past 2 years this has been delivered virtually, however for 2022 the event will be in person at the O2 Academy and live-streamed. The event will run on the 26th of October for 150 people in person and the theme this year is: All Teach, All Learn.
- 6.2 Celebrating Success Awards 2022 - The Celebrating Success Awards event for 2022 returns to an in-person event for the first time for 2 years. The event will be held on Thursday 6th October at the Ghillie Dhu in the West End. Around 120 staff who have been nominated for the 13 awards will attend the event which will be hosted by Arlene Stuart from Radio Forth. This year includes a new award – Tom Waterson Award – in memory of our former Employee Director. This award aims to recognise outstanding support services staff with a dedication to delivering the best possible care to patients and/or staff in the course of their duties.
- 6.3 International Recruitment - Our partnership with Yeovil NHS Trust to recruit international nurses continues to make good progress. To date 11 nurses have now joined us and are currently working through the educational programme to enable them to sit their objective structured clinical exam (OSCE) over the next few weeks to allow them to become fully registered with the NMC and work as a Registered Nurse. Further recruitment is planned for later in the year. An International Recruitment Steering Group has also been established chaired by the Deputy Director of HR and reporting to the Workforce Planning and Development Programme Board to provide strategic oversight and support to the planning and operational delivery of the current international recruitment with Yeovil NHS Trust and also to inform the longer-term international recruitment strategy.

## **7. Director of Public Health and Health Policy**

- 7.1. Health Protection - The Health Protection Team (HPT) have been managing a significant E. coli outbreak, with 57 cases (as of 19/09/22) of multiple types across three preschool nurseries in East Lothian.

Public health risk control measures have included formal exclusion, nursery closure, distribution of 'inform and advise' letters, screening of children and staff linked to affected nurseries, and an ongoing public communication campaign supported by NHSL Comms team and including media TV interviews and proactive press releases. Communications have been a priority with families, with an NHS 24 specialist helpline set up early in the outbreak. HPT resource has been boosted through mutual aid arrangements with a number of NHS Boards across Scotland.

No clear source has been identified for this outbreak. Epidemiological analysis of exposure by typing is currently underway, supported by Public Health Scotland.

All nurseries have now been supported to reopen safely with joint inspections being undertaken by HPT, Environmental Health at East Lothian Council and the Care Inspectorate to check the nurseries meet the required standards for safety, care and standards for the control of infections. We are working with families to ensure those with E. coli infection clear the infection before they return to nursery.

- 7.2. Population Health - Public Health Partnership and Place teams in each of our local authority areas are contributing to local partnership-based cost-of-living crisis discussions to support and inform both immediate mitigating actions and longer-term solutions. This work includes delivering against Local Child Poverty Action Reports. October 3rd to 9th is 'Challenge Poverty Week'. This campaign is led by The Poverty Alliance to highlight that poverty in Scotland is a problem that can be solved. It is an opportunity for organisations and civil society across Scotland to present a unified voice against poverty and to raise awareness and support for actions which will reduce health inequalities, increase healthy life expectancy, close the attainment gap and deliver an inclusive economy.

## **8. Chief Officer Acute Services**

- 8.1 Acute services remain under significant pressure due to a combination of highly occupied sites, high volume of Delayed Discharges, unscheduled care demand, workforce gaps and in the last month a high volume of in-patient day case cancellations due to a leak in the Hospital Sterilisation Decontamination Unit (HSDU). Impact of these pressures means that our unscheduled care 4-hour emergency access performance reported for August was 60.6% and our already pressurised Treatment Time Guarantee (TTG) performance continues to deteriorate and is unlikely to meet the Scottish Government milestone to eliminate two year waits in the majority of specialties by the end of September 2022.
- 8.2 Nursing workforce is a significant challenge and there are a number of hotspot areas which include St John's Hospital wide, Critical Care and Theatres and front door areas. The Acute Nurse Director is leading on a number of strands of work, chairs the Workforce Governance Group and is focussed on three key areas – workforce monitoring: skill mix and pipeline supply. Recruitment of additional Clinical Nurse Managers at St John's Hospital will result in an evening and weekend rota providing senior nursing leadership in these periods, bringing it in line with other adult acute sites.
- 8.3 In terms of key developments since last meeting, the Nursing team at the Royal Hospital for Children and Young People held their first spotlight on quality event, with over 20 improvement projects that lead to better outcomes for children and young people. The winning poster was from the Unscheduled Care Child and Adolescent Mental Health Team.
- 8.4 Janice Alexander, Site Director for the Royal Infirmary of Edinburgh retires in January 2023 after a successful NHS Career spanning more than 40 years. We would like to thank Janice for her significant contribution to Acute services and for her leadership through these very challenging few years and wish her all the very best in her retirement. Aris Tyrothoulakis, current Site Director for St. John's Hospital, who has a breadth of senior NHS leadership experience has been appointed as RIE Site Director and will take up post from November 2022. We look forward to working with Aris in his new role.
- 8.5 Anne Lavery, Scheduled Care Head of Access, retires in December 2022, after a varied and successful NHS career of more than 40 years. Anne has been instrumental in driving forward scheduled care processes, providing guidance, leadership and support to specialties across all of Acute and beyond. We wish Anne every happiness in her retirement.

- 8.6 Health Improvement Scotland undertook an Unannounced Inspection at the Western General Hospital in August. Some areas of improvement were identified but positive notes were also received on Staff Reporting, Culture, Lothian Accreditation & Care Assurance Standards and Site Huddles. We are currently awaiting the final report.
- 8.7 The Western General Hospital Oncology Physics Treatment Planning and Dosimetry team have also been shortlisted as finalists in the Best Example of Quality, Innovation and Productivity category in the 2022 Celebrating Success Awards.
- 8.8 Lastly the Acute Nursing Team have led the design and delivery of electronic observations on TRAK and August saw the launch of the first wards using the new system in East Lothian Community Hospital. This improves our ability to have electronic oversight of deteriorating patients and decisions and actions taken. A roll-out plan is now being finalised

## **9. Director of Strategic Planning**

- 9.1 The Directorate continues onwards with the work to develop implementation plans across the six pillars of the LSDF, and indeed to support the work of the five parameters. Good work has been undertaken by, in particular, Oliver Campbell and Nickola Jones around mental health pathways for children across the 4 children's partnerships, and we are commencing work on four new children's partnerships plans for next year. The LSDF is a significant benefit for us in this work as it allows us to be clear on how NHS Lothian would want to shape these plans more effectively, and the contribution we can make.
- 9.2 We are very pleased to welcome Sean Donaldson and Lois Marshall to the team as Strategic Programme Managers for the Western General and Outpatients, respectively. Sean returns to us after a period supporting the covid-19 vaccination programme and Lois joins us from Midlothian HSCP.
- 9.3 Considerable work has gone in to supporting Edinburgh HSCP on the Drumbrae programme and also to the Regional Planning Group, where the Director of Strategic Planning has been acting as Director of Regional Planning simultaneously. In the latter Peter McLoughlin has been invaluable in supporting regional programmes such as the SMART Centre.

## **10. Director of Primary Care**

- 10.1 Workforce pressures continue in primary care, like all health and social care services. There continue to be difficulties in the Southeast of Edinburgh for new patients wishing to register with a GP practice. My last update outlined we had formally agreed for one practice to formally close their list to new patients, and we have recently agreed that a second practice will close their list to new patients. These practices have experienced sustained difficulty in recruiting sufficient GP cover alongside continued new patient demand. While this measure has not been taken lightly, it is essential to ensure these practices can maintain safe delivery of care.
- 10.2 This will be reviewed every three months. This is not widespread across the 119 practices in Lothian and patients should continue to try to register with their local

practice where lists are open, although in some cases it may take longer than usual to register.

- 10.3 A primary care enquiry inbox ([loth.primarycareenquiries@nhslothian.scot.nhs.uk](mailto:loth.primarycareenquiries@nhslothian.scot.nhs.uk)) has been created to offer advice and potentially assign patients who are struggling to register with a practice. Five public consultations are currently underway for proposed applications for new community pharmacies and can be found here Joint Consultations – Pharmacy Application Process ([nhslothian.scot](http://nhslothian.scot))
- 10.4 The Lothian General Practice Out-of-Hours service (LUCS) and Chalmers Emergency Dental Centre successfully provided urgent GP and dental provision on the recent September public holiday, and are preparing arrangements for service provision on the additional Lothian public holiday that was displaced by the public holiday for the State Funeral of the Queen.

## **11. Director of Communications, Engagement and Public Affairs**

- 11.1 There has been significant Comms effort over a number of weeks to support the Public Health IMT managing the E. coli outbreak in East Lothian. This was a complex and challenging scenario involving five children’s nurseries and caused considerable and understandable anxiety among parents and the nursery employers and staff.
- 11.2 With colleagues from City of Edinburgh Council, Police Scotland and Traffic Scotland we participated in the implementation of Operation Unicorn in response to the death of HM The Queen. Condolence books were opened on the major sites for staff, patients and visitors.
- 11.3 We supported the HSDU water ingress incident with staff and external comms, and ran a campaign during the summer, particularly over the busy festival weeks to signpost tourists unfamiliar with our health system to 111 as a route to access urgent care.
- 11.4 A number of videos with leaders, staff and patients were produced to help bring to life the Edinburgh Cancer Centre Initial Agreement document which has now been submitted to Scottish Government’s capital Investment group in support of our bid.
- 11.5 Much current activity is focussed on preparation for winter. The Director of Comms has initiated a national workshop on winter comms and materials are being produced to signpost people to appropriate care and resources, reinforce the Right Care, Right Place message, and promote vaccination.

## **12. Services Director – REAS**

- 12.1 Inpatient services remain under pressure in acute adults, acute old age and acute young people. Occupancy remains near 100% in all areas and above 100% in adult acute. Delayed discharges in rehabilitation and old age mental health continue to have an impact on flow. Three work streams have been initiated to look at improving flow in adult acute
- 12.2 Newly qualified nurses have started to take up post and are being supported through induction. The first 18 Open University students have started. This pilot will be reviewed as they commence their training and placements.

CAMHs have successfully recruited 4 Consultants and 2 Specialty Doctors which will have a significant and positive impact.

- 12.3 CAMHs and Psychological Therapy performance remain on escalation and under close review by the Performance Oversight Board and Corporate Management Team. CAMHs are ahead of agree trajectory, Psychological Therapies are behind, and both are discussed in more detail in the performance slides.
- 12.4 Prison healthcare has a number of vacancies in primary care, and we are looking at alternative workforce models to support. There is an ongoing issue with the contractor on the National Prisons Pharmacy Contract, Lloyds Pharmacy UK (Lloyds), which could pose a risk to NHS Boards and the Scottish Prison Service (SPS). Lack of staff and a new IT system are causing problems with distribution, late or missed arrivals and missing prescriptions. This is being picked up nationally and regular contractual meetings are taking place to improve and stabilise the situation.
- 12.5 Blackford ward were used as a pilot for improving 1:1 time with patients, their project and poster have been displayed at Conferences in Aberdeen and Oxford with excellent feedback for attendees. The PhD. work Jenny Revel (Clinical Academic) has done on our introduction of Continuous Interventions was also presented via a poster in Oxford, again with good feedback.

### **13. Director/Chief Officer, Edinburgh Integration Joint Board**

- 13.1 System Pressures - We have seen some improvement with the number of people delayed in hospital and are now slightly below our trajectory. We continue to make good progress on Discharge Without Delay and will begin our focused activity with Medicine of the Elderly wards in the RIE & WGH to reduce both length of stay and length of delay. We are also working with acute colleagues to ensure that interim beds are used wherever possible to support discharge. We have funded 2 posts within the Capital City Partnership to accelerate recruitment and raise the profile of the caring profession and accelerate recruitment. We will initially be targeting carers for Homecare and Care Homes.
- 13.2 Winter Plan - Winter Planning for 2022/23 is well advanced. Priority areas are agreed and recruitment for surge capacity is underway. Our key areas of focus are:
- Discharge without Delay work in 4 MoE wards in the RIE and 2 MoE wards in WGH - go live in early October.
  - Re-introducing social work capacity to support discharge flow within the Royal Edinburgh Hospital.
  - Funding the interim bed based social work and AHP team to increase bed occupancy.
  - Expanding the scope of the Community Respiratory Team
  - Developing options to ameliorate the impact of the cost-of-living crisis
  - Providing specific unpaid carer supports



13.3 Annual Flu and COVID-19 Booster Program Edinburgh Update - During stage 1 EHSCP has redeployed staff to accelerate care home vaccinations. The uptake of staff vaccinations has been low, and this is mirrored by the number of care home staff coming forward as their residents are vaccinated. The housebound patients will commence before the end of September and ahead of schedule. The main campaign will start on 20 September. There are 31 pharmacies taking part and supplying 12,000 appointments.

#### **14. Director/Chief Officer, East Lothian Integration Joint Board**

14.1 Impact of the Flow Huddle - sustaining delayed discharge - From July, a new daily flow huddle, chaired by a member of the HSCP Senior Management team and with key representatives from across the Partnership, the Royal Infirmary and Western General hospitals took a focused multi-disciplinary approach to tracking and monitoring East Lothian residents from admission to discharge. This work has resulted in a reduction in health and social care delays and has strengthened relationships with our acute hospitals to ensure effective and timely decision making to facilitate discharge.

14.2 Mental Health - Flow across acute mental health beds - East Lothian has around 9 commissioned acute beds within REAS for acute admissions, which have been regularly overused, resulting in some East Lothian residents being admitted to St John's acute beds. This not only presented travel difficulties for patients and relatives, but also impacted on HSCP discharge planning.

In recent months, we have focused on reducing beds utilisation, through an action plan to improve flow, led by Calum Collingwood (Clinical Nurse Manager) and Gillian Neil (General Manager). This has focused energies on daily attendance at the ward huddles, increased medical review and in-reach between the Intensive Home Treatment Team and the Community Mental Health Team, resulting in a better balance of risk across the caseload. This work has reduced admissions and length of stay, from a high of over 20 to 9 at today's date. We will continue to focus on sustaining this position over the next few weeks and months.

14.3 Interim Clinical Director Arrangements - Dr Jon Turvill is on a phased return to his Clinical Director (CD) post, following sickness. His interim replacement, Dr John Hardman will remain in post for the time being.

Drs Turvill and Hardman will coordinate their inputs to ensure all aspects of the CD role are covered, including clinical leadership, responding to significant adverse events, attendance at key meetings (such as the IJB) oversight of performance, and work on the HSCP bed base and delayed discharges. Dr Turvill will lead on SAEs and the bed base work/delayed discharges. Dr Hardman will attend the IJB and will lead on Primary Care and Mental Health.

14.4 East Lothian IJB Strategic Plan 2022-25 - Following widespread consultation and engagement, the 2022-25 Strategic Plan was accepted by the IJB at its 15<sup>th</sup> September meeting. An Annual Delivery Plan will monitor progress against the Plan's objectives.

## 15. Director/Chief Officer, Midlothian Integration Joint Board

- 15.1 New Midlothian Mental Health and Resilience Service (MHARS) launched - Midlothian Health and Social Care Partnership launched an innovative new self-referral Mental Health and Resilience Service for residents of Midlothian who are experiencing crisis and /or distress with their Mental Health and Mental Wellbeing.

The service is a joint collaborative approach between Midlothian HSCP and Penumbra and is accessible to everyone aged 18 to 65 across Midlothian. Midlothian Mental Health and Resilience Service (MHARS) offers same day direct access to Mental Health and Wellbeing support through a free confidential number and is available seven days a week from 8am to 10pm.

MHARS has been designed to offer compassionate support around person centred care and will tailor support around “what matters most to you”, and by offering practical advice towards more positive Mental Health and Mental Wellbeing. Mental Health Practitioners have a wealth of local knowledge and can help connect individuals to relevant community resources, services and activities.

- 15.2 AHP Governance and Assurance Framework - Midlothian HSCP has been an early adopter in the testing phase of the Lothian-wide AHP Governance and Assurance Framework which has been developed and led by the Chief AHP in Midlothian. It is the only HSCP to have fully engaged in the initial testing period for Q1 which is now complete with evaluation concluded and benefits realised. Midlothian HSCP Senior AHP’s and Service Managers have been actively involved in the Q1 testing phase and have an Improvement Plan in place to develop the areas identified, alongside Dietetics as a single system service hosted by Midlothian. The output and learning from the Q1 testing were presented to the Lothian AHP Strategic Leads Group and Midlothian HSCP SMT with a variety of benefits acknowledged including, provision of a toolkit to effectively manage services and provide consistent reporting of assurance, and supportive of a culture of collaboration, shared responsibility, and ownership.

Given the success of the initial phase of testing, a further phase is planned for Q2 before a full roll out of all AHP services across Lothian and the associated HSCP’s is anticipated from Q3 (January 2023) onwards. The trial has identified development areas in key quality and performance indicators for services and professional groups and a need for Service Specifications and Service Plans. These areas will be addressed as a component of the HSCP Quality Management System, and the Framework is currently being developed for use across all integrated services within the HSCP.

- 15.3 Planning and performance - The HSCP continue to work with Matter of Focus on developing OutNav as a meaningful mechanism to record, analyse and articulate the HSCP contribution to Personal Outcomes as well as progress towards our strategic aims and the National Health and Wellbeing outcomes. The team have further developed this methodology to link more explicitly with the self-evaluation process and testing is underway within key service areas.

The 2021-22 Annual Performance Report is in the final stages of production. The report is in a new format designed to provide an account of our performance in a way

that is meaningful to our communities and meets our statutory reporting requirements.

## **16. Director/Chief Officer, West Lothian Integration Joint Board**

- 16.1 Vaccination Update - The West Lothian HSCP has plans in place to provide 114,000 vaccination slots to facilitate the co-administration of flu and COVID-19 vaccines for members of the public and eligible staff members.

The programme commenced on 5th September and will run over a 16-week period with a completion date of 24th December 2022. Within the program, all elderly and 'at risk' citizens will be vaccinated prior to the start of December. Routinely, post-program 'Mop Up' sessions will allow opportunities to improve uptake generally, but also to allow some focussed work in areas of low uptake.

The challenging program will provide 7,100 coadministration slots on a weekly basis and will be delivered at a variety of HSCP venues, offering appointments at evenings and weekends in addition to the core hours program. HSCP staff, care home residents and patients requiring home visits will also be catered for.

Year-round vaccination clinics within Strathbrock Partnership Centre, Carmondean Health Centre and West Calder Health Centre will be complemented by temporary winter accommodation within Livingston Designer Outlet and at various Community Pharmacies across West Lothian.

- 16.2 Howden Green Health Project - The initial engagement stage of the Howden Green Health project is underway at St John's Hospital. This is a 3-year project, funded by the National Lottery Heritage Fund, which will provide patients within our general adult acute ward, occupational therapy and out rehabilitation service a chance to work on conservation activities and mindfulness projects within Howden Park Centre in Livingston.

- 16.3 Home First Programme - The Single Point of Contact (SPoC) was successfully launched on 29 August. The first phase of this project will take urgent referrals from GP practices and the Lothian Unscheduled Care Service (LUCS) where there is an opportunity to prevent an imminent presentation to hospital. The SPoC Clinical Lead will navigate and coordinate between community health and social care teams to confirm a plan to prevent admission within 2-4 hours. The pilot has now been expanded, from two original GP Practices (Linlithgow & Whitburn) to include GP practices in Howden and Armadale.

- 16.4 Home First Programme: Workstream 4 – Care at Home has been established to:

- Review and enhance existing oversight and assurance arrangements for all care at home services in West Lothian.
- Identify and implement short term operational initiatives to optimise current care at home supply and design and develop new contracting arrangements for the delivery of care at home services in West Lothian, which will be in place by 1<sup>st</sup> October 2023.

## **17. The Board is asked to receive the report.**

|   |   |
|---|---|
| Policy/Strategy Implications  | Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.   |
| Consultation  | Board Executive Team  |
| Consultation with Professional Committees                           | None  |
| Risk Assessment   | Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.                |
| Compliance with Board Policy requirements on Equality and Diversity | Compliant   |
| Resource/Staffing Implications                                      | Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues. |

#### Approved by

| Name           | Designation     |
|----------------|-----------------|
| Calum Campbell | Chief Executive |

#### Author(s)

| Name             | Designation   | Name           | Designation  |
|------------------|---|----------------|--|
| Calum Campbell   | Chief Executive   | Colin Briggs   | Director of Strategic Planning                             |
| Jim Crombie      | Deputy Chief Executive                                      | Jenny Long     | Director of Primary Care                                   |
| Alison MacDonald | Executive Director of Nursing, Midwifery, & AHPs            | Judith Mackay  | Director of Communications, Engagement and Public Affairs. |
| Tracey Gillies   | Medical Director  | Tracey McKigen | Services Director - REAS                                   |
| Craig Marriott   | Director of Finance   | Judith Proctor | Director/Chief Officer Edinburgh IJB/HSCP                  |
| Janis Butler     | Director of Human Resources and Organisational Development. | Fiona Wilson   | Director/Chief Officer East Lothian IJB/HSCP               |
| Dona Milne       | Director of Public Health and Health Policy                 | Morag Barrow   | Director/Chief Officer Midlothian IJB/HSCP                 |
| Jacque Campbell  | Chief Officer Acute Services                                | Alison White   | Director/Chief Officer West Lothian IJB/HSCP               |

## **OUTPATIENT REDESIGN PROJECT – STATUS UPDATE**

### **1 Purpose of the Report**

- 1.1 The purpose of this report is to provide an update to the Board as to the progress of the Outpatient Redesign Programme which was instigated in the summer of 2019.

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

### **2 Recommendations**

- 2.1 To note the redesign priorities underpinning the programme, the approach taken and the achievements to date.
- 2.2 To note the specialties that have been prioritised for inclusion in the relevant phases by the Acute senior management team.
- 2.3 To acknowledge the risks and challenges to delivery and the need to maintain momentum with this complex transformation programme.

### **3 Discussion of Key Issues**

#### **Context**

- 3.1 Outpatient services provide the first access point for patients into the scheduled care pathway and account for over 70% of all hospital visits. In 2019/20, there were over 1.8 million outpatient attendances in Lothian spread across multiple sites.
- 3.2 The outpatient model of care has remained largely unchanged since the inception of the NHS, with patients attending hospital for office-based care and treatment following a GP referral. The majority of clinics are consultant led services, although increasingly clinics are being run by multidisciplinary teams. It is estimated around 20% of acute hospital space is dedicated to outpatient services.

#### **The Redesign Programme**

- 3.3 The NHS Lothian Outpatient Redesign Programme was established to improve patient journeys by delivering sustainable changes to support safe, effective and person-centred care. The programme aligns to the Centre for Sustainable Delivery aims and objectives and seeks to exploit innovation to deliver the right care in the right place at the right time without increasing the workload of Primary or Secondary care.
- 3.4 The programme is designed to drive improvement towards a future that utilises the capabilities of digital technologies, the best management of outpatient resources and applies the principles of patient centred decision making. This programme is inclusive of the Acute Outpatient Redesign Programme and the Outpatient Redesign of Mental Health and Dental services. This programme will seek to deliver outpatient processes,

procedures and TRAK functionality to a clearly defined scope for all outpatient services included in this programme, these are listed in Appendix 1.

- 3.5 The programme aims to deliver six primary redesign elements which are (see Appendix 2):-
- Active Clinical Referral Triage (ACRT)
  - Virtual Clinics (NearMe and telephone)
  - Monitoring Clinics
  - PIFU (Patient Initiated Follow-Up)
  - PFB (Patient Focused Booking)
  - SMS Reminders.
- 3.6 The programme follows an established design process which has been refined based on the experience of the early specialties. The process, together with a sample of a specialty work programme, can be found in Appendix 3.

### **Programme Progress**

- 3.7 The programme formally commenced in January 2019. However, as the majority of project roles were new temporary posts, the protracted recruitment process resulted in the team not being fully established until the summer 2019.
- 3.8 Early in the pandemic this programme team were asked to change their focus to TRAK build activities to support the creation of additional wards and bed spaces together with creating system capability to manage the staff vaccination process. This introduced a delay of seven months into the programme.
- 3.9 The programme consists of approximately 96 specialties, 39 of which are now live, 8 in progress, and a further 9 identified to enter the programme next. The remainder are yet to commence. This is an estimation and is subject to change as the programme develops due to scenarios of adult and paediatric elements progressing separately or services being grouped together.

### **Benefits to Date**

- 3.10 This is a large-scale change programme which will take some time to settle and for the anticipated benefits to be fully delivered. A review of overall programme metrics and benefits is underway, linking in with colleagues from analytical services, financial sustainability and value and governance. Each specialty that completes the programme will have a focussed evaluation with a cumulative programme analysis also being reported.
- 3.11 A recent evaluation of Rheumatology has indicated the following benefits since 'going live' in September 2021:
- Triage: Maintaining good practice regarding time to triage. 91% triaged within 7 days.
  - Virtual Care: Hybrid appointment slot functionality built. Service consistently delivers a significant proportion of care virtually via telephone. On average 33.2% of capacity is delivered virtually.
  - Health Miles: A significant number of health miles have been saved due to virtual care. Since September 2021 145,172 miles have been saved.

- Patient Choice: Introduction of Patient Initiated Follow Up (PIFU) functionality. A limited number of patients, 98 in total, added each month however only 3 re-engagements to date therefore capacity made available for other patients.
- Patient Choice: Improved offering of Patient Focussed Booking (PFB) enabling patients to engage and select an appointment that suits them.
- DNA Rate: Achieved a reduction from 8.8% to an average of 5.5%.
- Cancellations By Patient: A significant reduction in cancellations by patients from an average of 29% to 12%.
- Use of Technology: Introduction of text message reminders for appointments supporting a reduction in DNA rate and a reduction in cancellations by patients.

3.12 Caution should be exercised however when extrapolating these benefits across other specialties or the wider organisation. Not all specialties are starting from the same baseline and therefore this level of improvement may not be easily replicated elsewhere.

#### **4 Key Risks**

- 4.1 The implementation of the Outpatient Redesign Programme is an ambitious cultural change programme for patients and staff. The key risk to this is the potential for services to revert back to previous working practices.
- 4.2 There is a risk that momentum is lost as the redesign and TRAK build programme will take many months to roll out to specialties and may not deliver the expected benefits if services do not fully engage.
- 4.3 Another risk is the availability of resources, in particular front line clinical teams to support and champion redesign initiatives together with eHealth and redesign experts. Reverting back to pre-Covid working patterns might be seen as easier than changing service models, especially where there is pressure to remobilise.

#### **5 Risk Register**

- 5.1 There are no risks associated with this programme which require to be added to the Corporate Risk Register.

#### **6 Impact on Inequality, Including Health Inequalities**

- 6.1 An Integrated Impact Assessment has been completed and is monitored through the Acute Outpatient Board. It is reviewed on a quarterly basis.

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

- 7.1 This programme applies statutory and ethical obligations and as such consultation on application is not generally required, and in addition Covid 19 pandemic accelerated the need to find and quickly implement new ways of working. However each component will be reviewed and monitored (including specialty specific and technology transformation) to ensure NHS Lothian's corporate objectives and patient and staff impact in this area are documented, met and overseen by the Corporate Management Team.

## **8 Resource Implications**

- 8.1 It was possible to carry forward revenue from 2021/22 to fund the additional timeline associated with the delay. Further funding has been secured to staff the programme until the end of March 2025.

Martin J Egan

Director of Digital

27<sup>th</sup> September 2022

[martin.egan@nhslothian.scot.nhs.uk](mailto:martin.egan@nhslothian.scot.nhs.uk)

### **List of Appendices**

Appendix 1: Outpatient Services In-Scope

Appendix 2: Redesign Elements

Appendix 3: Redesign Process



## **Appendix 1 Outpatient Services In-Scope**

### **Currently Live**

Adult Physio (Amputee and Neurology), Bladder and Bowel Nursing, CAMHS, Cardiac and Thoracic, Community Child Health, Dermatology, Diabetes and Endocrine, Dietetics, EFREC, ENT, Gastroenterology (Adult and Paediatrics), General Surgery, Gynaecology, Infectious Diseases, Maxillo Facial, Medical Paediatrics (RIE/RHCYP/SJH), Metabolic (Adult), Obstetrics and Midwifery, Oral Medicine, Orthopaedics (Adult), Paediatric Allergy (RHCYP/SJH), Pain Control, PDS, Physiotherapy (MSK and Paediatrics), Plastic Surgery, Podiatry (including Community and Diabetic), Psychological Therapies, Renal Transplant and Transplant Surgery, Respiratory (RIE/SJH/WGH), Rheumatology, School of Hygiene Therapy, Vascular Surgery.

### **In Progress**

Adult Physio Group 2, CAMHS, CAMHS Tier 4, Dietetics (Weight Management), Orthotics, Pre-admission, Sleep Medicine, Urology.

### **Specialties yet to enter the programme**

A number of specialties are yet to enter the programme. A review is underway to confirm the list that reflects specialties that are in scope and accounts for the changes to speciality groupings in the programme to date.

Specialties yet to enter the programme include Oncology, Edinburgh Breast Unit, Neurology, Paediatric Respiratory, Psychological Medicine, Stroke, MOE, dental specialties and a number of AHP services across the spectrum of professions. There are also a significant number of paediatric services yet to enter.

## **Appendix 2 Redesign Elements**

### **ACRT**

Active Clinical Referral Triage (ACRT) is an enhanced vetting process whereby a triaging health care professional reviews all electronic patient records, including imaging and laboratory results, and triages each patient to an optimal, evidence-based, locally agreed pathway. Face to face attendances only occur if there is a clinical need. Development of ACRT requires assistance from different departments (Specialty, Health Records, eHealth, OAS) and disciplines (Clinicians, Service Management, Secretarial Staff, Booking Staff, Project Staff) to fully implement. A well-coordinated, collaborative approach is key to the successful implementation of ACRT.

Elements: Appointment (Face to Face, Telephone, NearMe), Onward Referral (refer to another speciality), Back to referrer (send referral back to GP or original referrer), Advice Only (give advice out to PT), Opt-in to Treatment (give advice out to PT to help treat issue), Straight to Diagnostic (straight to scope etc), Straight to Surgery (straight onto IP waiting list).

### **PFB**

With PFB, approximately six weeks before they are due to attend, the patient receives a 'Contact' letter inviting them to telephone to arrange an appointment. When the patient phones, the call operator will discuss possible appointment dates and times and the patient is engaged in choosing the most convenient appointment. If the patient fails to phone, a 'Reminder' letter is sent 7 days after the 'Contact' letter was printed. If there is still no response 7 days after the 'Reminder' letter was printed, the patient is removed from the waiting list and a 'Removal' letter is sent to the patient and their GP, explaining that the patient has been removed from the waiting list.

Services that opt out of using PFB will use the tradition method of booking appointments, known as implied acceptance. An appointment letter is sent to the patient when they reach the top of the waiting list.

PFB cannot be used for USoC patients.

Online booking is currently being piloted and once tested this will be offered initially to services using PFB. This will allow patients to book their appointment through the online booking platform or by calling the booking centre.

### **SPO**

A Single Patient Outcome screen allows consistency of recording the correct outcomes selected across a service and helps automate the process for what needs to happen next for the patient. The screen can be used to discharge a patient, add a patient to a Planned Return List (PRL) or add to Patient Initiated Follow up (PIFU).

Services which do not already have a Single Patient Outcome screen will be expected to set one up. Services which already have one in place will update their outcomes.

**PRLs**

Introducing PRLs enables services to have a true reflection of their return demand which is currently unknown. The Single Patient Outcome screen allows for PRLs to be created automatically.

If a patient cancels a review appointment, the PRL will return to initial on the waiting list, meaning they will not be lost to follow up if not rebooked at point of cancellation. Where PRLs are not used there is a risk of missing patients for follow up if another appointment is not made on cancellation.

**PIFU**

Patient Initiated Follow-Up allows a care provider to put a patient onto a waiting list through the Single Patient Outcome screen.

The patient is given a timeframe by the care provider when they can contact the service to make an appointment if their symptoms worsen or do not improve. If the patient does re-engage, they are booked back into the service and appointment type they were last seen under.

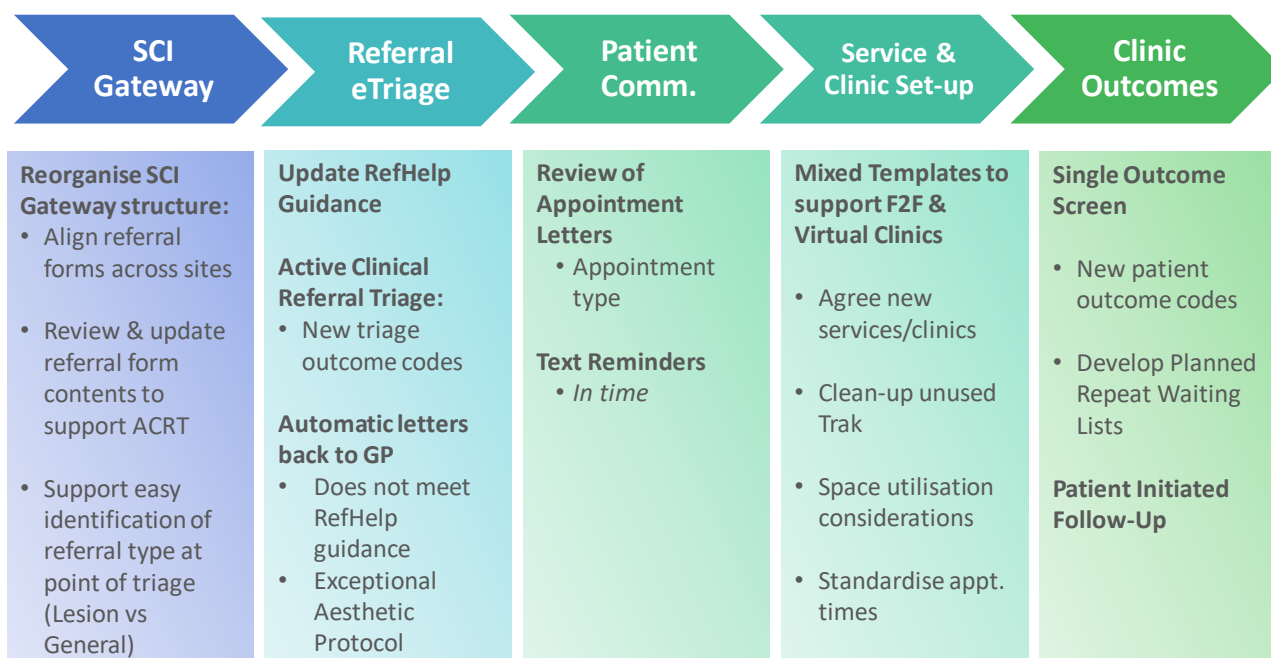
If they do not re-engage within the timeframe, they are discharged from the PIFU waiting list during normal waiting list housekeeping. Once the patient has been discharged, they will need to be referred back in by their GP if the condition returns.

## Appendix 3 Redesign Process

### Programme Overview

|                          | Managing Demand   | Appointment & Access   | Review & Monitoring  |
|--------------------------|---|--|--|
| Redesign Projects        | ACRT<br>Active Clinical Referral Triage   | PFB<br>Patient Focused Booking   | PIFU<br>Patient Initiated Follow-Up  |
|                          |   | Virtual Consultations<br>Telephone & Near Me   | Monitoring Service   |
| Supporting Trak Elements |   |  |  |
| Required                 | <ul style="list-style-type: none"> <li>Review/Develop eTriage code options</li> </ul>     | <ul style="list-style-type: none"> <li>Review/Development of Clinic Templates, to include mixed modes of contact</li> <li>Revised process for booking appointments to include telephone and video options</li> <li>Review of Appointment Letters</li> <li>Patient Focused Booking</li> </ul> | <ul style="list-style-type: none"> <li>Review of Single Patient Appointment Outcome Screen</li> </ul>              |
| Optional (Available)     |   |  | <ul style="list-style-type: none"> <li>Patient Initiated Follow up</li> <li>Planned Repeat Waiting List</li> </ul> |
| Optional (in future)     | <ul style="list-style-type: none"> <li>Development of Back to referrer letters</li> </ul> | <ul style="list-style-type: none"> <li>Text Reminders</li> </ul>   |  |

### Sample programme of work (Dermatology)



|  |
|--|
| <b>Meeting Name: Board</b><br><b>Meeting date: 05 October 2022</b> |
|--|

**Title: NHS Lothian Board Performance Paper**

**Purpose of the Report:**

|                   |          |                 |  |                  |          |
|-------------------|----------|-----------------|--|------------------|----------|
| <b>DISCUSSION</b> | <b>X</b> | <b>DECISION</b> |  | <b>AWARENESS</b> | <b>X</b> |
|-------------------|----------|-----------------|--|------------------|----------|

The Board is being asked to consider the performance report so they are aware of the operational and strategic performance challenges which NHS Lothian are experiencing, reacting to and developing plans to mitigate against.

The risks during this remobilisation phase have largely remained the same and are detailed in this paper. There are several related corporate risks with corresponding action plans for the issues noted in this paper, with assurance and reporting structures in place for these across the Boards existing Sub-Committees.

If further deeper dives are requested by the Board, it is requested that these are addressed in separate reports to maintain the structure of the core performance report.

**Recommendations:**

This report is being provided to;

- facilitate Board Member oversight across agreed metrics, an executive summary has also been included.
- detail that the following KPIs **are not meeting** the standard or trajectory agreed at the latest reporting point:
  - Emergency Access (4hr) Standard
  - Delayed Discharges
  - 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment
  - Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee)
  - Cancer 62 Day standard
  - Diagnostics radiology activity (MRI, Non-Obs Ultrasound, Barium Studies)
  - Diagnostics – GI Diagnostics (Lower Endoscopy, Colonoscopy)
  - Psychological Therapies trajectories (total waiting list and those waiting over 18 weeks)
  - Average % bed Occupancy (Mental Health)
  - Staff Sickness Absence Rate %
  - Sustain and Embed Successful Smoking Quits at 12 Weeks Post Quit in 40% of SIMD Areas Most Deprived data zones within Lothian
  - Immunisation: MenB, PCV, MMR1, Hib/MenC, Rotavirus, MMR2, 4-in-1

**Author: Wendy MacMillan**  
**Date: 20/09/2022**

**Director: Jim Crombie**  
**Date: 22/09/2022**

## NHS Lothian Board Performance Paper

### 1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.
- 1.2 The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Planning, Performance and Development Committee (PPDC) which will report into the NHS Lothian Board.

Any member wishing additional information should contact the Executive Lead responsible for the service area in advance of the meeting.

### 2 Recommendations

- 2.1 The Board members are asked to note the performance across NHS Lothian in relation to the metrics included in this paper.
- 2.2 Recognise that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.
- 2.3 If further deeper dives are requested by the Board, these should be addressed in separate reports to maintain the structure of the core performance report.

### 3 Executive Summary: Key Messages

- 3.1 **Workforce:** Staffing availability remains a significant challenge across acute, community and social care settings due to a combination of COVID isolation, sickness, annual leave, and vacancies. Ongoing issues with staff vacancies and absence have affected our capacity to work through the scheduled care backlog. Our sickness absence rate in July was 5.21%, which represents an increase of 0.04% on the same period in the preceding year.
- 3.2 **COVID-19:** Our COVID patient bed occupancy at the end of August was 114; similar figures to that of the 2021 winter period when social restrictions were in place to reduce spread and a reduction compared to that which was reported in the previous Board paper.
- 3.3 **Primary Care:** In General Practice, face-to-face consultations continue to increase since the initial onset of the pandemic, with more consultations taking place face-to-face than remotely since May 2022. Practices are still working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more

quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor ailments.

- 3.4 **Flow:** Due to pressures across the whole health and care system, the ability to treat, discharge or admit patients from our Emergency Departments/ Front Doors continues to be compromised, linked significantly to high hospital occupancy. Pressure and lack of capacity in other areas of the patient pathway, including in social care, has added to challenges for patient flow through hospitals. The system is struggling to move people on to their next care setting, with 278 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in August. This has been a constant throughout the winter and 2022 so far. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 60.6% in August. Across Scotland the 4-hour figure has remained below 70% since May and reached its lowest point of 64.8% at the beginning of July.
- 3.4.1 In addition, a significant portion of Mental Health Acute Beds continue to host patients delayed in their discharge. These difficulties remain due to a lack of appropriate placements and staffing availability in the community. All areas are above 95% occupancy and the overall site occupancy is 99.60% for August 2022. It is a concern that this level of delayed discharges generally across the system has become the norm and is a sign that our local system is under significant strain in terms of capacity. Tackling delayed discharges continues to be a key priority for the Board.
- 3.5 **Scheduled Care:** Despite the challenges faced in unscheduled care, most of our outpatient services continue to exceed planned activity levels, giving more people access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits that accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in the previous Board paper. The overall numbers waiting over 78 and over 104 weeks has decreased further in July, and the majority of patients that are, or will be waiting over 104 weeks by the end of August, have a date for their outpatient appointment booked. There is a challenge in finding additional capacity in Dermatology and Urology for the relatively small number of patients waiting over 104 weeks that do not yet have an appointment booked. This is due to the specialist nature of these patients and the few specialist clinicians available within NHS Lothian or nationally to see these patients.
- 3.5.1 The number of people awaiting 'routine' treatment/operations, and the length of wait for treatment continues to increase in the absence of access to sustainable capacity to meet demand. Our current activity remains below pre-pandemic levels ~ 67-70% and from our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance and we are not likely to meet the Scottish Government milestone to eliminate two year waits in most specialties by the end of September 2022 in some of our specialties.
- 3.5.2 NHS Lothian 62-day cancer performance remained below the trajectory of 83.7% and the 95% national standard with performance at 76.2% in July 2022. Scotland's performance was 75.8%. Cancer 31-day performance remains below the 95% standard; however, we continue to exceed the 88.1% trajectory agreed with 93.1%

performance in July. We are working to recover this position through the improvement actions and remobilisation plans detailed in this report. Diagnostic radiology services continue to access additional capacity, which continues to positively impact on all waiting times, except for non-obstetric ultrasound where staffing pressures continue.

### **3.6 Mental Health:**

3.6.1 For CAMHS (Child and Adolescent Mental Health Services), the Improvement Plan continues to be implemented, although the pace of improvement has been impacted by the challenges around recruitment and staff retention. Percentage of CYP (Children & Young People) starting treatment within 18 weeks was 54.0% (August 2022) compared to 70.5% (April 2022). Despite this drop, the service remains ahead of trajectory for reducing patients waiting over 18 weeks for treatment.

3.6.2 For Psychological Therapies, the service remains behind the anticipated trajectory. The number of patients waiting over 18 weeks for treatment is decreasing but slower than expected; there was 407 more people waiting over 18 weeks in July 2022 than anticipated in the trajectory. The total number of patients waiting for assessment and treatment in Lothian is reducing and our focus remains on reducing the longest waits. The current assumptions underlying the trajectory are currently being considered and are being revised for consideration at the Performance Oversight Board.

3.7 **Public Health:** There are limited changes to the performance reported in the previous Board paper.

## **4 Key Risks**

4.1 Any relevant risks have been included within the narrative of the appendix.

## **5 Risk Register**

5.1 NHS Lothian's Risk Register includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, Recovery Plans and Remobilisation Plans. The corporate risk register is subject to on-going review and update. Some of the key linked corporate risks to this paper have been included throughout appendix 1.

## **6 Impact on Inequality, Including Health Inequalities**

6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.

7.2 Patients are kept informed by their clinical care teams.



## **8 Resource Implications**

8.1 Financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan  
Business Manager, Deputy Chief Executive  
20/09/2022  
[wendy.macmillan@nhslothian.scot.nhs.uk](mailto:wendy.macmillan@nhslothian.scot.nhs.uk)

Lauren Wands  
Project Manager, Deputy Chief Executive  
15/09/2022  
[lauren.wands@nhslothian.scot.nhs.uk](mailto:lauren.wands@nhslothian.scot.nhs.uk)

### **List of Appendices**

Appendix 1: Performance Metrics Summary



# NHS LOTHIAN BOARD PERFORMANCE

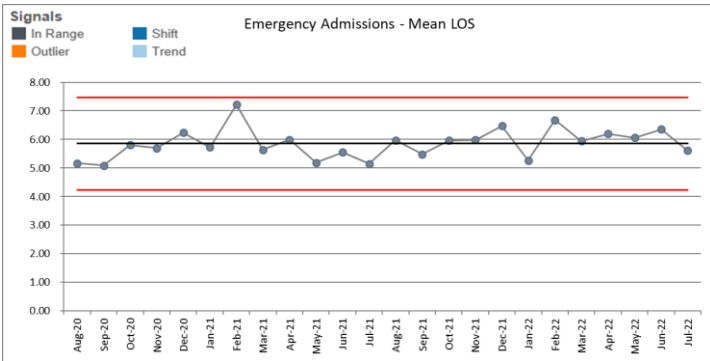
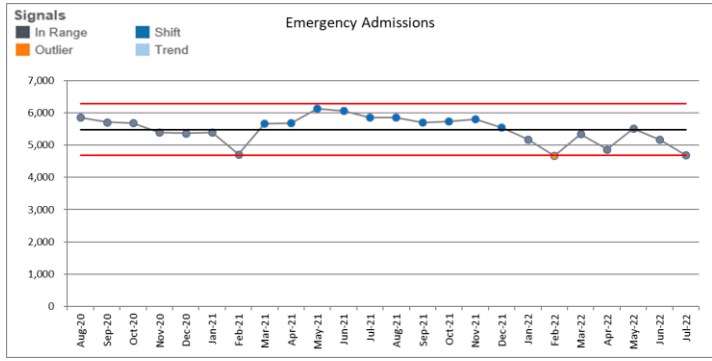
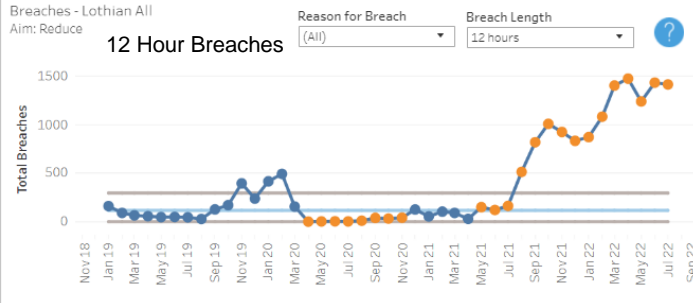
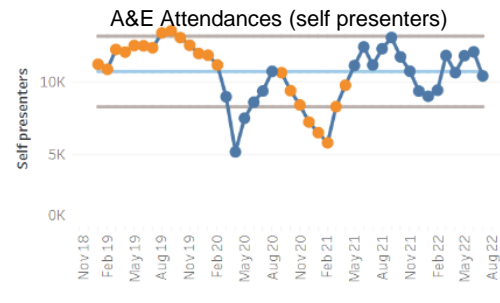
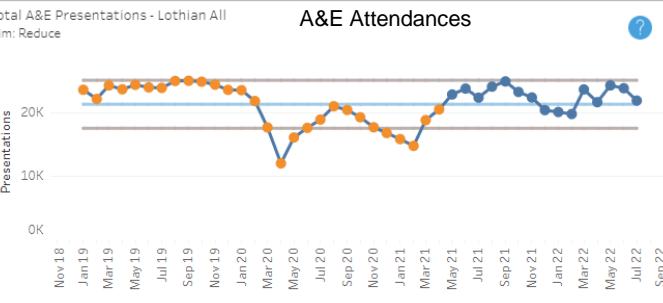
OCTOBER 2022

APPENDIX I

# UNSCHEDULED CARE & FLOW

|                                 |  |                                |  |
|---------------------------------|--|--------------------------------|--|
| <b>Reporting Month:</b>         | July/August/September 2022   | <b>Oversight Mechanism:</b>    | Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.     |
| <b>Responsible Director(s):</b> | Fiona Wilson– Chief Officer<br>Jacquie Campbell – Chief Office of Acute Services | <b>Corporate Objective(s):</b> | Pillar 5 objective 30 – Redesign of Urgent Care – Phase 2 / Interface Care - On track<br>4 hour Emergency Access Target  |
| <b>Corporate Risk Grading:</b>  | 5186- Very High (20)<br>3726- Very High (20)                                     | <b>Corporate Risk(s):</b>      | Risk 5186 – 4-Hours Emergency Access Target (via Healthcare Governance Committee)<br>Risk 3726 – Hospital Bed Occupancy (via Planning Performance Development Committee) |

## Unscheduled Care & Flow - Environment & Context



# UNSCHEDULED CARE & FLOW – EMERGENCY ACCESS (4HR) STANDARD

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (August 2022) | Data Source            |
|---|---------------------|----------------------------------|------------------------|
| Not Met                                 | 95% Standard        | 60.6%                            | Management Information |

## SPC A&E

Source: BI  
Updated: Monthly  
Contact: analysts.scheduledcare@nhslothian.scot.nhs.uk

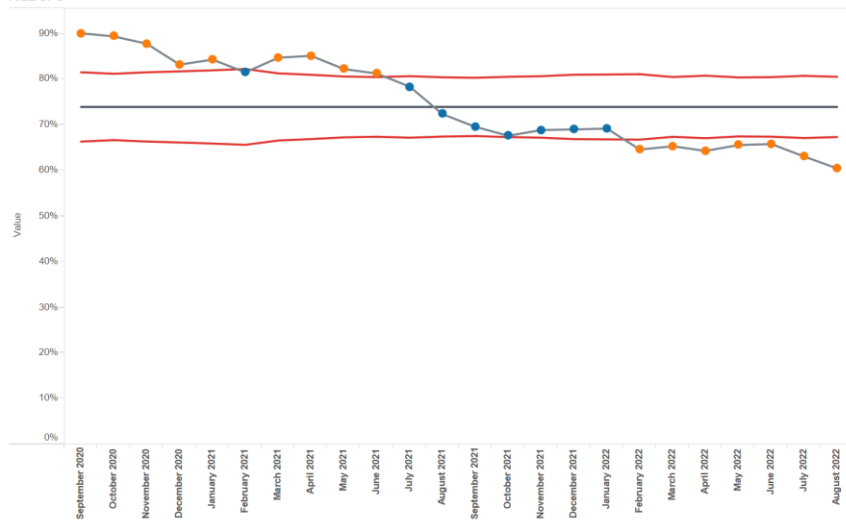
Measure Names  
■ % Within 4 Hours  
■ 4 Hour Performance LCL  
■ 4 Hour Performance UCL  
■ 4 Hour Performance for Period

Signals  
■ Outlier  
■ Shift

Target: 95%



### A&E SPC



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

- There continues to be significant challenges in delivering the 4-hour emergency access standard, with performance remaining below standard at 60.6% in August 2022.
- Data is showing special cause variation, with the 7 most recent data points for 4-hour performance remaining below the Lower Control Limit, indicating a signal of a deteriorating trend. The data has an Upper Control Limit which is below the 95% standard, therefore we recognise the current system has not been capable of meeting the 95% standard in the last 2 years. Through the improvement actions and plans, we are working to improve this position. NHS Scotland have been set an interim target to achieve 80% by end October 2022.
- NHS Lothian's overall ED (Emergency Department) attendances have remained within the control limit, with some common cause variation month to month as shown on the previous page.
- NHS Lothian has seen increases in the number of 4, 8 and 12 hour ED breaches with hospital occupancy levels remaining a key pressure on flow out of the department. All breaches look to be consistent over the previous 5 months.

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

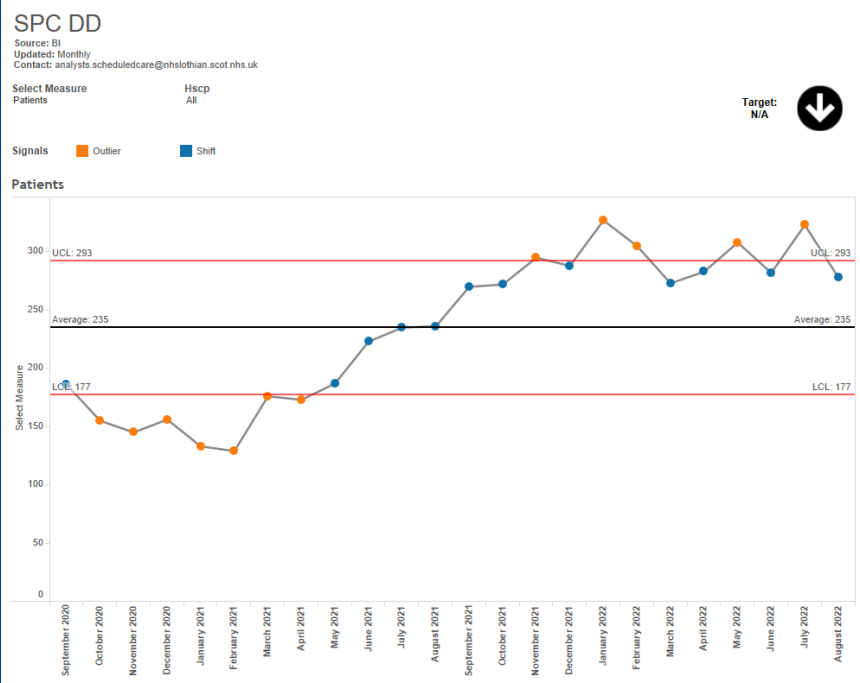
| Action   | Due By    | Planned Benefit   | Actual Benefit   | Status  |
|--|-----------|---|--|---|
| Phase 1 Redesign of Urgent Care Pathway: - Maximise reduction and scheduling of self-presenter attendance  | March 23  | Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.   | Early implementation of Redesign of Urgent phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post COVID19 | Implementation of RUC phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post Covid. A pathway evaluation has been undertaken with patient feedback obtained, which forms part of the end of phase 1 report to transfer to business as usual. Recommendations have been approved by the unscheduled care programme board. This includes a review of the clinical model within the Lothian Flow Centre to reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives. |
| Continue robust local communication plans to optimise stakeholder understanding of accessing urgent care.  | Ongoing   |   |  | Local communications and stakeholder engagement are continuing in line with national communications plan of urgent care access and pathways.  |
| Schedule all minor injury attendances across NHS Lothian.  | June 2022 | Improve patient safety by all scheduling Minor Injury Attendances and avoiding waits in busy A&E departments. |  | The scheduling of all adult minor injury presentations across NHS Lothian was implemented in June 2022. All adult minor injury presentations continue to be scheduled by calling NHS 24. However, the scheduling of self-presenters is not currently active across all 3 acute adult sites as we are working through a number of process changes to ensure the revised service is efficient for staff and provides optimal patient care and experience.   |
| Develop, implement and embed an NHS Lothian Signposting Policy at acute Emergency Departments that is consistent with all entry points to healthcare (including primary care) to ensure patients are seen by the right person, in the right place at the right time. | Ongoing   |   |  | Following publication of the national Signposting Framework, an NHS Lothian ED policy has been developed, circulated for consultation and approved by the Policy Approval Group. The ED signposting policy has been piloted and embedded within SJH ED and plans are progressing for this to be implemented within the RIE ED.  |

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

| Action   | Due By   | Planned Benefit   | Actual Benefit   | Status  |
|--|----------|---|--|---|
| <p><b>Phase 2 Redesign of Urgent Care – Professional to Professional Urgent Care Referral Pathways and Interface Care</b></p> <p>-ensure clear referral pathways for GPs, SAS, AHPs to Interface Care Services i.e. hot clinics, MIA, SDEC</p> | March 23 | Patients receive timely access to the right care in the right place avoiding delays anywhere in the system. | Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission. | <p>Referral pathways in place for GP, community pharmacy and SAS referrals to schedule minor injury appointments. GP and AP SAS referral pathways in place to SDEC (WGH and SJH), surgical and medical hot clinics. Ongoing monitoring of these pathways is continuing to establish whether a reduction of unscheduled attendances to ED is being achieved.</p>   |
| <p><b>Develop Pan Lothian Same Day Emergency (SDEC) Care model</b></p>   |          |   |  | <p>Currently undergoing an evaluation of the current SDEC model at WGH to inform service planning for SDEC expansion across Lothian. The evaluation is looking to capture the benefits the SDEC model has delivered to patients, how efficient the model is, how it compares to pre-SDEC in terms of costs and patient admission rates, and how SDEC has impacted system-level performance indicators. The evaluation is due to conclude in October and the findings will inform future delivery models of SDEC .</p> |
| <p><b>Optimising enabling services for Respiratory care and Outpatient Parenteral Antibiotic Therapy (OPAT) services</b></p>   | March 23 |   |  | <p>Work to enhance NHS Lothian OPAT and Respiratory enabling services to reduce attendances, admissions, and overall length of stay. SLWG(s) have been established, current service provision has being mapped with areas for enhancement identified and prioritised. An expansion proposal has been developed and approved by the Unscheduled Care Tactical Committee and plans are currently progressing to recruit to and expand these services.</p>   |

# UNSCHEDULED CARE & FLOW – DELAYED DISCHARGES

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (August 2022) | Data Source            |
|---|---------------------|----------------------------------|------------------------|
| Not Met                                 | 228 (RMP4*)         | 278                              | Management Information |



\* RMP trajectory for delayed discharges continues at the March 2022 position temporarily.

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

- Data is showing special cause variation, as two of most recent four data points exceeded the Upper Control Limit.
- With the continued challenges in reducing delayed discharges, tackling this performance continues to be a key priority for the Board to reduce hospital occupancy and improve flow. It should be noted this remains a critical focus with Edinburgh Health & Social Care Partnership (EHSCP) who are working to deliver resilient improvement plans to relieve pressure both in the short, and longer term.
- From a national perspective West and East Lothian HSCPs are performing above the Scottish average for delayed discharge performance. However, Delayed Discharge patient numbers are still regarded as high, primarily due to package of care availability. There also continues to be a challenge with the ability to recruit in the care sector, due to the competitiveness of the local recruitment market within Health and Social Care.

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

| Action   | Due By                  | Planned Benefit  | Actual Benefit   | Status   |
|--|-------------------------|--|--|--|
| <p><b>Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow</b></p>       | Ongoing                 | The Discharge without Delay approach aims to reduce delay in every patient journey | To be realised   | <ul style="list-style-type: none"> <li>• Pan Lothian DwD Core Implementation Group meetings commenced in January 2022 and are being held monthly</li> <li>• Self-assessment Tool completed jointly with acute sites and HSCP teams</li> <li>• Acute sites and HSCP teams continue to develop their action plans following completion of the self-assessment</li> <li>• Planning continues to introduce a Planned Date of Discharge (PDD) model within MoE Wards at the RIE and WGH, working collaboratively with EHSCP colleagues in undertaking a QI approach to support this</li> <li>• Following the publication of the Discharge and Transfer Policy, the implementation will be directly linked to the DwD Programme and the introduction of a Planned Date of Discharge model</li> </ul> |
| <p><b>Develop a Pan Lothian Discharge and Transfer Policy</b></p>  | March 2022              |  |  |  |
| <p><b>HSCP led initiative(s) monitored and overseen by Corporate Management Team</b></p> <p><b>(Including DCAQ project in Edinburgh)</b></p> | December 2021 - ongoing | A variety of initiatives (funded on a non-recurring and recurring basis)           | <p>Reduced Length of Stay</p> <p>Reduced/ avoided delayed discharges</p> | <ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Regular updates at CMT</li> </ul>  |



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

| Action  | Due By                | Planned Benefit  | Actual Benefit | Status  |
|---|-----------------------|--|----------------|---|
| Increasing the bed base   | December 2022         | To support the care of patients who are waiting on a package of care or a residential care home of choice.<br>Reduce delayed discharges.   |                | NHS Lothian Director of Strategic Planning be charged with identifying and overseeing the project management of the feasibility assessment and project delivery if the feasibility is confirmed.  |
| Increase overall system capacity in Hospital @ Home (H@H) Services.   | December 2022         | Reduce occupancy at the Acute Sites.<br><br>Provides alternative care to an acute hospital admission.<br>Supports people to stay at home, thus reducing the potential harm of an extended hospital admission.  |                |   |
| Discharge without Delay – NHS Lothian and Edinburgh HSCP working together to provide targeted improvement support for Elderly Frail patients, with an initial focus on the Medicine of the Elderly specialty in Western General Hospital;     | June 2022- March 2023 | Supports hospital sites by preventing admission, improves flow and reduces occupancy.  |                | Key focus for both high impact changes for the RIE & the WGH working collaboratively with EHSCP, is to reliably implement and monitor standardised processes to support early discharge planning, reduce length of stay and reduce occupancy levels across our acute sites.   |
| Discharge without Delay - NHS Lothian and Edinburgh HSCP working together to provide targeted improvement support for Elderly Frail patients, with an initial focus on the Medicine of the Elderly specialty in Royal Infirmary of Edinburgh; | June 2022- March 2023 | Reduce the average number of Occupied Bed Days for Edinburgh HSCP residents in Medicine of the Elderly wards within the Western General Hospital.<br>Reduce delayed discharges in this patient cohort.   |                | Detailed diagnostic work has been undertaken across the RIE and WGH along with input from the EHSCP. This has provided insight into identifying a number of initiatives to directly focus on the improvement opportunities through a PDSA approach. Work has already began to establish and implement reliable processes directly linked to the ‘rapid run downs’ and ‘MDT’ meetings. Teams are utilising the toolkit supplied by the Scottish Government to ensure consistency in messaging and practice as the changes with processes are embedded. |
| Redesign of Urgent Care Phase 2 - Professional to Professional Pathways - Reduce unplanned attendances by increasing opportunities for the Flow Centre to schedule care.  | March 2023            | Reduce the average number of Occupied Bed Days for Edinburgh HSCP residents in Medicine of the Elderly wards within the Royal Infirmary of Edinburgh.<br>Reduce delayed discharges in this patient cohort.<br>Reduce avoidable ED attendances by 10% by increasing opportunities for the Flow Centre to schedule care. |                | The programme team are in the process of mapping all existing alternative and direct to speciality pathways to establish what pathways are in-situ and working well, and which require development and / or review to build on the opportunities available to schedule attendance. As part of this mapping process a referral pathway audit is due to be undertaken week commencing 26 <sup>th</sup> Sept.  |

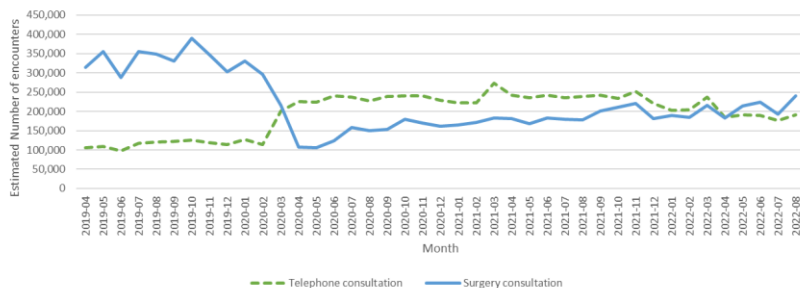
# PRIMARY CARE

|  |  |  |
|--|--|--|
| <b>Reporting month:</b>                          | August 2022                                    | <b>Responsible Director(s):</b><br>Jenny Long – Director of Primary Care |
| <b>Oversight mechanism:</b>                      | Primary Care Joint Management Group            |  |
| <b>Primary Care (initial Measures for 22/23)</b> | Estimated General Practice (in hours) activity | <b>Data Source:</b><br>DataLoch  |
|  | General Practice Out of Hours (LUCS) activity  | <b>Data Source:</b><br>Adastra   |

Chart 1: Estimated monthly number of direct general practice in-hours encounters (Lothian)



Chart 2: Estimated monthly number of telephone consultations and surgery consultations (Lothian)



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

- Charts 1 and 2 provide an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 7 practices where data reporting is robust. This data shows that activity has returned to pre-pandemic levels following a drop in activity between April and October 2020. In August 2022 there was an estimated 464,000 patient consultations across the 119 General Practices in Lothian, the equivalent of around 20,200 consultations a day.
- Chart 2 demonstrates the significant shift in the mode of consultation due to the pandemic, with more consultations taking place by telephone than face-to-face in surgery in order to minimise the risk of COVID-19 infection for patients and staff. Chart 2 shows that face-to-face consultations have continued to increase since the onset of the pandemic and more consultations have taken place face-to-face than remotely since May 2022. Practices are still working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.

**Note:** Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 9 GP practices. Please note this sample represents only approx. 7% of the Lothian GP practice registered patients and is not a random sample. Figures should be interpreted with caution and only used as a general indication of level of activity.

# PRIMARY CARE (2)

WEEKLY LUCS ACTIVITY - ALL

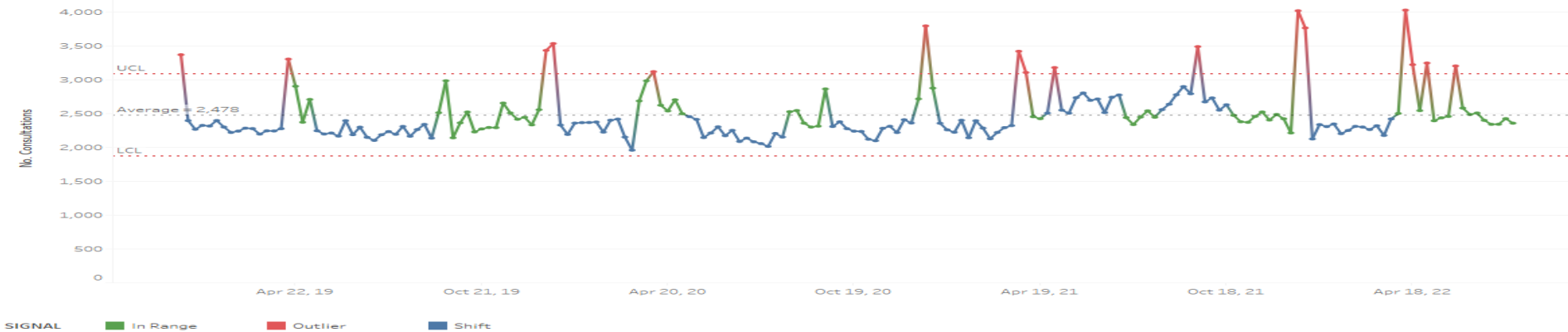


Chart 3: Weekly Number of Lothian General Practice Out-of-Hours service (LUCS) consultations and cases (number of patients)

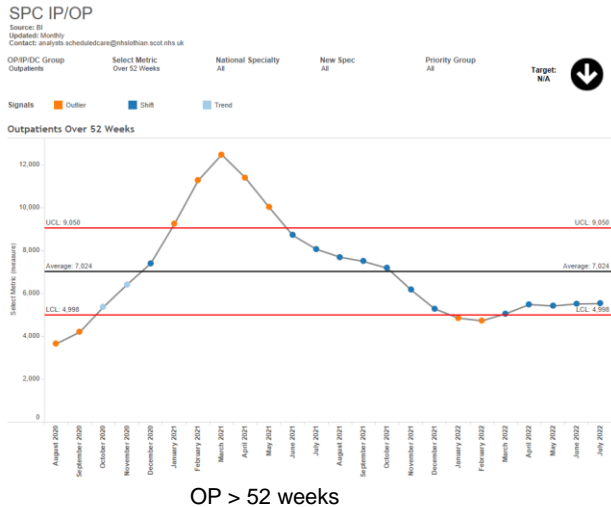
## Background, what the data is telling us, underlying issues and risks:

Chart 3 shows the Lothian General Practice Out-of-Hours service (LUCS) activity, which provides urgent general medical services when in-hours General Practices are closed. The peaks in activity in chart 3 correlate to public holidays as would be expected with the three recent peaks representing the Easter weekend, May and Jubilee public holidays. LUCS experienced an initial dip in activity levels when COVID-19 restrictions were first put in place in March 2020, however, as the service supported the community COVID-19 pathway from the end of March 2020 overall activity has remained broadly similar but with more variation post-pandemic which likely reflects public behaviour relating to changes with COVID-19 restrictions. In July 2022 the average weekly activity was around 2,400 patient consultations. Note that due to the outage of the clinical management system (Adastra) from 4 August this chart has not been able to be updated with August data.

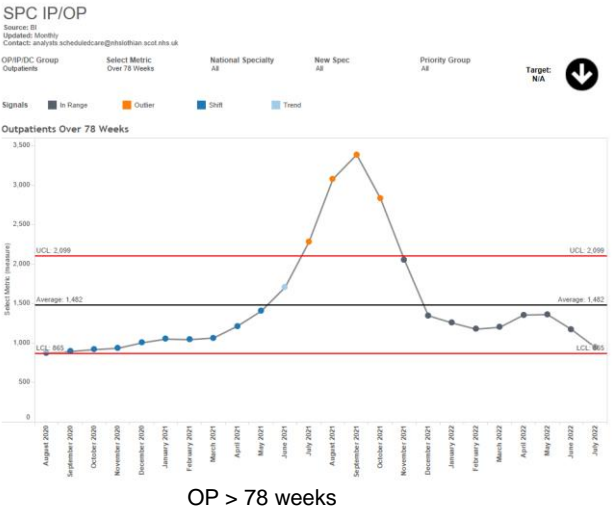
# SCHEDULED CARE & DIAGNOSTICS

|                                 |  |                                |  |
|---------------------------------|--|--------------------------------|--|
| <b>Reporting Month:</b>         | July/August 2022   | <b>Oversight Mechanism:</b>    | Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. Regular weekly/monthly/quarterly performance reporting is carried out through the Executive Team and Acute Senior Management Group. |
| <b>Responsible Director(s):</b> | Chief Officer – Acute  | <b>Corporate Objective(s):</b> | Diagnostics – Pillar 6 (no.42); Cancer Services – Pillar 6 (no.43)<br>TTG – Pillar 6 (no. 40, 43); OP- Pillar 6 (no. 42, 43, 45)   |
| <b>Corporate Risk(s):</b>       | <ul style="list-style-type: none"> <li>• ID 3328 - Roadways/Traffic Management – High;</li> <li>• ID 3600 – Finance - Very High;</li> <li>• ID 3726 - Hospital Bed Occupancy – Very High;</li> <li>• ID 3828 - Nursing Workforce – Very High;</li> </ul> |                                | <ul style="list-style-type: none"> <li>• ID 5185 - Access to Treatment- Very High;</li> <li>• ID 5186 - 4 Hours Emergency Access Target – Very High;</li> <li>• ID 5189 - RIE Facilities – High.</li> </ul>  |
|                                 |  |                                | On track   |

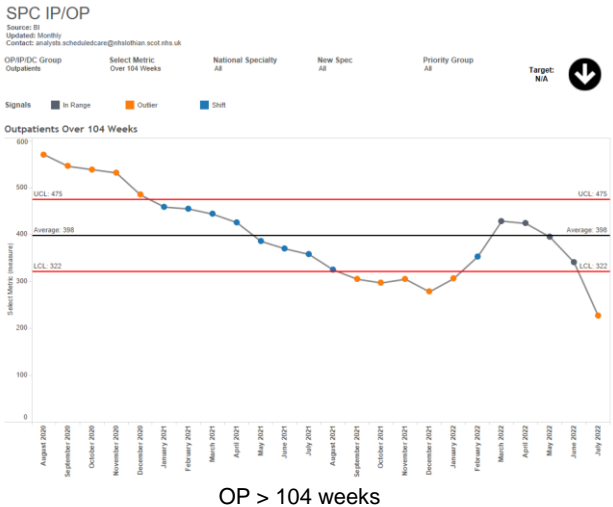
## Scheduled Care & Diagnostics – Outpatients Environment & Context



OP > 52 weeks



OP > 78 weeks

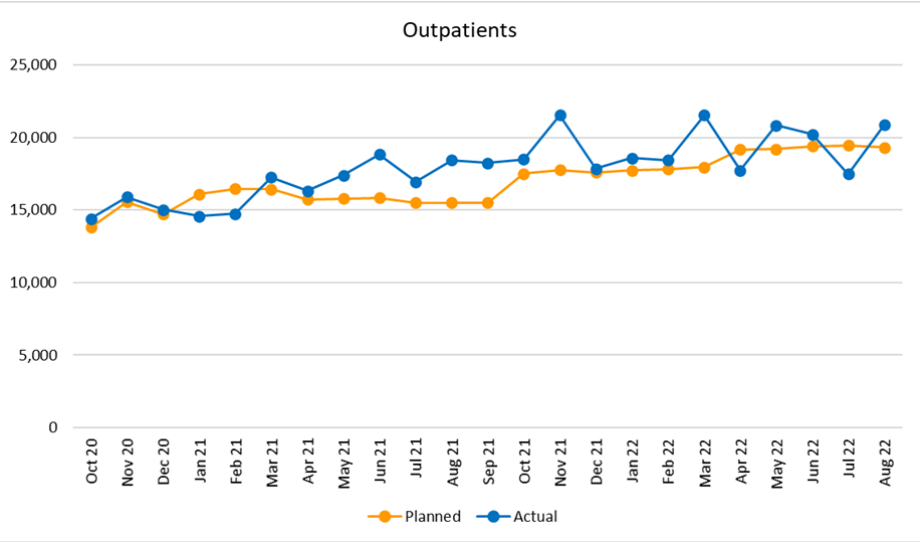


OP > 104 weeks

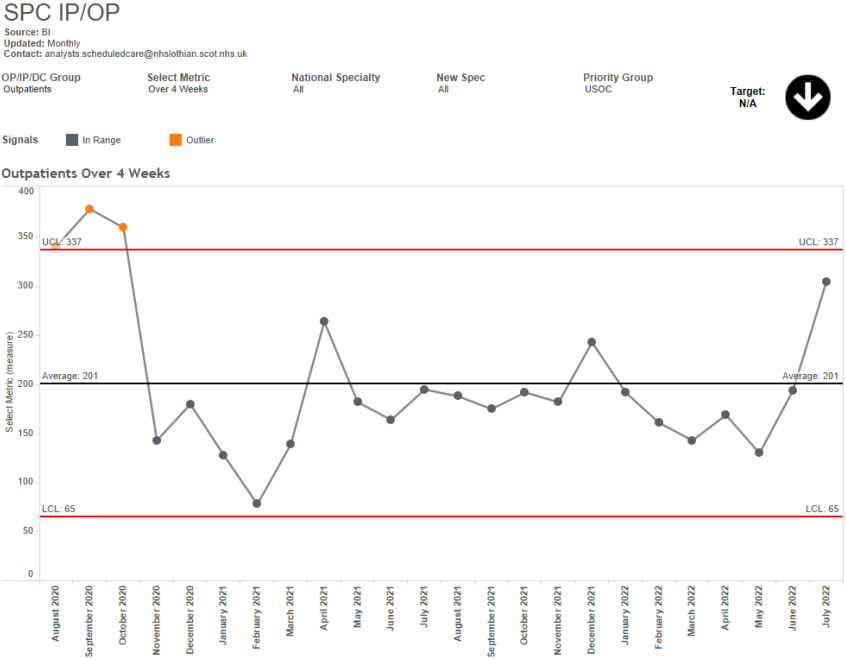


# SCHEDULED CARE & DIAGNOSTICS

## Scheduled Care & Diagnostics – Outpatients Environment & Context (cont'd)



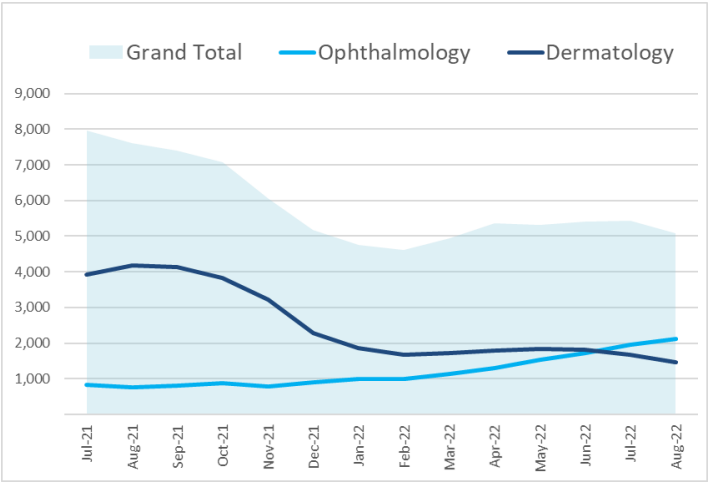
OP Planned vs Actual Activity



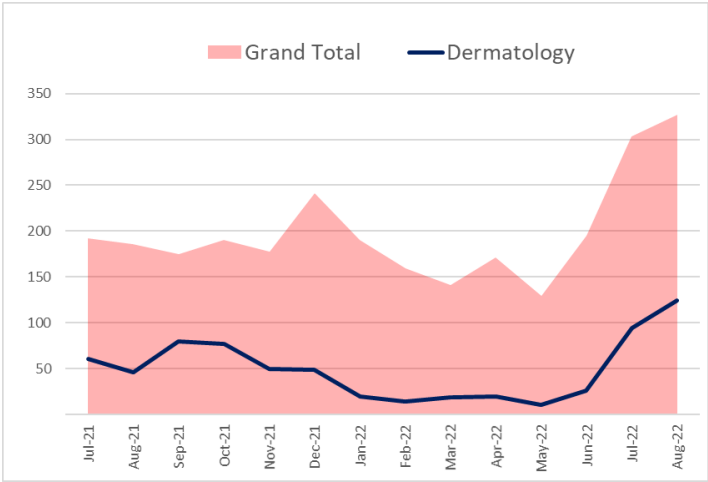
USOC OP > 4 weeks

# SCHEDULED CARE & DIAGNOSTICS

## Scheduled Care & Diagnostics – Outpatients Environment & Context (cont'd)



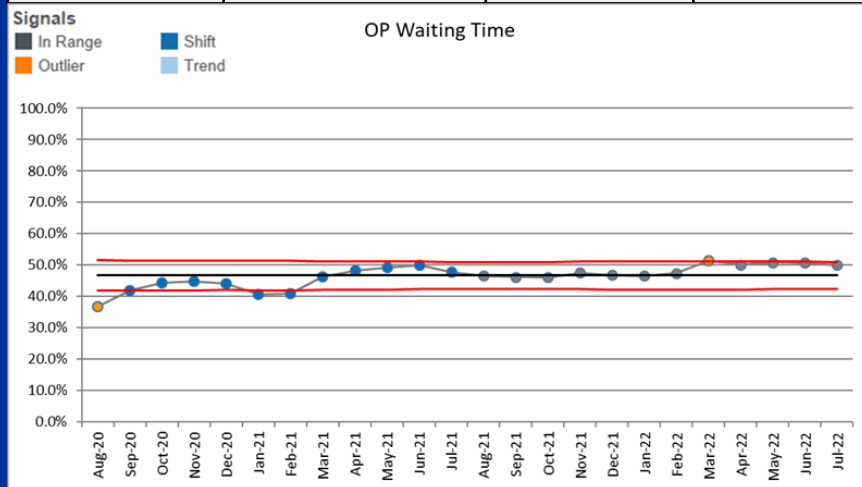
Long waits (over 52 weeks) trend for Ophthalmology, Dermatology and all specialties



USoC over 4 weeks trend for Dermatology and all specialties

# SCHEDULED CARE & DIAGNOSTICS – OUTPATIENT WAITING TIME (12 WEEKS)

| Performance Against Standard/ Trajectory | Standard/ Trajectory  | Latest Performance (July 2022) | Data Source            |
|--|---|--------------------------------|------------------------|
| Not Met                                  | 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment | 50%                            | Management Information |



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

- 12-week Waiting Time performance (%) has remained relatively unchanged over the last four months, with 48.4% waiting within 12 weeks at the end of August 2022.
- On 6 July the Cabinet Secretary for Health announced new targets to eliminate long waits for planned care. The first milestone target for Outpatients was to eliminate two year waits in most specialities by the end of August 2022.
- Services continue to focus on reducing the backlog of long waits that accrued during the pandemic, whilst maintaining capacity for USOC. Over the last quarter there has been a sustained reduction in the numbers waiting over 78 and over 104 weeks
- Most specialities had no patients waiting over 104 weeks at end August, with only a small number (54), primarily in Dermatology and Urology. This is due to the specialist nature of these patients..
- The next target is to eliminate Outpatients waits over 18 months (78 weeks) in most specialities is by the end of December 2022. Ophthalmology and Dermatology have the largest proportion of these, with the number increasing in Ophthalmology.

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

| Action   | Due By                                      | Planned Benefit   | Actual Benefit  | Status   |
|--|---|---|---|--|
| <p>There is a Board-wide Outpatient (OP) Redesign Programme underway. All OP specialties will be engaged in the programme on a rolling basis, based on priority as agreed by the Outpatient Recovery Board and advised by Site Directorate Groups.</p> <p>We are collaborating with the National Centre for Sustainable Delivery (CfSD) to support our programmes of remobilisation, recovery, and redesign (RRR). This collaboration facilitates specialty networks to bring together colleagues from across Scotland to share best practice.</p> | Ongoing, and continuing throughout 2022/23. | <p>Active Clinical Referral Triage streams patients to appropriate advice, virtual or face-to-face appointments.</p> <p>Patient Focused Booking (PFB) to support patient choice of a suitable appointment, whereby patients are sent an appointment letter. Aim to improve 'Did not attend' (DNA)/ cancellation rates.</p> <p>Patient Initiated Follow Up (PIFU) gives patients flexibility to arrange follow-up appointments when they need them and so reduce demand.</p> | Completed specialties have functionality for virtual appointments, PFB and PIFU embedded.   | 18 specialties have completed through the programme; additional 30 by end March 23. Dashboard developed to monitor impact  |
| <p>Increasing capacity in Dermatology.</p> <p>Remobilisation of hand/foot phototherapy service, which had been paused due to lack of workforce and capacity.</p>   | Ongoing, and continuing throughout 2022/23. | <p>'Hot' clinics in place every 4-6 weeks as required to provide addition capacity for Urgent/USoC patients.</p> <p>Focus External Provision activity at longest waits.</p> <p>Hand/foot phototherapy remobilised to reduce long waits</p>  | The number of patients waiting longer than 2 years in Dermatology have decreased, and the majority still waiting have an outpatient appointment booked. | <p>Continue Hot Clinics</p> <p>External Provision contract in place until September, . Further capacity being sought for Oct- March</p> <p>Hand &amp; Foot Phototherapy first clinic commenced 9 August.</p> |

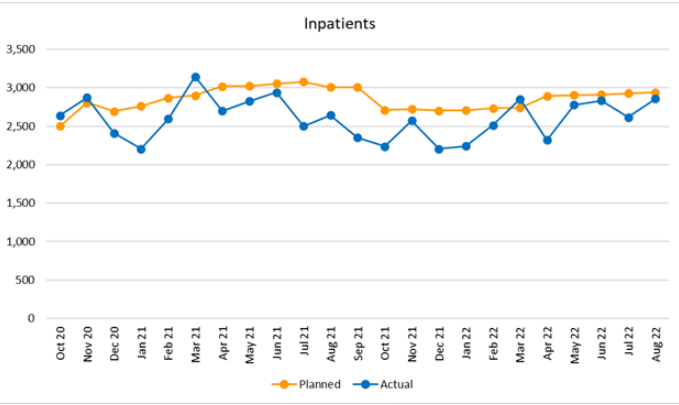


## Improvement actions planned, timescales and when improvements will be seen (cont'd):

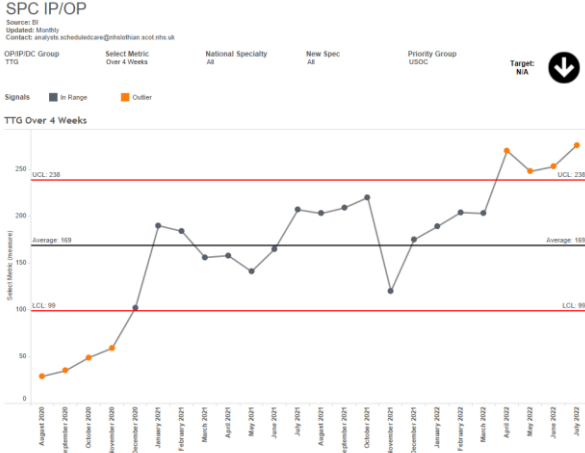
| Action  | Due By                                      | Planned Benefit  | Actual Benefit  | Status   |
|---|---|--|---|--|
| Procurement of External Provision.  | Ongoing, and continuing throughout 2022/23. | Increase capacity to reduce backlog.   |   | New procurement exercise underway to tender further additional capacity for the remainder of 2022/23. This includes specialties with longer waiting patients.<br><br>Risk of limited external capacity |
| Redesign of Qfit pathway in Colorectal for lower bowel symptoms.  | April 2022                                  | Less invasive diagnostic test to stream patients to appropriate treatment plan.  | USoC demand to Endoscopy has reduced by 100 patients per month. | On-going.  |
| Embed good waiting list management .<br>Enhanced focus on longest waiting patients.<br>Action plans to ensure capacity is available | August 2022                                 | Longest waiting patients booked into the next available appointments.<br>Achieve the Scottish Government milestone for August 2022 | Most services met end August milestone                          | On going.  |

# SCHEDULED CARE & DIAGNOSTICS

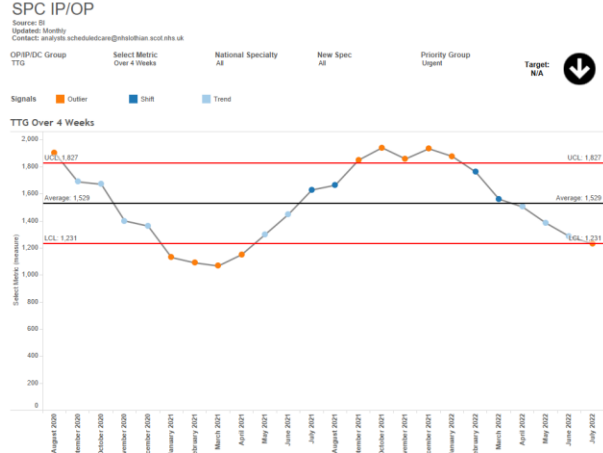
## Scheduled Care & Diagnostics – Inpatients/ Daycases (TTG) Environment & Context



IP Planned vs Actual Activity (activity that is measured against the 12 Week Treatment Time Guarantee)



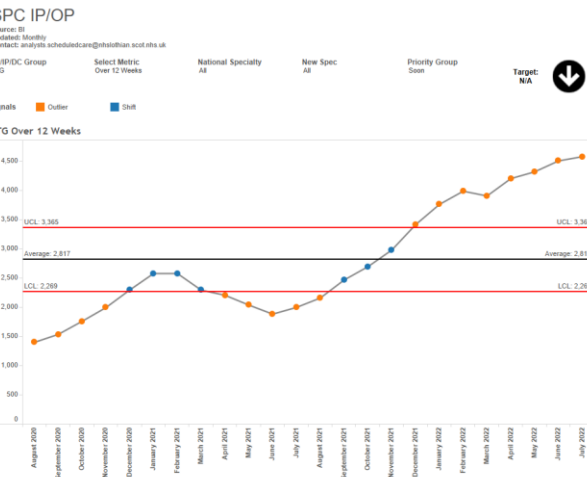
TTG USOC > 4 weeks



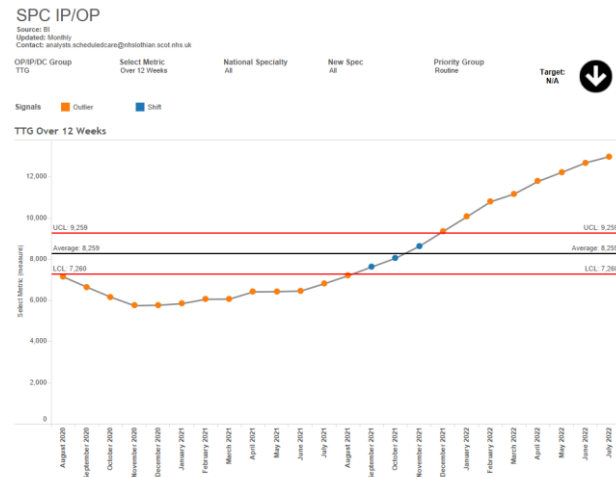
TTG Urgent > 4 weeks

# SCHEDULED CARE & DIAGNOSTICS

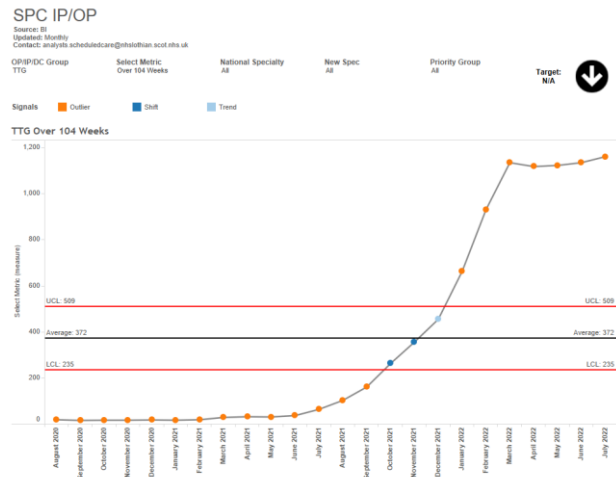
## Scheduled Care & Diagnostics – Inpatients/ Daycases Environment & Context (cont'd)



TTG 'Soon' > 12 weeks



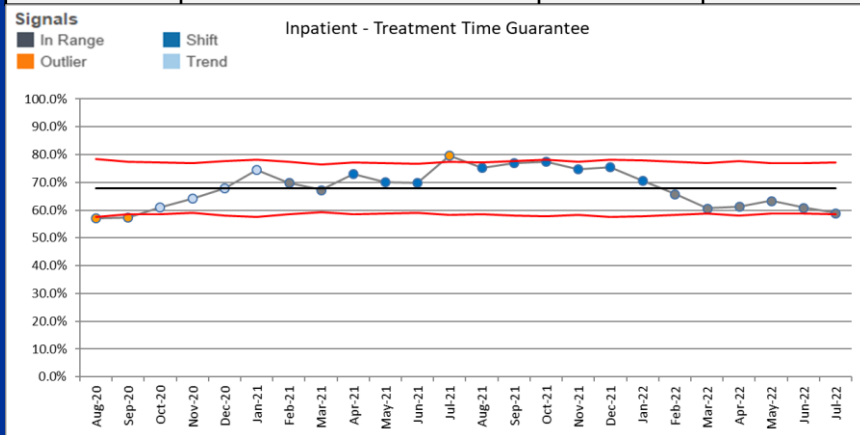
TTG 'Routine' > 12 weeks



TTG (all) > 104 weeks

# SCHEDULED CARE & DIAGNOSTICS – INPATIENT TREATMENT TIME GUARANTEE

| Performance Against Standard/ Trajectory | Standard/ Trajectory   | Latest Performance (July 2022) | Data Source            |
|--|--|--------------------------------|------------------------|
| Not Met                                  | Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee)). | 59%                            | Management Information |



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

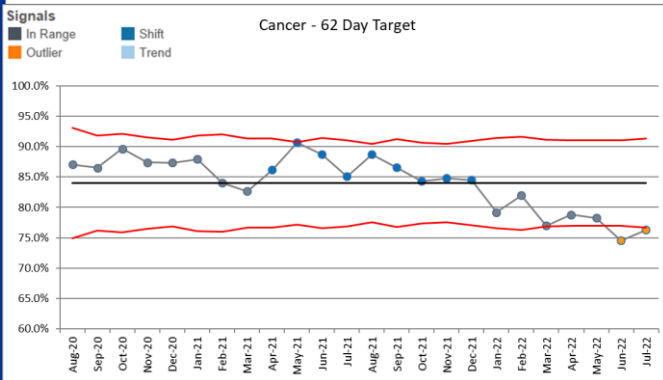
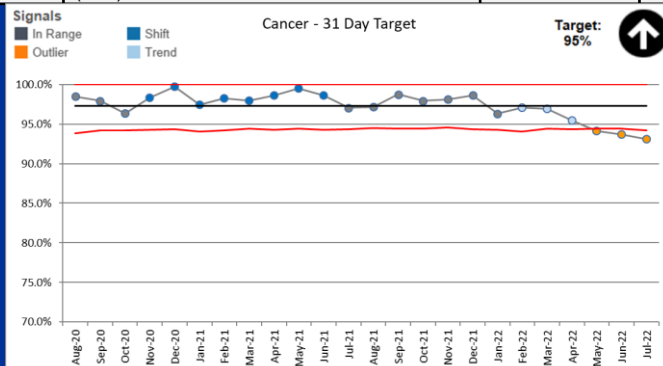
- The recovery of Treatment Time Guarantee (TTG) is more challenging than for Outpatients, with our current activity remaining below pre-pandemic levels- activity~ 67-70% of pre-pandemic levels.
- On 6 July the Cabinet Secretary for Health announced new targets to eliminate long waits for planned care. The first milestone target for TTG is to eliminate two year waits in most specialties by the end of September 2022. The number of patients waiting over 104 weeks decreased slightly in August to 1,083.
- As previously briefed, from our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance and we are not likely to meet the September 2022 milestone in some specialties. Workforce gaps in theatres, wards and critical care and highly occupied sites driven by USC demand, high DD numbers are directly impacting on ability to increase activity.
- The majority of patients waiting over 104 weeks are in eight specialties: Ear, Nose & Throat, General Surgery, Gynaecology, Paediatric Surgery, Plastic Surgery, Orthopaedic Surgery and Urology.
- Whilst a proportion of these patients are Day cases, the long waiting patients also include complex patients with procedures requiring longer theatre times, longer length of stay in hospital and critical care.

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

| Action   | Due By                        | Planned Benefit   | Actual Benefit  | Status   |
|--|-------------------------------|---|---|--|
| Following option appraisal recommending strategic intent to increase Day case and Inpatient activity, plans are being formulated to open further theatre lists and maximise theatre efficiency | September 2022                | Increase Day-case and Inpatient activity.   | Option appraisal implementation behind schedule – only PAEP 2nd Theatre delivered due to workforce & capacity constraints on all 3 acute sites              | Site readiness groups formulating implementation options for General Surgery, Ophthalmology, Orthopaedics, Plastic Surgery and Urology as a priority, in line with the services with the highest volumes of longest waiting patients |
| Procurement of external provision.   | Continuing throughout 2022/23 | Increase capacity to improve backlog.   | Patient cohorts identified and streamed for booking.  | New procurement round underway to tender further additional capacity for the remainder of 2022/23. This includes specialties with longer waiting patients<br>Risk of limited capacity .  |
| Implementing theatre scheduling tool.  | September 2022                | Help ensure theatre lists are fully utilised.   | TBC   | Tool supplier working to interface tool with Patient Administration System (in Ophthalmology in the first instance by end Sept).   |
| Maximise utilisation of non urgent theatre capacity for priority services.   | Ongoing                       | To increase theatre utilisation to focus capacity on the longest waiting patients in the highest priority services. | The number of TTG patients waiting over 104 weeks has stabilised over the past 2 months, although overall the inpatient waiting list continues to increase. | Ongoing. Incorporated into weekly Theatre matrix meetings across all sites.  |
| Increasing theatre staffing via external provision procurement   | September 2022                | Support core theatre staffing levels and increase available theatre lists.  | Supported consistent Urology lists.   | Pilot extended for a further three months and a cost/benefit analysis is underway to appraise the value of further procurement.  |

# SCHEDULED CARE & DIAGNOSTICS – CANCER 31 & 62 DAY STANDARD

| Performance Against Standard/Trajectory         | Standard/ Trajectory                         | Latest Performance (July 2022) | Data Source            |
|---|--|--------------------------------|------------------------|
| Not Met (62d)                                   | 95% Standard (agreed trajectory 83.7% (62d)) | 76.2%                          | Management Information |
| Not Met Standard (31d) but met local trajectory | 95% Standard (agreed trajectory 88.1% (31d)) | 93.1%                          |                        |



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

- Data from the last reporting period (Q1/Q2 2022) is showing special cause variation, as the most recent data points are below the Lower Control limit. The 7 most recent data points for 62 Days were below the mean, although this is not yet a signal of deterioration, the data has an Upper Control limit of 92.3%, therefore we recognise the current system has not been capable of meeting the 95% goal in the last two years. Through the improvement actions and remobilisation plans, we are working to recover this position.
- NHS Lothian 62-day cancer performance remained below the trajectory of 83.7% in July 22, with performance at 76.2%. Scotland's performance was 75.8%.
- 31-day cancer performance below the target of 95% but was above the trajectory of 88.1%; NHS Lothian's performance was 93.1% and for Scotland was 95.0%.
- 62-day pathways continue to be impacted by high referral numbers, waits for OP appointments, endoscopy and radiology above 2 weeks in most instances, reduced bed and theatre capacity, in addition to staffing challenges across services.
- An update in guidance in Q1 means that pre-isolation period for surgical patients on a cancer pathway is no longer required and WTA (waiting times adjustment) is no longer applicable for each patient in the lead up to surgery. Further analysis is required to understand the impact on performance. The most significant decreases have been in Urology, particularly the national removal of the 'non-standard treatment' exemptions for Robotic Prostatectomy in Q2.

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

| Action  | Due By  | Planned Benefit  | Actual Benefit  | Status   |
|---|---|--|---|--|
| 1. All tumour groups to review and update timed cancer pathways; Breast, Colorectal, Head and Neck, Lung, Gynae (Cervical & Ovarian), Melanoma, Urology, Upper GI and Breast  | All TGs up to end Oct 2022                                    | Up-to-date understanding of opportunities for improvement in the pathways, to support attainment of the National Cancer Standards and encourage effective escalations.                             |   | All services are engaged.<br><br><b>The programme continues:</b><br><b>Signed off</b> – Breast and Ovarian.<br><b>At sign off</b> – Oesophageal, Gastric, Prostate, Cervical, Head and Neck and Lymphoma<br><b>At sign off</b> – Renal and Melanoma<br><b>Draft pathway completed, awaiting data confirmation</b> – Lung and Bladder<br><b>Pathway drafted, awaiting MDT Feedback</b> – Colorectal and testes<br><b>Awaiting Pathway Mapping</b> – HPB (meeting scheduled for 15th Sept)   |
| 2. Urology<br><br>Pathway improvement and development work<br><br>Implement one stop bladder clinic – Dec 21  | Various up to end June 2022 (excl. nephrectomy recovery plan) | Prioritise actions to reduce timings across various stages of the cancer pathway   | Positive patient feedback on one-stop clinic. Data demonstrates significant reduction in time from Referral to Diagnosis from median of 50 days to 13.8 days.<br><br>Additional flexible cystoscopies in Nurse Led Urology Unit 6 per week.   | Additional flexible cystoscopies embedded via a flexi clinic in Nurse Led Urology Unit - 6 per week. Further pathway work ongoing to develop the delivery of flexible cystoscopies in OP settings.<br><br>Robot Assisted Radical Prostatectomy (RALRP) service commenced at SJH on 10 May 2022 following conclusion of the contract with Spire. Surgical and theatre teams are working towards implementing extended day operating in order to address a shortfall in capacity. The NHS Fife new consultant appointment commenced in August 2022 which will support the transfer of NHS Fife patients to receive their treatment locally and ultimately reduce the waiting time for patients.<br><br>Additional PSA clinics to help clear the backlog of patients has commenced (caused by increased referrals). <i>The team is undertaking a detailed review of the Raised PSA pathway with support from the QI team at the WGH. This has identified some opportunities for improvement which will aim to streamline the front end of the pathway and reduce the time to first appointment.</i> |
| 3. Endoscopy:<br><br>Wait List Initiatives (WLIs) implemented for USoC patients from January.<br><br>Embed process to identify non-cancer patients and “Stop Tracking” to reduce pathology waits for USOC pathology | On going  | Spread demand across bowel screening, colonoscopy, and flexi sigmoidoscopy to provide extra capacity for patients.<br><br>Focusing pathology capacity on patients with urgent suspicion of cancer. | Providing extra capacity for patients and spread of demand across bowel screening, colonoscopy, and flexi sigmoidoscopy, to prevent increased waiting time for all queues.<br><br>Bowel Screening – maintained the 31 day target for the majority of our patients. Urgent Suspicion of cancer (USoC) patients it has remained stable<br>Total number of patients seen on WLI with Bowel screening and USoC in last 4 months is 205. | Ongoing – WLI activity at weekends for USOC and bowel screening.   |

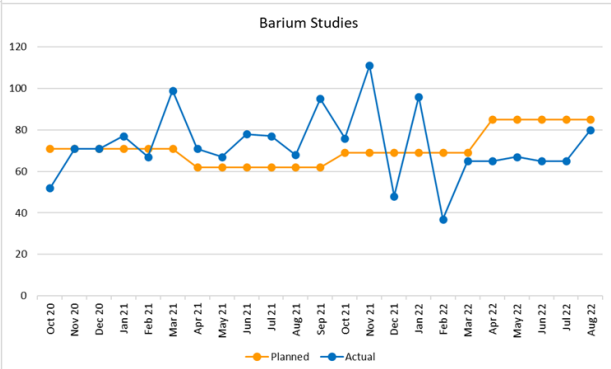
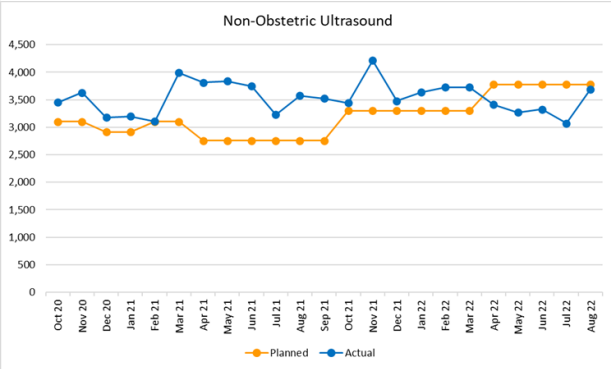
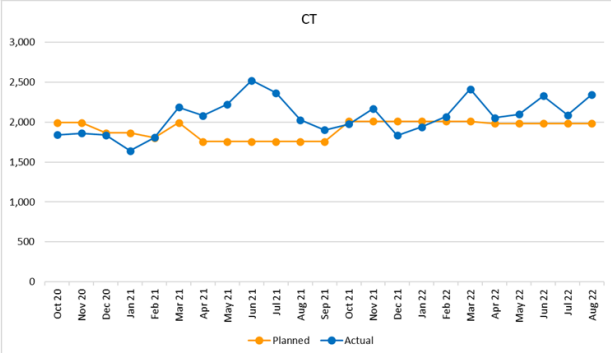
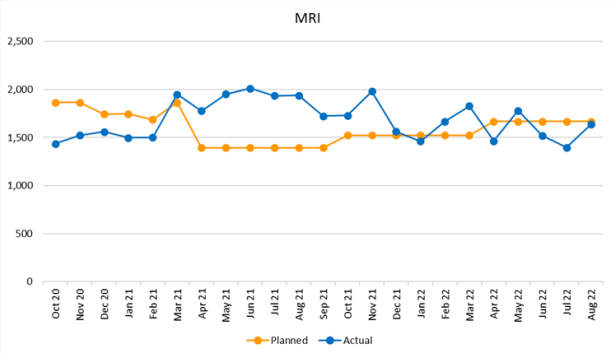
**Improvement actions planned, timescales and when improvements will be seen (cont'd):**

| Action  | Due By                         | Planned Benefit  | Actual Benefit  | Status          |
|---|--------------------------------|--|---|-----------------|
| <p>4. Dermatology:</p> <p>Trialing 'Hot Weeks', incl. for Melanoma patients, when only new USoC patients will be seen.</p> <p>Bespoke letters being sent to GPs when patients are regraded from USoC to Urgent.</p> | <p>Ongoing throughout 2022</p> | <p>Reduce waiting list for USoC OP appointments.</p> <p>Better quality referrals to support clinical triage and prioritisation based on clinical need.</p> | <p>Reduced waiting list for USoC OP appointments.</p> | <p>On going</p> |



# SCHEDULED CARE & DIAGNOSTICS

## Scheduled Care & Diagnostics – Radiology Environment & Context (activity)



## SCHEDULED CARE & DIAGNOSTICS – RADIOLOGY ACTIVITY

| Performance Against Standard/ Trajectory | Standard/ Trajectory  | Latest Performance (August 2022) | Data Source            |
|--|---|----------------------------------|------------------------|
| Not Met                                  | Diagnostics: MRI Activity Variance (Planned Versus Actual)                      | -31                              | Management Information |
| Met                                      | Diagnostics: CT Activity Variance (Planned Versus Actual)                       | 362                              |                        |
| Not Met                                  | Diagnostics: Non-Obstetric Ultrasound Activity Variance (Planned Versus Actual) | -85                              |                        |
| Not Met                                  | Diagnostics: Barium Studies Activity Variance (Planned Versus Actual)           | -5                               |                        |

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

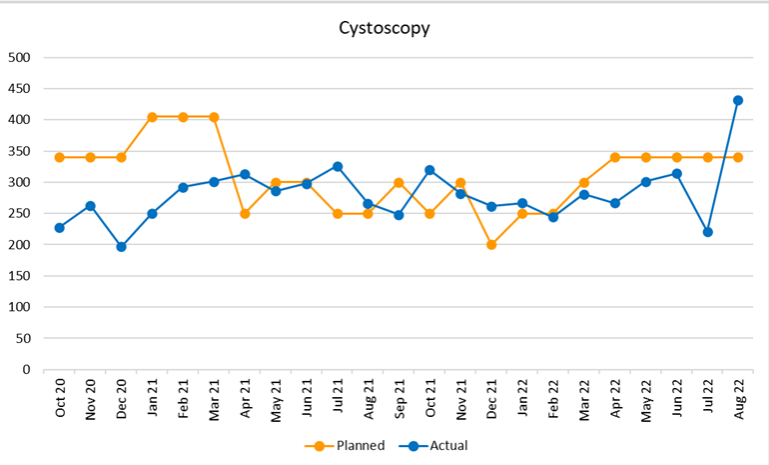
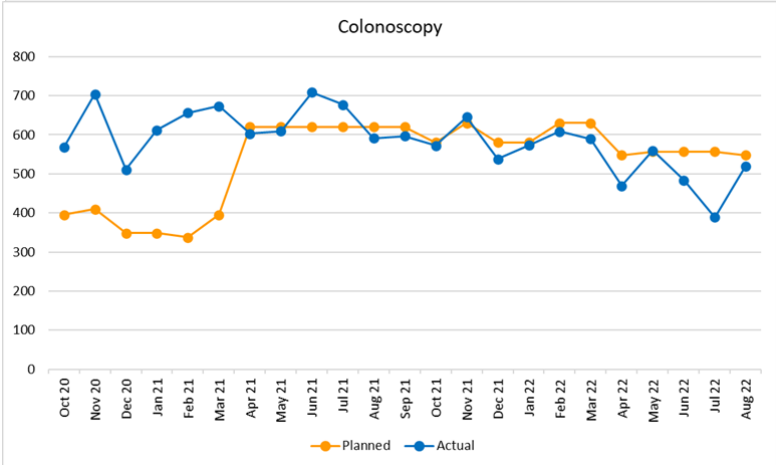
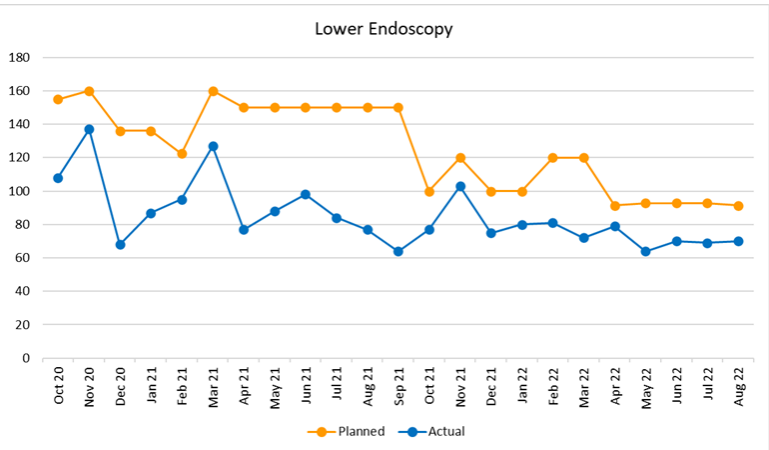
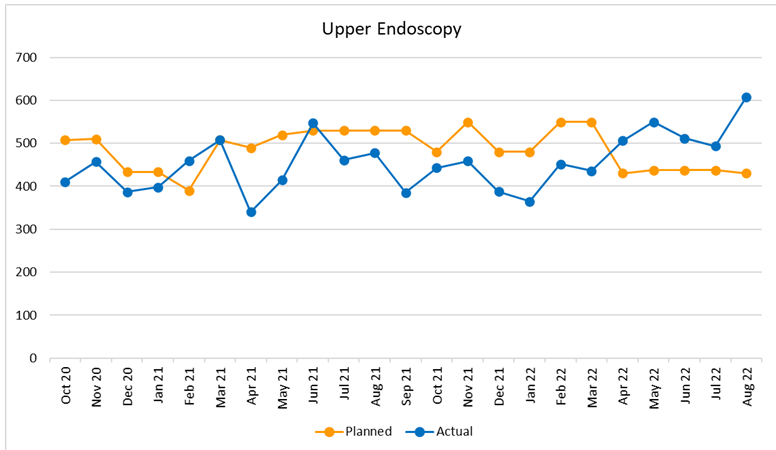
- Magnetic Resonance Imaging (MRI) – Activity has largely exceeded plan consistently throughout the period due to the availability of external capacity in addition to internal services.
- Computed Tomography (CT) - CT capacity increased capacity since July 2022 due to the installation of CT Pod at SJH- this resource will be available for the remainder of 2022/23.
- Non-obstetric ultrasound - The Ultrasound service remains a particular cause for concern. Although activity levels have largely been maintained this has been supported by additional Radiologist scanning sessions through flexing job plans together with additional waiting list initiative (WLI) scanning sessions. The Ultrasound service is reliant on Sonographer availability and this has been impacted by COVID-19 sickness, vacancies and maternity leave.

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

| Action  | Due By                                | Planned Benefit             | Actual Benefit   | Status                  |
|---|---------------------------------------|-----------------------------|--|-------------------------|
| Increase mobile MRI capacity from 15 days per month to 18/19 days per month                       | Commenced in April 2022               | Increased activity          | . Approximately 60 additional MRI appointments per month                 | Ongoing                 |
| It is proposed this be replaced by a relocatable CT unit on SJH site (Funded by SGHD Diagnostics) | July 2022                             | Increased activity          | Total of 75-100 scans per week up to October 2022 (assuming maximal use) | Ongoing, to March 2023  |
| CT capacity to be provided by Golden Jubilee National Hospital                                    | From April 2022                       | Increased activity          | Capacity for 200 scans per year will be provided                         | Commenced in April 2022 |
| Additional CT scanning sessions provided at RHCYP – Sept 2022)                                    | RHCYP CT sessions commenced Sept 2022 | Increased scanning capacity | 300-400 CT scans/month   | Ongoing                 |

# SCHEDULED CARE & DIAGNOSTICS

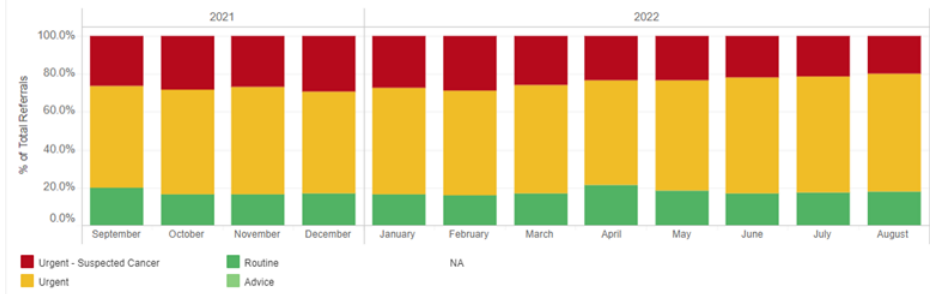
## Scheduled Care & Diagnostics – GI Diagnostics incl. Cystoscopy Environment & Context (activity)



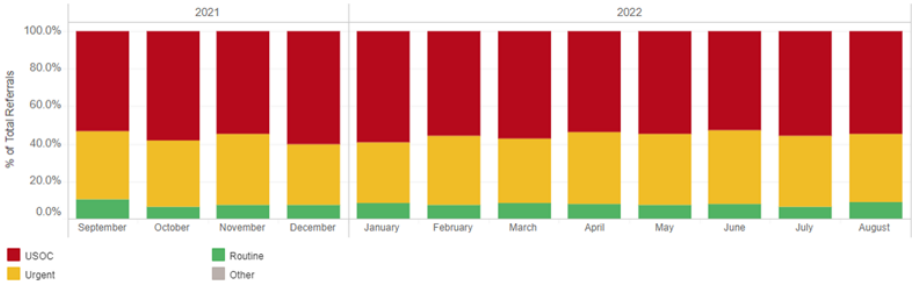
# SCHEDULED CARE & DIAGNOSTICS

## Scheduled Care & Diagnostics – GI Diagnostics incl. Cystoscopy Environment & Context (cont'd)

PROPORTION OF REFERRALS BY MONTH / YEAR AND PRIORITY BEFORE TRIAGE

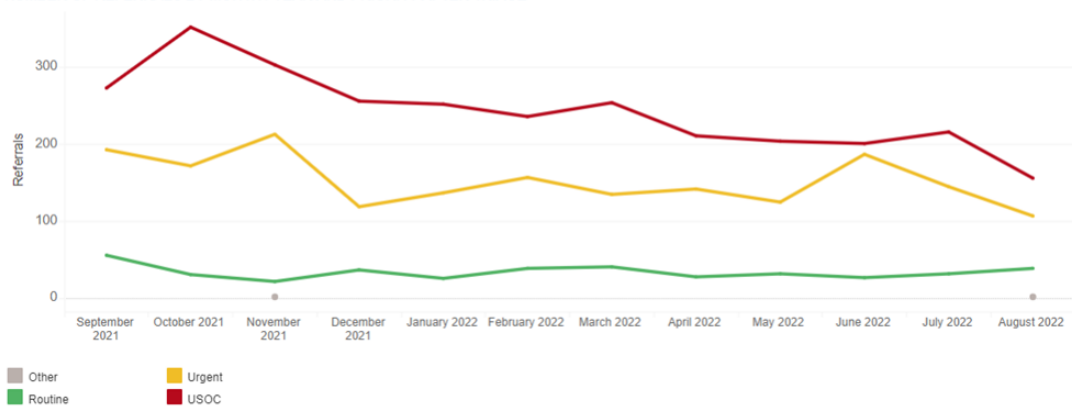


PROPORTION OF REFERRALS BY MONTH / YEAR AND PRIORITY AFTER TRIAGE



**Colon referrals after triage:**

NUMBER OF REFERRALS BY MONTH / YEAR AND PRIORITY AFTER TRIAGE



|         | 2021      |         |          |          | 2022    |          |       |       |     |      |      |        |
|---------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|------|--------|
|         | Septemb.. | October | November | December | January | February | March | April | May | June | July | August |
| Other   |           |         | 1        |          |         |          |       |       |     |      |      | 1      |
| Routine | 55        | 30      | 21       | 36       | 25      | 38       | 40    | 27    | 31  | 26   | 31   | 38     |
| Urgent  | 192       | 171     | 212      | 118      | 136     | 156      | 134   | 141   | 124 | 186  | 144  | 106    |
| USOC    | 272       | 351     | 302      | 255      | 251     | 235      | 253   | 210   | 203 | 200  | 215  | 155    |

# SCHEDULED CARE & DIAGNOSTICS – GI DIAGNOSTICS INCL. CYSTOSCOPY ACTIVITY

| Performance Against Standard/ Trajectory | Standard/ Trajectory | Latest Performance (August 2022) | Data Source            |
|--|----------------------|----------------------------------|------------------------|
| Met                                      | Upper Endoscopy      | 177                              | Management Information |
| Not Met                                  | Lower Endoscopy      | -21                              |                        |
| Not Met                                  | Colonoscopy          | -29                              |                        |
| Not Met                                  | Cystoscopy           | -92                              |                        |

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

- New and repeat activity has increased since February 2022. Workforce pressures continue to impact the volume activity we are able to deliver. Despite this the Endoscopy service is currently exceeding its predicted activity trajectory.
- Appointment slot prioritisation remains in place for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients, irrespective of diagnostic test. Ring fenced slots introduced for genetically high-risk patients There is on-going clinical validation of high risk ulcer patients by the clinical team as well as new Inflammatory bowel disease (IBD) diagnosis colonoscopy patients. Clinical validation of surveillance IBD colonoscopy patients is due to commence following the recommendations of the BSG (British Society of Gastroenterology) interim framework for addressing backlog of COVID-19 IBD colonoscopy patients.

- USoC demand remains high, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The demand for USOC colon is now decreasing as shown on the previous page. This is due to Qfit pathway implementation - a process that effectively identifies those USoC referrals that require an endoscopy, reducing demand and freeing up capacity for other patients. This has allowed patient-focussed booking (PFB) to be switched on for urgent colon patients, reducing the long waits for this cohort and the ability to increase the number of surveillance patients being undertaken. Attendance at the regional Endoscopy Unit has increased by 15%. On-going housekeeping of waiting lists is undertaken and local policies Telephone reminder calls are being undertaken to assist with reducing DNA activity. Longest waiting patients are being reviewed and clinically validated. Additional capacity at Golden Jubilee Hospital for 55 Oesophago-Gastro-Duodenoscopy (OGD) patients per month.
- cytosponge for Barrett's surveillance patients has demonstrated a reduction in waiting times for these patients. Patients suitable for this procedure are triaged and booked within their target dates if they meet the clinical criteria. Capacity for patients who do not meet this criteria is also ring-fenced on a weekly basis so that they are not further delayed.
- Gaps in Urology trainee rota resolved. Flexible cystoscopy lists reinstated to baseline volumes.
- Clinical fellow gaps in urology -requiring capacity to be moved from flexible cystoscopy to cover on-call rotas, continues to impact.

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

| Action  | Due By                           | Planned Benefit  | Actual Benefit   | Status   |
|---|----------------------------------|--|--|--|
| Increase capacity at East Lothian Community Hospital (ELCH) to 20 sessions per week | incrementally increased capacity | Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent). | Have now increased capacity to 15. (additional 5 sessions) | Ongoing recruitment to open remaining sessions       |
| Utilisation of Room 4 WGH   | Was due by Mid-2021              | Increased capacity for endoscopy procedures (approx. 50-60 patients per week)                        | Will increase capacity, thereby reducing waiting times.    | Room ready and posts being recruited.                |
| Recruit to current Nurse Endoscopist vacancies                                      | Ongoing                          | 6 scope lists per week (approx. 30-40 patients).   | Reduction in waiting times                                 | New nurse endoscopist trainee start date end Sept 22 |

## Improvement actions planned, timescales and when improvements will be seen (cont'd):

| Action   | Due By        | Planned Benefit  | Actual Benefit  | Status   |
|--|---------------|--|---|--|
| Implementation of Qfit to determine need for colonoscopy   | Now in place  | Patients will only be triaged to colonoscopy if they have abnormal Qfit result.  | Decreased referrals for colonoscopy. Improved waiting times.  | Qfit pathway established in April 2022 and now colorectal team and Gastrointestinal (GI) clinical team implementing Qfit pathway and integrating into triaging practice, prior to decision being made to refer for scope. Standard Operating Procedure circulated to GI Clinicians. (see chart on previous slide with USOC colon referrals decreasing) |
| Roll out Cytosponge diagnostic procedure, an alternative to upper endoscopies - Cytosponge added to Triage | Now in place. | Cytosponge diagnostic procedure to reduce the number of upper endoscopies. Decrease number of referrals to Upper endoscopy for patients presenting with specific symptoms. | Decreased waiting time for Barrett's surveillance endoscopy. Decreased waiting times for Upper endoscopy for specific group patients triaged with Gastro-oesophageal reflux disease (GORD). | Patient being booked in target. Low number coming though on new referral pathway. On going monitoring.   |



### Improvement actions planned, timescales and when improvements will be seen (cont'd):

| Action  | Due By              | Planned Benefit  | Actual Benefit   | Status   |
|---|---------------------|--|--|--|
| Additional capacity via weekend Waiting List Initiatives (WLIs) | Ongoing             | Additional 20 flexible cystoscopies per week.                              | Additional activity  | Ongoing.   |
| Recruitment of nurse cystoscopist                               | Ongoing/ June 2022. | Additional flexible cystoscopy lists.                                      | Additional flexible cystoscopy lists but no immediate impact as extensive training is likely to be required. | Appointed 2 clinical staff to build additional capacity within the team. Course commences September 2022.<br><br>Academic and practical training delayed until Jan 2023 by education provider. |
| One-stop visible haematuria clinic                              | Implemented         | To improve patient pathway by reducing need for second patient attendance. | Improves patient pathway by reducing need for second patient attendance.                                     | Implemented and embedded in practice.  |

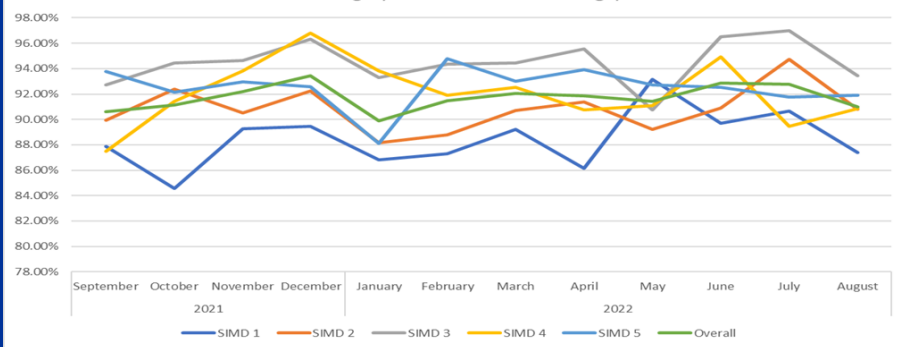
# PREGNANCY SERVICES

|                                 |   |                                |                                     |
|---------------------------------|---|--------------------------------|-------------------------------------|
| <b>Reporting Month:</b>         | August 2022   | <b>Oversight Mechanism:</b>    | Acute Senior Management Group (SMG) |
| <b>Responsible Director(s):</b> | Allister Short – Service Director<br>Jacquie Campbell – Chief of Acute Services | <b>Corporate Objective(s):</b> | N/A                                 |
| <b>Corporate Risk Grading:</b>  | N/A   | <b>Corporate Risk(s):</b>      | N/A                                 |
| <b>National Standard:</b>       | LDP standard(s)   |                                |                                     |

# PREGNANCY SERVICES – ANTENATAL CARE

| Performance Against Standard/ Trajectory | Standard/ Trajectory   | Latest Performance (August 2022)  | Data Source            |
|--|--|---|------------------------|
| Met                                      | At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation. | SIMD 1 (most deprived): 87.39%<br>SIMD 2: 90.78%<br>SIMD 3: 93.44%<br>SIMD 4: 90.83%<br>SIMD 5: 91.91%<br>Overall: 91.73% | Management Information |

Booking by 12 weeks - SIMD Category



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

- 80% standard achieved for all SIMD categories in each of the 12 months for the year to August 2022.
- Those in SIMD category 1 continue to be less likely to book by 12 weeks gestation than other groups.
- There is a risk that late booking leads to issues accessing early interventions and screening, such as smoking cessation, fetal alcohol syndrome, dietary advice, screening tests for congenital abnormalities and other public health interventions leading to poorer birth outcomes for mother and baby.

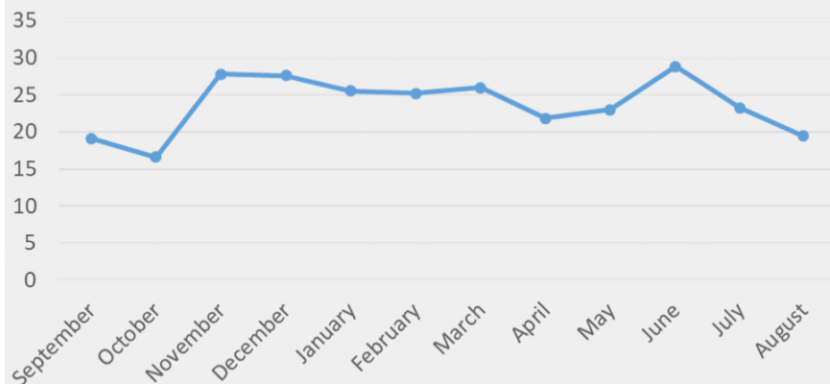
## Improvement actions planned, timescales and when improvements will be seen:

| Action  | Due By     | Planned Benefit   | Actual Benefit  | Status  |
|---|------------|---|---|---|
| Review of care pathways for those experiencing complex social factors to ensure comprehensive support in place. | March 2023 | Improved understanding of epidemiology and support currently available.<br>Development of improved support for pregnant people and improved inter-agency working. | Published report sets out key recommendations and areas for improvement<br><br>To be realised | Review undertaken by public health department and report now published. Response under development based on the recommendations within the report. This will involve working from a wide group of stakeholders across NHS Lothian and beyond. |
| Targeted rollout of midwifery continuity to deprived communities.   | March 2023 | Continuity evidenced to have positive impact upon outcomes for mother and baby, particularly for those who are experiencing deprivation.                          | To be realised.   | Programme for delivery of targeted expansion of continuity of carer being developed, with focus on deprived communities.  |

# PREGNANCY SERVICES – IN-VITRO FERTILISATION (IVF) ACCESS

| Performance Against Standard/ Trajectory | Standard/ Trajectory   | Latest Performance (August 2022) | Data Source            |
|--|--|----------------------------------|------------------------|
| Met                                      | 90% of eligible patients to commence IVF treatment within 12 months of referral. | 92.3%                            | Management Information |

Average IVF Waiting Times (weeks)



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

- The service currently meets the 52 week target for IVF treatment and has done so throughout the last 12 months.
- Demand for self funding treatment is reduced versus pre-COVID.

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

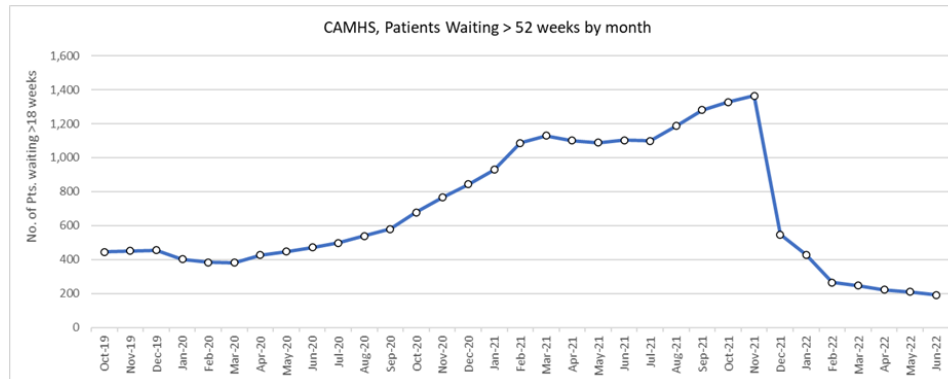
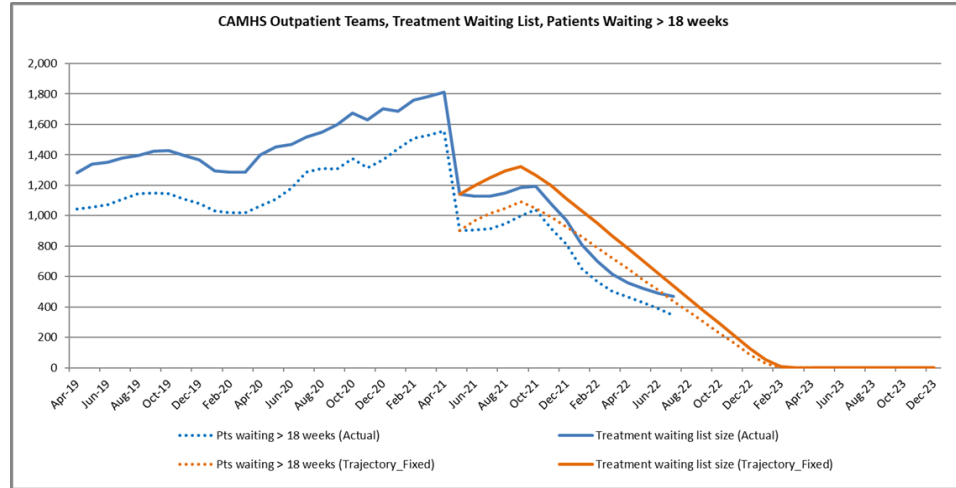
| Action   | Due By     | Planned Benefit  | Actual Benefit  | Status  |
|--|------------|--|-----------------|---|
| Revision of IVF patient pathways underway to ensure efficient capacity management. | March 2023 | Streamlined pathways and more effective use of resource. | To be realised. | Review of pathways complete.<br><br>Service Improvement manager working to implement agreed changes through the course of the current financial year. |

# MENTAL HEALTH SERVICES

| Summary for CAMHS, Psychological Therapies and Adult Acute Bed Occupancy: |  |                                |  |
|---|--|--------------------------------|--|
| <b>Reporting Month(s):</b>  | June-August 2022                               | <b>Oversight Mechanism:</b>    | Reported via REAS Senior Management Team, CMT, CAMHS SMT, Performance Support Oversight Board and PPDC, clinical and corporate risk(s) overseen by Healthcare Governance Committee.  |
| <b>Responsible Director(s):</b>   | Tracey McKigen – Services Director             | <b>Corporate Objective(s):</b> | <p>LSDF Pillar Two – valuing our work with Children and Young People as the ultimate investment in prevention (objective no. 15)</p> <p>LSDF Pillar Four – Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing, with an emphasis on preventing ill-health (objective no. 24)</p> |
| <b>Corporate Risk Grading:</b>  | 5187 – Very High (20)<br>5188 – Very High (20) | <b>Corporate Risk(s):</b>      | 5187 – Access to Psychological Therapies Corporate Risk (via Healthcare Governance Committee)<br>5188 – Access to CAMHS Corporate Risk (via Healthcare Governance Committee)   |

# MENTAL HEALTH SERVICES

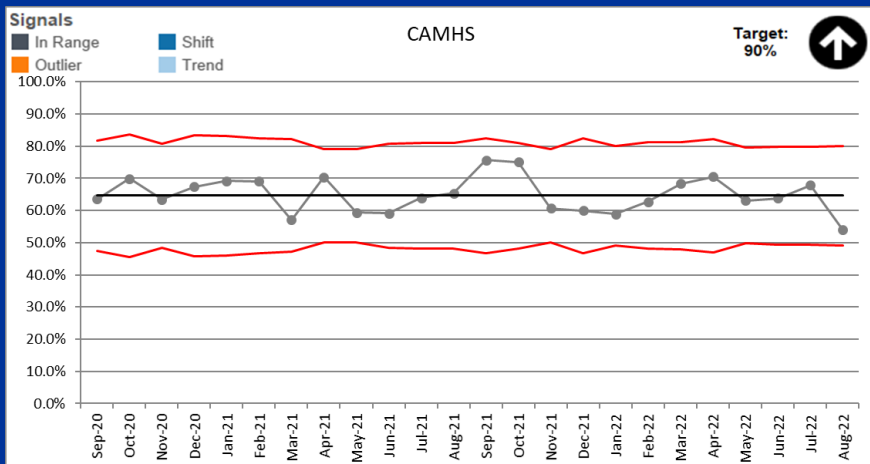
## CAMHS - Environment & Context





# MENTAL HEALTH SERVICES - 90% OF YOUNG PEOPLE ARE TO COMMENCE TREATMENT FOR SPECIALIST CAMHS WITHIN 18 WEEKS OF REFERRAL

| Performance Against Standard/ Trajectory | Standard/ Trajectory   | Latest Performance (August 2022) | Data Source                               |
|--|--|----------------------------------|---|
| Not met                                  | 90%<br>Data is showing special cause variation but no recent signals of change. CAMHS are currently ahead of trajectory of reducing patients waiting >18 weeks for treatment by February 2023. | 54.0%                            | Validated internal management information |



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

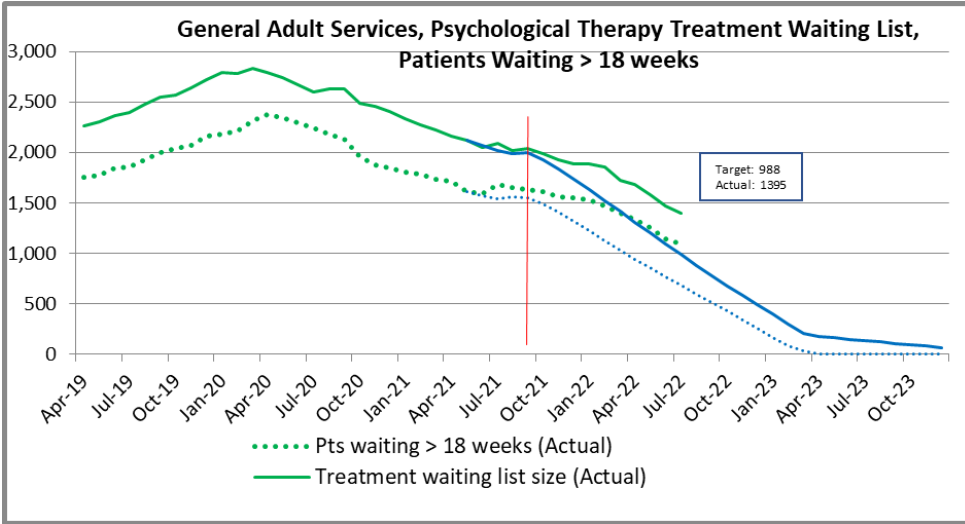
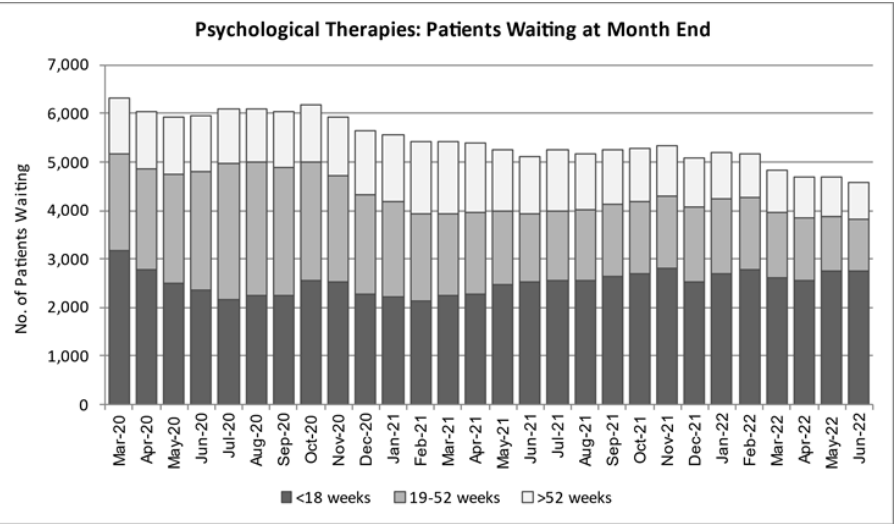
- Data remains within control limits since the last update. This performance was expected as the service continues to see the longest waiting patients as part of the recovery plan.
- The total number of CYP seen remains steady in the period May-August 2022 (between 263-271 patients per month). Of that number the number of patients waiting over 52 weeks continued to fall from 247 in March 2022 to 193 in June 2022.
- We remain ahead of the CAMHS Tier 3 trajectory model in August 2022 as shown on the previous page.
- The improvement in performance can be contributed to several factors. This includes the ability of the services to increase staffing establishment; a continued focus on CAPA implementation, in all Lothian Teams; and the utilisation of the HEALIOS team.
- Case holding staffing levels by October 2021 were expected to be 136.28 WTE. The case holding staffing count in July 2022 was 107.1 WTE – this represents a deficit of 29.18 WTE against planned recruitment.
- Appropriate staffing levels remain the biggest risk however we have recently recruited 6 medical staff, 4 Consultants and 2 Specialty Doctors with start dates pending.

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

| Action  | Due By    | Planned Benefit  | Actual Benefit  | Status  |
|---|-----------|--|---|---|
| <b>Current/Ongoing Actions</b>  |           |  |   |   |
| Implementation of individual job plans and team capacity models on CAPA.            | Completed | Utilisation of current capacity to deliver service within all Lothian Outpatient Teams.  | Reduction in the number of overall waits for treatment.   | All 5 outpatient teams have team capacity plans in place, this predicts the new patient capacity for Core CAMHS MH and also ND. The service is currently planning for Q3 Oct-Dec.<br>East Lothian are planning implementation of full booking from the start of October, this means patients will be booked straight into treatment (Core MH) following initial assessment.<br>Planning in place for Implementation of full booking with Mid and South for January 2023 |
| Implementation of Healios to aid in the delivery of Neurodevelopmental Assessments. | Ongoing   | Reduction in the number of patients waiting for assessment   | Reduction in the number of overall waits for assessment   | Work is ongoing to develop the Neurodevelopmental pathway within NHS Lothian. A large percentage of waits is contributed to ASD & ADHD assessments. Additional contract - Healios have been contracted to deliver up to 450 ASD & 100 ADHD assessments and further treatment appoints<br>A new multi-agency pathway for young people who require support with ND is required.   |
| Additional support and recognising the challenges faced in North Edinburgh          | June 2022 | To provide enhanced locality support in North Edinburgh to provide valuable learning and inform the development of future operational management roles | Reduction in the number of overall waits for treatment and assessment within North Edinburgh Outpatient team. | North Edinburgh has seen significant improvement in CAMHS waiting times over the previous quarter as a result of clear operational management. There are currently plans to develop a more permanent leadership structure to ensure continual improvement within the outpatient team.   |

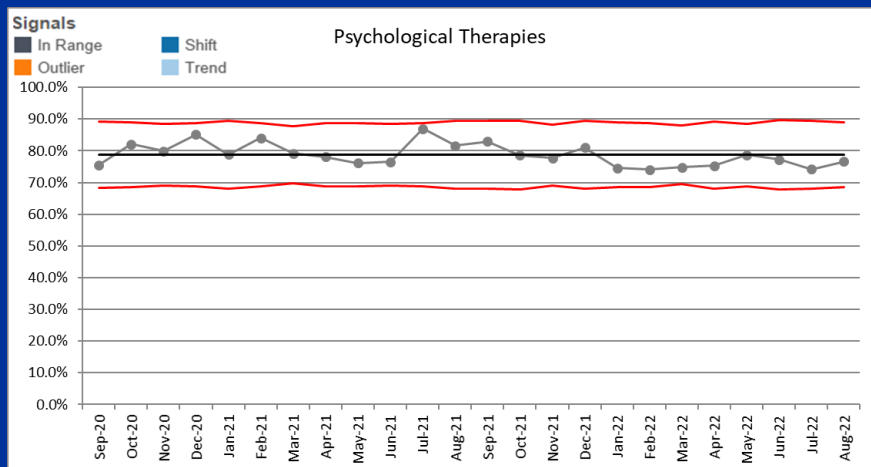
# MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

## Psychological Therapies - Environment & Context



# MENTAL HEALTH SERVICES - 90% OF PATIENTS WITH MENTAL HEALTH CONDITIONS THAT MEET THE SERVICE'S CLINICAL THRESHOLD SHOULD START TREATMENT WITHIN 18 WEEKS OF REFERRAL

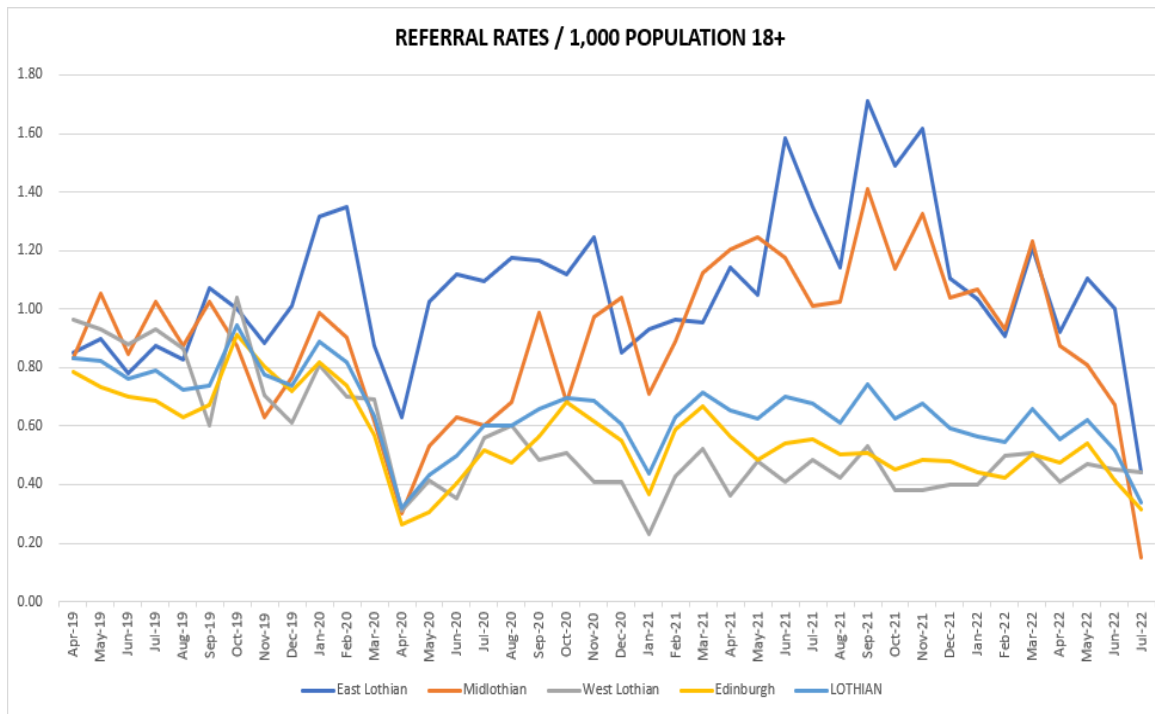
| Performance Against Standard/Trajectory | Standard/Trajectory   | Latest Performance (August 2022) | Data Source                               |
|---|---|----------------------------------|---|
| Not met                                 | Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory. | 76.7%                            | Validated internal management information |



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

- The Percentage of patients starting treatment within 18 weeks has remained stable and within normal variation.
- The number of patient waiting >18 weeks has continued to decrease from 2125 in April 2022 to 1806 in June 2022.
- Total of new patient appointment offers made across Adult AMH teams in June was 301 which matched the predicted trajectory.
- The trajectory had predicted that there would be a total of 988 people waiting for psychological treatment in Adult Mental Health General Services in July 2022, the actual number is 1395; this is higher than expected.
- As of June 2022, there was 61.1WTE staff in post relative to an expected 75.8WTE (a difference of 14.7WTE), which was incorporated into the trajectory submitted as part of the Recovery and Development Plan. Despite the reduced workforce in Adult Mental Health (AMH) Services, the overall number of new patient treatment appointments booked has often tracked the target levels set. The difference between the actual trajectory position and the expected relates principally to the reduced staff capacity and not productivity.
- There is currently a shortfall as of July 2022 with 407 more patients waiting over 18 weeks than expected.
- The current assumptions underlying the trajectory (future staffing levels, duration of treatment now defined by SG, realisation of theoretical capacity) are currently being considered and are being revised for consideration at Performance Oversight Board.

# MENTAL HEALTH SERVICES – PSYCHOLOGICAL THERAPIES



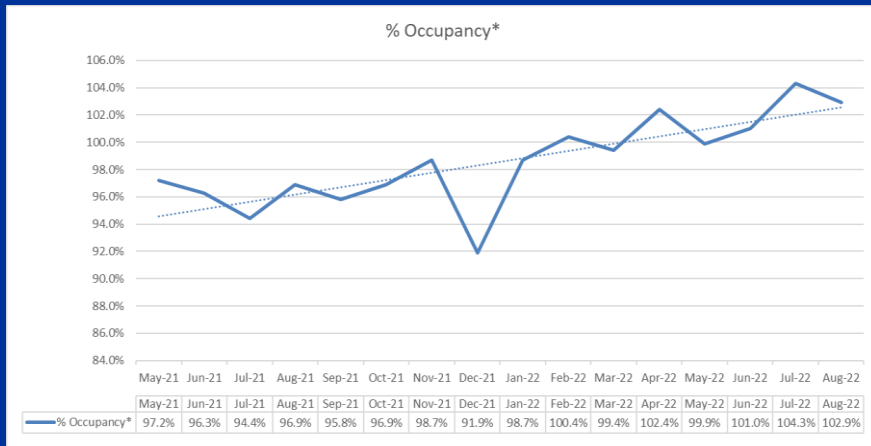
- The graph highlights that the performance to the LDP Standard in East Lothian and Midlothian have been affected by the sustained increase in referrals to East- and Midlothian.

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

| Action  | Due By                  | Planned Benefit   | Actual Benefit   | Status  |
|---|-------------------------|---|--|---|
| Completion of recruitment of additional staffing  | March 2022              | To reach the trajectory to eliminate >18 week waits by March 2023.                                      | Meeting this trajectory is dependent on the success of recruitment to these posts  | Recruitment to the supervisory positions remains the focus, as well as recruitment of vacancies at Band 8A, to replace experienced staff who are retiring or leaving the service. Recruitment in place for locum staff to all AMH PT Teams to compensate for reduced levels of recruitment.   |
| Uplift in new patient appointments by 20% across all Adult Mental Health General Teams  | Implemented and ongoing | To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate | New patients pick up rates increased by 20% for each staff member, reflected in job plans  | This has been implemented across all Adult Mental Health General Teams  |
| Implementation of Digital Cognitive Behavioural Treatment packages for those with mild-moderate presentations as an alternative to psychological treatment.   | Implemented and ongoing | Alternative evidence-based treatment offers following triage and assessment                             | Reduction in the number of additions to treatment waiting list   | Approximately 700 referrals a month are made to these CBT packages mainly by GP's, this is managed and governed through psychology. Increased range of treatment offers available   |
| Use of management reports across all services to show individual and team activity, in terms of new and return appointments, caseload size and average treatment duration. Personalised reports provided to all staff for monitoring. | Ongoing                 | To provide support to line managers with caseload management  | To monitor performance levels commensurate with job plans. Increased transparency has contributed to reduction in the number of overall waits for treatment and assessment | Promoted transparency of individual targets and current performance. Line managers are accountable for monthly case management to support job planned activity with each individual. Management reports for Edinburgh will be provided from April following the Trak changes.   |
| Implementation of Patient Focused Booking for new treatment appointments and improved reporting   | Ongoing                 | To generate consistency in new patient allocation according to the agreed job plans                     | To date, manualised version of PFB in place, automated version expected to lead to greater efficiency  | Changes to Trak are being undertaken to support this. This was expected to be completed by February 2022. Implemented to date has been disrupted, such as with clinics being removed and out coming not being available. This has been further postponed due to ongoing operational difficulties. E-Health Teams have proposed a temporary fix, as is used in other services, but e-health recognise that more testing is required and there needs to be a solution with Interstate agreed. Manualised version of PFB in place has led to increased access. |

# MENTAL HEALTH SERVICES - THE AVERAGE % BED OCCUPANCY (INC. PASS) BASED ON WEEKLY DATA TIME POINTS

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (August 2022) | Data Source                               |
|---|---------------------|----------------------------------|---|
| Not met                                 | 85-90%              | 102.9%                           | Validated internal management information |



| Month  | REH Site | Adult Acute | OPMH   | Rehab   | ID     |
|--------|----------|-------------|--------|---------|--------|
| Aug-22 | 99.60%   | 104.10%     | 95.60% | 100.20% | 97.00% |

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

- The percentage occupancy for REAS Adult Acute (graph opposite) remains high. This was an increase from 99.4% in March 2022 to 102.9% in August 2022.
- The data does not include any admissions of REH patients residing in St John’s Hospital.
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include
  - 6 beds opened / funded through COVID-19 in Braids ward
  - 9 Unfunded beds opened in Braids ward pre COVID
  - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
- There is higher acuity within the wards at the moment and additional beds have been opened within a ward area to accommodate the increasing demand. However, this is an unfunded establishment but reflects a lower occupancy level in the data. Additional beds are also being used at SJH and not reflective in this.
- There is continued bed pressures across all adult mental health wards in the REH (including Adult Acute, Rehab, Older People Mental Health, and Intellectual Disabilities). The total occupancy figures for each service is representative in the table below and will be presented in graph trend format in subsequent reports (similar to graph opposite).
- All areas are above 95% occupancy and the overall site occupancy is 99.60% for August 2022.
- 97% in ID equates to one bed.

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

| Action  | Due By                      | Planned Benefit  | Actual Benefit   | Status  |
|---|-----------------------------|--|--|---|
| Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment | Completed                   | To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite | To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite | Occupancy remains very high. Daily reports have been set up on Business Objects and sent to relevant members of staff to highlight the number of patients admitted and discharged. This now includes patients residing in St John's Hospital who should have been admitted to REH. Also broken down by HSCP   |
| Programme of change and improvement has been established to improve patient flow  | Ongoing (approx. 12 months) | To improve patient flow through Acute Mental Health and reduce delayed discharges  | To improve patient flow through Acute Mental Health and reduce delayed discharges. This will be updated as the group progresses.     | There are 3 workstreams that have been identified. This group will report into, and be governed, by the Lothian Mental Health and LD Operational Group (chaired by Tracey McKigen). Project Management will be supported by a Management Trainee who has been recruited and supporting the Introduction of all 3 workstreams. The main focus will be Discharge without Delay (DwD), Unscheduled Care (UC), and Ways of Working (title to be confirmed). |
| Workstream 1 – Discharge without Delay (DwD)  | Ongoing                     | To ensure that patients are discharged from Acute Sites on their Clinically Ready Date (CRD).  | To improve patient flow through Acute Mental Health and reduce delayed discharges.   | Workstream 1 – DwD has been piloted in Meadows Wards (Joint Lead Terez Burrows & Anna Duff). This will be monitored and roll-out will progress across Adult Acute Wards. This will then be evaluated and will follow an implementation across other REAS Inpatient areas (beginning with OPMH, Rehab and LD).   |
| Workstream 2 (Ways of Working – Title to be confirmed) & Workstream 3 (Unscheduled Care)  | Ongoing                     | To improve patient flow through Acute Mental Health and reduce delayed discharges  | To improve patient flow through Acute Mental Health and reduce delayed discharges. This will be updated as the group progresses.     | Workstream 2 – Ways of Working (Dr Sharon Smith – Lead)<br>Workstream 3 – Unscheduled Care (Karen Ozden – Lead) are still in the start up phase and this is being overseen by the Management Trainee.<br><br>The future report will break these into separate actions when the workstreams and work has been fully established.   |
| Minimising the use of contingency beds  | Ongoing                     | Safer patient care as staff will not be expected to look after more patients without additional resource.                            | Reduced staff stress and workload  | Contingency beds continue to be used regularly but there is a focus on reducing and then eliminating their use.   |



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

|  |               |   |   |   |
|--|---------------|---|---|---|
| Acute & Community Partnership Interface Meetings | Ongoing       | Promote collaborative working between Acute & Community Services.   | To improve working relationships and collaborative working to promote patient flow.   | Re-invigorated the interface meetings (community partnerships & acute services) where discussions take place on specific patients.  |
| Afternoon Huddle Redesign                        | November 2022 | To ensure there are timely bed huddles which allow sufficient time for actions to be taken to promote patient flow. | Staff will be able to leave the afternoon huddle and have sufficient time to follow through on actions which should promote patient flow. | Adult Services are in the final stages of redesigning the afternoon bed huddle. This involves moving the meeting from 3pm to 1pm so that we can be more efficient in the use of time of actions identified. |

# MENTAL HEALTH SERVICES – DELAYED DISCHARGES

- Delayed Discharges in acute are being managed by new workstreams and will be influenced by the Discharge without Delay (DwD) programme of work.
- The aim of the DwD programme will be to reduce Delayed Discharges within Acute Mental Health services and promote the planned day of discharge (PDD) national work.
- The 3 main initial focus' of this implementation for REAS will be:
  - Planned Date of Discharges – Planning a patients discharge from the moment they are admitted to hospital. Working with community services and teams (i.e., social work) to ensure that packages of care etc. are in place for the date that the patient is expected to be clinically ready for discharge.
  - Rapid Rundown – Meetings that will take place daily and be focused on patient status at a glance and will be action led.
  - Whiteboards – These are being redesigned within ward areas to support PDD and rapid rundowns so that relevant information is readily available. The redesign has been through a QI process which has involved all members of staff within ward areas as to what should be included and what would make this user friendly.

# WORKFORCE

|                                 |                                  |                                |   |
|---------------------------------|----------------------------------|--------------------------------|---|
| <b>Reporting Month:</b>         | July 2022                        | <b>Oversight Mechanism:</b>    | The 'Workforce Report' is received by the Staff Governance Committee, who consider the workforce position at the most recent reportable month, providing high level information with further details available through the Tableau Workforce Dashboards. The report shows the current position and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern. |
| <b>Responsible Director(s):</b> | Janis Butler – Director of HR/OD | <b>Corporate Objective(s):</b> | PARAMETER ONE – OUR WORKFORCE (no. 49, 55) On track<br>Corporate Activities- Improving Staff Experience (no. 108)   |
| <b>Corporate Risk Grading:</b>  | 3828 – Very High (20)            | <b>Corporate Risk(s):</b>      | Risk 3828 – Nursing Workforce Corporate Risk (Staff Governance Committee)   |

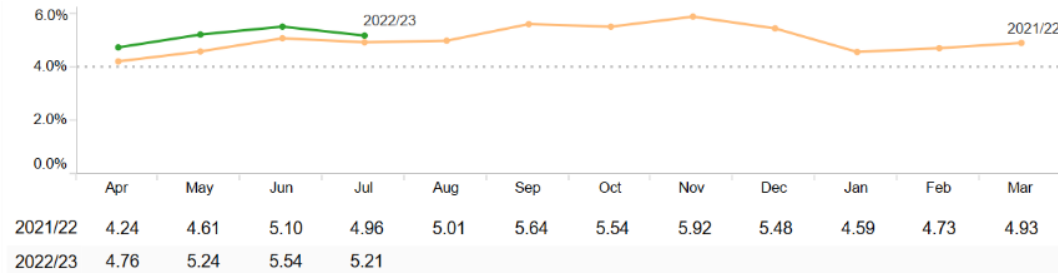
## Workforce - Environment & Context

Sickness Absence Rate



Show trend by  
 Month  
 Quarter

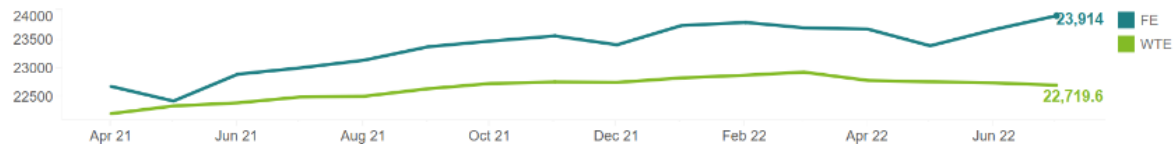
NHS Staff Sickness Absence Rate %



Establishment Gap % (WTE)

### Establishment Gap

Shows the total Funded Establishment for each month compared to the total WTE of staff in post per month. The Establishment Gap is the percentage difference.



|               | Apr 21 | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | May 22 | Jun 22 | Jul 22 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WTE           | 22,231 | 22,363 | 22,416 | 22,516 | 22,530 | 22,660 | 22,749 | 22,775 | 22,768 | 22,845 | 22,892 | 22,945 | 22,801 | 22,779 | 22,760 | 22,720 |
| FE            | 22,699 | 22,447 | 22,909 | 23,017 | 23,150 | 23,381 | 23,478 | 23,566 | 23,414 | 23,745 | 23,799 | 23,706 | 23,684 | 23,397 | 23,677 | 23,914 |
| Establishme.. | 2.06   | 0.38   | 2.15   | 2.17   | 2.68   | 3.09   | 3.10   | 3.36   | 2.76   | 3.79   | 3.81   | 3.21   | 3.73   | 2.64   | 3.87   | 5.00   |

# WORKFORCE – STAFF SICKNESS ABSENCE RATE %

| Performance Against Standard/ Trajectory | Standard/ Trajectory | Latest Performance (July 2022) | Data Source                           |
|--|----------------------|--------------------------------|---------------------------------------|
| Not Met                                  | 4%                   | 5.21%                          | NHS Lothian Tableau Absence Dashboard |

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

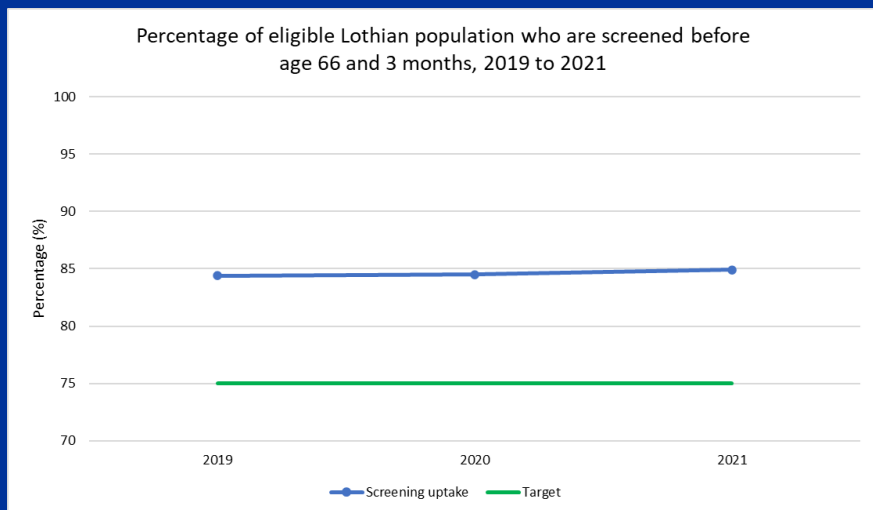
- The funded establishment represents the agreed and funded requirement for a given department/ward to provide sufficient staffing to fully provide a service. This is compared against the in-post staffing on the payroll in a given month to provide the percentage establishment gap i.e. the difference between what we want as an organisation and what we can get.
- The overall level of establishment gap has increased from 3.93% in June to 4.92% in July, representing the highest level since April 2021. This is primarily driven by an increase in registered nursing gaps from 8.63% in June to 10.45% in July, which reflects the impact of leavers of 430 (April to July) exceeding starters of only 208 within the same time period. The July establishment gap within registered nursing represents 818wte with the ability to close this gap through supplementary staffing having fallen to 446wte in July.
- Both overall and COVID absences have reduced from 5.54% and 2.15% in June, to 5.21% and 2.14% in July. Within the registered nursing workforce overall absence has also reduced whilst COVID related absence has increased marginally; 5.86% and 2.23% in June, increasing to 5.3% and 2.25% in July. However, within registered nursing there is only 21.5% predictable absence built into establishments and current levels are running at 28.6%.
- The combination of substantial establishment gaps, low supplementary staffing fill rates and high absence levels mean that services and their workforce continue to be under extreme pressure. Four large services with the greatest overall pressures are St John's Hospital 25% establishment gap, REAS 22%, Edinburgh HSCP 19.3% and the RIE 16.7%. The impact of working under this level of pressure is also showing in both REAS and St John's through very high absence levels with both at an overall absence level of 31%.
- Appraisal compliance has improved very slightly to 39% overall, however the pressure within services appear to be impacting within nursing with 36% compliance.

# PUBLIC HEALTH

|                                 |   |                                |   |
|---------------------------------|---|--------------------------------|---|
| <b>Reporting Month:</b>         | December 2021- March 2022                               | <b>Oversight Mechanism:</b>    | Public Health and Health Policy Core Senior Management Team   |
| <b>Responsible Director(s):</b> | Dona Milne, Director of Public Health and Health Policy | <b>Corporate Objective(s):</b> | LSDF Pillar One – Improving the Public's Health<br>Corporate Activities – Reputation Management<br>(Objectives 8, 9, 120) <span style="float: right;">On track/Delayed</span> |
| <b>Corporate Risk Grading:</b>  | N/A   | <b>Corporate Risk(s):</b>      | N/A   |

# PUBLIC HEALTH - ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (December 2021) | Data Source |
|---|---------------------|------------------------------------|-------------|
| Met                                     | 75% per month       | 84.9%                              | PHS         |



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

**No new data since previous report.**

The percentage of men who are undergo AAA screening remains high and above the national target of 75% between 2019 and 2021.

The uptake of screening for Abdominal Aortic Aneurysm (AAA) is based on the number of males who are offered screening and are tested before the age of 66 and three months.

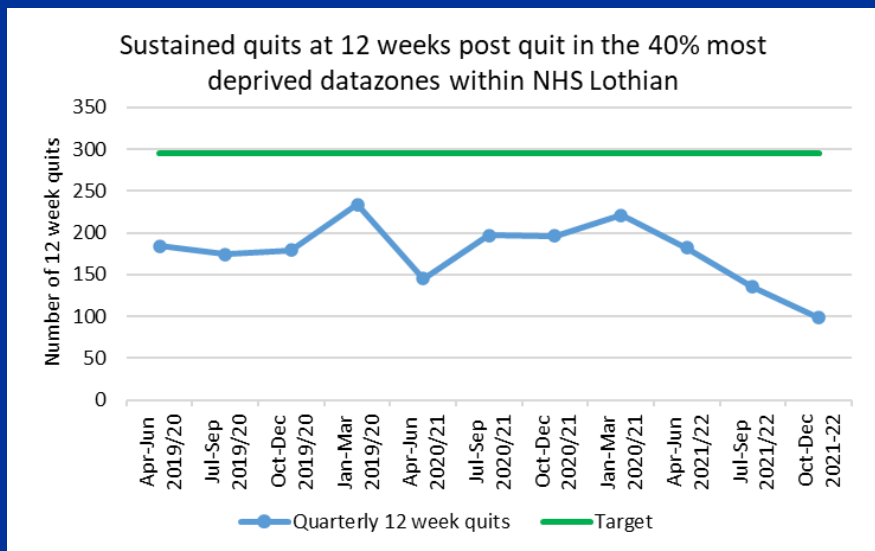
# PUBLIC HEALTH - SUSTAIN AND EMBED SUCCESSFUL SMOKING QUILTS AT 12 WEEKS POST QUIT IN 40% OF SIMD AREAS MOST DEPRIVED DATA ZONES WITHIN LoTHIAN

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (Oct – Dec 2021/22) | Data Source                             |
|---|---------------------|--|---|
| Not Met                                 | 295 per month       | 98 in quarter                          | PHS National Smoking Cessation Database |

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

The Lothian target for sustained quits at 12 weeks in our 40% most deprived data zones is 295 people per quarter.

The quarterly 12 week quits seen between April-June 2019/20 and October-December 2021/22 range from a high of 234 people in January-March 2019/20 to a low of 98 people in October-December 2021/22 with a downwards trend overall.



To ensure comparability and consistency with validated data being reported to Scottish Government, this report now presents nationally validated data from Public Health Scotland. These typically contain a 6–9 month lag however, due to national issues, the lag is presently 11 months.

There is a concerted effort to improve performance and the majority of recovery plans are now in implementation phase. These are being closely monitored through existing governance and oversight mechanisms.

# PUBLIC HEALTH – IMMUNISATION (I)

| Performance Against Standard/ Trajectory | Standard/ Trajectory | Latest Performance (March 2022) |       | Data Source             |
|--|----------------------|---------------------------------|-------|-------------------------|
| 5-in-1/6-in-1                            | Met                  | 5-in-1/6-in-1                   | 95.8% | PHS – updated quarterly |
| Rotavirus                                | Not met              | Rotavirus                       | 94.6% |                         |
| PCV                                      | Met                  | PCV                             | 96.3% |                         |
| MenB                                     | Met                  | MenB                            | 95.2% |                         |

12m: Dep/Hep B/Hib/Polio/tetanus/pertussis,  
 12m: Rotavirus (2 doses),  
 12m: PCV,  
 12m: Men B (2 doses)

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

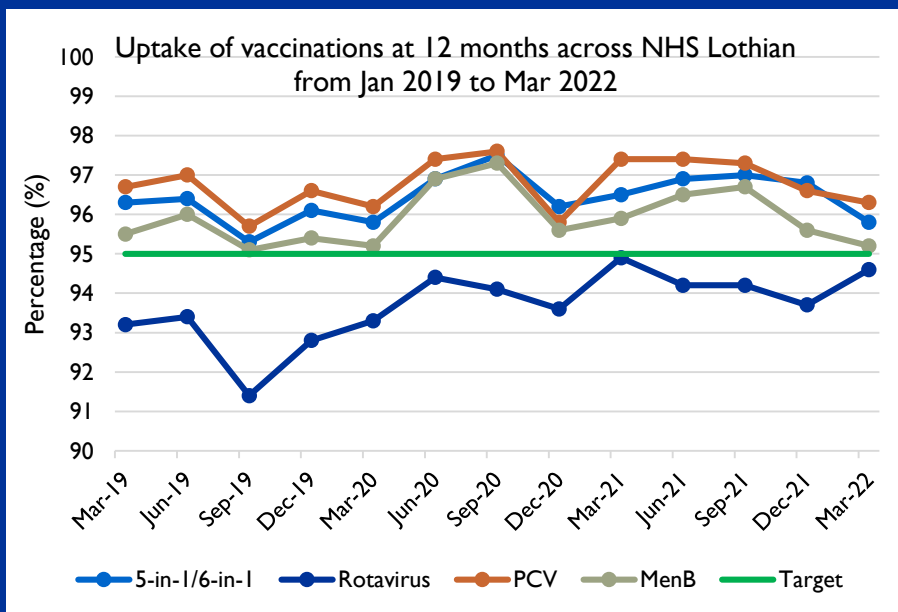
The data above represent the percentage of the eligible population who have taken the offer of vaccination.

Between 2013 and 2021 the 5-in-1 vaccine was replaced with the 6-in-1. The 6-in-1 covers Diphtheria, Hepatitis B, Haemophilus influenza B, Polio, Tetanus and Pertussis. PCV is the pneumococcal conjugate vaccine. MenB is the meningococcal B vaccine.

Uptake of the 5-in-1/6-in-1, PCV and Men B vaccines has been consistently above the WHO recommendation of 95% during the reporting period.

The Rotavirus vaccine programme began in 2014. The level of uptake has shown a broad upwards trend during the reporting period and presently sits at 94.6%, just below the WHO recommendation of 95%.

N.B. The axis of this graph begins at 90%





## PUBLIC HEALTH – IMMUNISATION (2)

| Performance Against Standard/ Trajectory |         | Standard/ Trajectory | Latest Performance (March 2022) |       | Data Source             |
|--|---------|----------------------|---------------------------------|-------|-------------------------|
| Hib/MenC                                 | Not Met | 95%                  | Hib/MenC                        | 94.4% | PHS – updated quarterly |
| MMR1                                     | Not Met |                      | MMR1                            | 94.4% |                         |
| PCV                                      | Not Met |                      | PCV                             | 94.2% |                         |
| MenB                                     | Not Met |                      | MenB                            | 93.9% |                         |

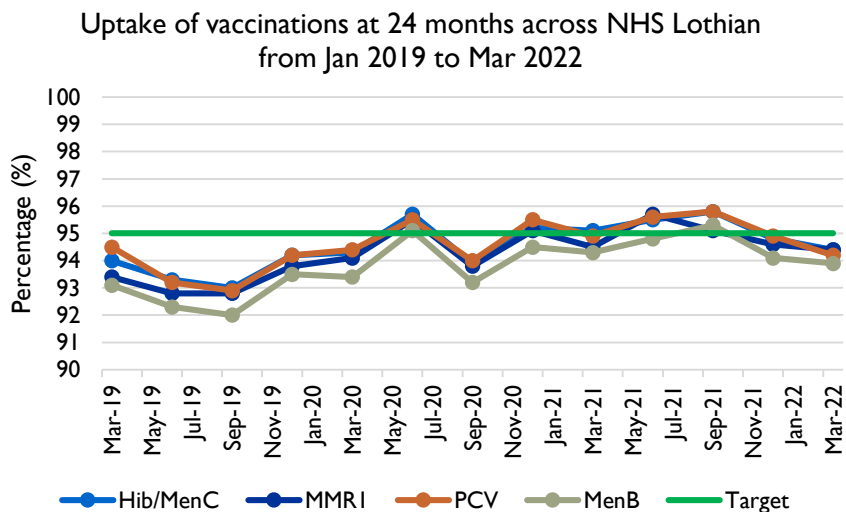
24m: Hib/MenC  
 24m: MMR1  
 24m: PCV (2 dose)  
 24m: Men B (3rd dose)

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

The data above represent the percentage of the eligible population who have taken the offer of vaccination.

Hib/Men C is the Haemophilus influenza B/Meningococcal C vaccine. MMR is the measles, mumps and rubella vaccine. PCV is the pneumococcal conjugate vaccine. MenB is the meningococcal B vaccine.

All vaccinations show the same broad pattern over the reporting period with some fluctuation over time. The latest data points in March 2022 identify that uptake has decreased slightly for all four vaccinations, and is between 0.6 and 1.1 percentage points below the WHO recommendation of 95%.



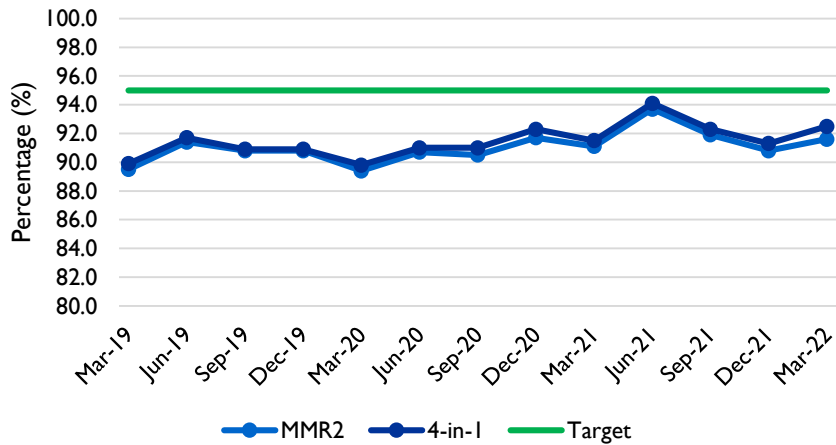
N.B. The axis of this graph begins at 90%

# PUBLIC HEALTH – IMMUNISATION (3)

| Performance Against Standard/ Trajectory |         | Standard/ Trajectory | Latest Performance (March 2022) |       | Data Source             |
|--|---------|----------------------|---------------------------------|-------|-------------------------|
| MMR2                                     | Not Met | 95%                  | MMR2                            | 91.6% | PHS – updated quarterly |
| 4-in-1                                   | Not Met |                      | 4-in-1                          | 92.5% |                         |

5 yrs: MMR2, 5 yrs: dip/tetanus/pertussis/polio

Uptake of vaccinations at 5 years old across NHS Lothian from Jan 2019 to Mar 2022



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

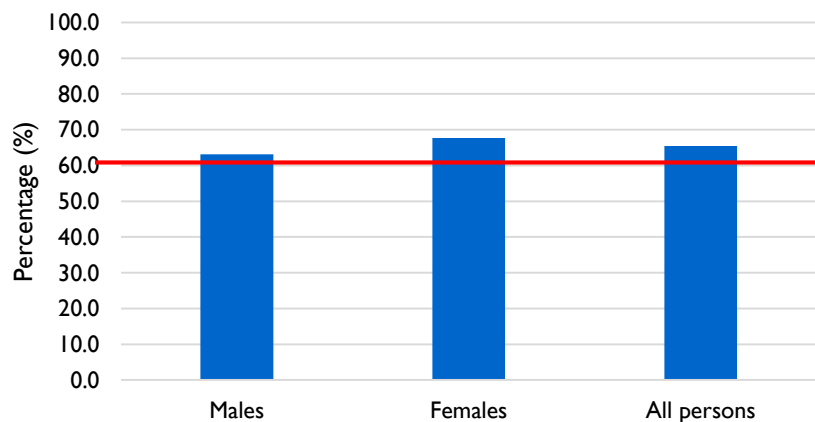
The data above represent the percentage of the eligible population who have taken the offer of vaccination. MMR2 is the second dose of measles, mumps and rubella vaccine. 4-in-1 is the diphtheria, tetanus pertussis and polio vaccine.

The trend in both MMR2 and 4-in-1 is very closely aligned. Trend data are broadly stable during the reporting period with some fluctuation. Uptake rates for both MMR2 and the 4-in-1 have increased slightly since the previous quarter but remain below the WHO recommendation of 95% (MMR2 at 91.6% and 4-in-1 at 92.5%).

## PUBLIC HEALTH – BOWEL CANCER SCREENING

| Performance Against Standard/Trajectory | Standard/Trajectory | Latest Performance (May 2019 to April 2021) | Data Source |
|---|---------------------|---|-------------|
| Met                                     | 60%                 | 65.4%                                       | PHS         |

Bowel cancer screening coverage by sex, NHS Lothian, May 2019 to April 2021



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

These data represent the percentage of people who are invited to bowel screening who have a final outright screening test result available. These data (published in February 2022) are the most recent available and represent people invited to be screened in the two-year period from the 1st of May 2019 to the 30th of April 2021.

The coverage of bowel screening in males in Lothian was 63.1%, with higher coverage in females at 67.7%. For the combined eligible population, coverage has increased from 59.2% in the previous report to 65.4%, meaning that we are now meeting the national target of 60%.

# PUBLIC HEALTH – BREAST CANCER SCREENING

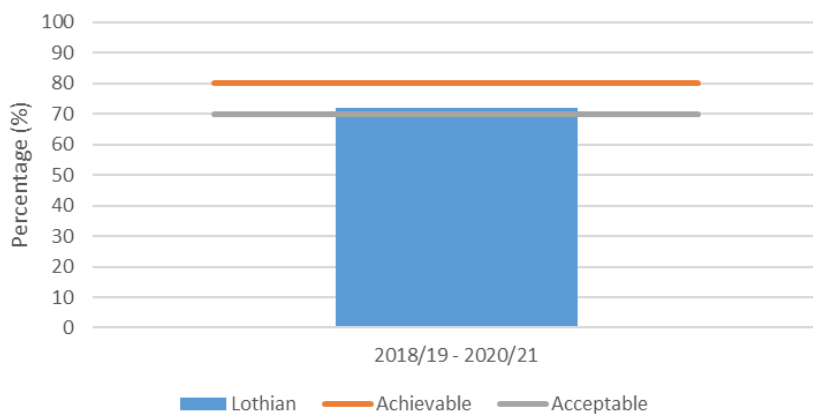
| Performance Against Standard/Trajectory | Standard/Trajectory                  | Latest Performance (March 2019 to March 2021) | Data Source |
|---|--------------------------------------|---|-------------|
| Met                                     | Acceptable: ≥70%<br>Achievable: ≥80% | 72.0%   | PHS         |

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

This metric refers to the percentage of those invited to breast screening who attend. These data refer to females between the ages of 50 to 70 years old. The data is presented as three-year periods.

In the latest three-year period of data presently available (2018/19-2020/21) the uptake was 72.0%, which is a slight increase from the previous three-year period (71%) just above the acceptable threshold of 70%.

Uptake of breast cancer screening in females aged 50-70 across NHS Lothian in 2018/19 to 2020/21



## **ANNUAL DELIVERY PLAN**

### **1 Purpose of the Report**

- 1.1 The purpose of this report is to request approval from the Board for the Annual Delivery Plan.

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

### **2 Recommendations**

- 2.1 The Board is recommended to;
- **Note** the commission from the Scottish Government for an Annual Delivery Plan;
  - **Note** the response from NHS Lothian to this commission;
  - **Note** that feedback from the Scottish Government;
  - **Approve** the Annual Delivery Plan.

### **3 Discussion of Key Issues**

- 3.1 At its meeting of 22<sup>nd</sup> June 2022, the Board agreed the Lothian Strategic Development Framework (LSDF), which lays out the Lothian Health and Care System's direction of travel, and high-level plans for delivery, over the next five years. The LSDF has been extensively engaged on, both internally and externally to the organisations partnered in its development.
- 3.2 The Scottish Government (SG) rightly expects an outline of how Health Boards will meet the performance expectations set down by Scottish Ministers, and hence there has historically been an annual expectation of some form of delivery plan to be produced by Health Boards and agreed with SG.
- 3.3 During the period of emergency powers invoked by successive Cabinet Secretaries for Health and Wellbeing to deal with the Covid-19 pandemic, Boards have produced the Mobilisation/Remobilisation Plan sequence, which have outlined a short-term set of responses to the most acute elements of the pandemic.
- 3.4 For the financial year 2022-23, Boards are expected to produce an Annual Delivery Plan (ADP). SG signalled early in the year that the expectation for this year was that these would be focused on a narrower set of priorities, although clarification on exactly what these priorities were was delayed until 14<sup>th</sup> July 2022.
- 3.5 The commission from SG was therefore that Boards should prepare plans to cover;
- Staff wellbeing;
  - Recruitment and retention;
  - Unscheduled and urgent care;
  - Elective care;

- Supporting social care;
- Sustainability and value

3.6 The process of producing these plans is well-rehearsed within the Strategic Planning Directorate and the deadline of 30<sup>th</sup> July was met. The text of the ADP is provided at Appendix 1.

3.7 Members of the Executive Team met with colleagues from the SG on 29<sup>th</sup> August 2022 and provided feedback on the plans. This feedback was positive with only very minor queries and clarifications to be noted. The NHSL noted with SG colleagues that the view was that the ADP was a “down payment” on the delivery of the LSDF, representing year one of five. Hence, our ADP covered the six sections mentioned at 3.5 and considerably more. Formal feedback was provided on 22<sup>nd</sup> September 2022, and this is provided at appendix 2.

#### **4 Key Risks**

4.1 There is a risk that the commission from SG is not fully aligned with the LSDF, leading to less coherence in our planning approaches.

4.2 There is a risk that the content of the ADP, noting the risks to implementation around, for example, Unscheduled Care and Scheduled Care performance, causes a loss of public confidence in the system.

#### **5 Risk Register**

5.1 No impact.

#### **6 Impact on Inequality, Including Health Inequalities**

6.1 Assessed as part of engagement for the LSDF.

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

7.1 The LSDF has been subject to extensive engagement and continues to be the subject of ongoing continuous engagement, as mandated by the Board at its meetings of April and June this year.

#### **8 Resource Implications**

8.1 None.

Colin Briggs  
 Director of Strategic Planning  
[Colin.briggs@nhslothian.scot.nhs.uk](mailto:Colin.briggs@nhslothian.scot.nhs.uk)

23<sup>rd</sup> September 2022

#### **Appendices**

1 - Annual Delivery Plan – text and spreadsheet

- *Please note that the spreadsheet is a very large document that does not lend itself to use in AdminControl – excel copies can be provided on request*

2 – Lothian ADP Feedback Letter from Scottish Government – 22.09.22

**Re-mobilise, Recover, Re-design:  
The Framework for NHS Scotland**

## **2022-23 ANNUAL DELIVERY PLAN**

April 2022 – March 2023

**Horizon 1:** 1-2 years “stabilising”  
**Horizon 2:** 3-5 years “reform”  
**Horizon 3:** 5-10 years “transformation”

July 2022

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# 1. Introduction

## Focus of the Annual Delivery Plan 2022/23

The Annual Delivery Plan (ADP) for NHS Lothian for 2022-23 focuses on our move from pandemic response and remobilisation to system **recovery** and **renewal** following two years of NHS Scotland being on an emergency footing status. The plan is concentrated on a limited set of priorities for 2022/23 to enable system recovery, and to support the health and care system to **stabilise** and **improve** as we recover from the COVID-19 pandemic.

These priorities are:

- Recruitment, retention and wellbeing of our **health and social care workforce**
- **Recovering planned care** and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- **Urgent and unscheduled care** – taking forward the high impact changes through the refreshed Collaborative
- **Supporting and improving social care**
- **Sustainability and value**

Our ADP 2022-23 is based on action currently underway across the Lothian Health and Social Care system, and on actions outlined for Year 1 in the **Lothian Strategic Development Framework**. These have been augmented to provide further detail in the priority areas referenced above. Specific actions for this year are outlined in our **Delivery Plan** (spreadsheet attached – appendix 1). This details our ongoing deliverables and new deliverables for 2022/23, with a horizon to the 31<sup>st</sup> of March 2023.

## Planning ahead

During the year we will further develop our plans for the next 3-years. This planning work will again be based on the Lothian Strategic Development Framework, duly reflecting priorities and actions outlined for years two and three, with a look forward to year five.

NHS Scotland is considering its work through a ‘Three Horizons’ model, summarised below:

| Outlook   | Term       | Focus            |
|-----------|------------|------------------|
| Horizon 1 | 1-2 years  | “stabilising”    |
| Horizon 2 | 3-5 years  | “reform”         |
| Horizon 3 | 5-10 years | “transformation” |

The development of NHS Lothian’s medium term plan will support and connect work across these horizons. NHS Scotland’s Recovery Plan provides the overall supporting framework.

## 2. The Lothian Strategic Development Framework

Our ADP for 22/23 rests on the approach, principles, assumptions, fixed points and actions outlined in the Lothian Strategic Development Framework, particularly for Year 1<sup>1</sup>. The framework knits together the five interdependent approaches of the collaborating bodies in the Lothian Health and Care System, and lays out the basis for the system to collectively move forward. These bodies hold responsibility for the planning, commissioning, and delivery of health and care services in the Lothians. They are:

- East Lothian Integration Joint Board;
- Edinburgh Integration Joint Board;
- Midlothian Integration Joint Board;
- NHS Lothian;
- West Lothian Integration Joint Board.

The Framework provides details in the areas listed below. It also presents supporting assessments and evidence which help to outline the context we work within with regards to our workforce, finance, capital, digital, and natural environment. It covers:

- What we are trying to achieve;
- Where we are now and the impact of the COVID-19 pandemic on the services we provide;
- Our principles, assumptions, and fixed points;
- The needs of our population, and the longer-term demographic challenges we face;
- The parameters of our system in terms of our people, our financial resources, and our infrastructure;
- The actions we will take to deliver over the next five years across a range of settings

The delivery actions we will take fall in the following domains:

- Population health and anchor institution status;
- Children and Young People;
- Mental Health, Illness, and Wellbeing;
- Primary Care;
- Unscheduled Care;
- Scheduled Care

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<sup>1</sup> <https://org.nhslothian.scot/Strategies/LSDF/Pages/default.aspx>

### 3. Recruitment, retention and wellbeing of our health and social care workforce

Lothian's Strategic Development Framework explicitly recognises that a major concern in sustaining and improving our services is ensuring we can recruit and retain an appropriately-skilled workforce. The demographic challenges we face in caring for and treating an expanding and aging population also apply to our workforce. Some key services are facing particularly acute challenges, where the workforce is unbalanced and where not enough young people are joining the workforce. These pressures mean that we need to radically redesign some of our services in order to sustain them.

#### Continuous focus on workforce planning and development

NHS Lothian's 3-year Workforce Plan 2022-25

The NHS Lothian draft 3-year workforce plan has been finalised and approved by the NHS Lothian Corporate Management Team. It will be submitted to the Scottish Government at the end of July in line with guidance, and in parallel with this ADP submission.

Within NHS Lothian the development of a board level workforce plan has been taken forward by the Workforce Planning and Development Programme Board (WPDPB), which consists of service and professional leads. Importantly the plan is a summation of the collective inputs of all members of the group and as such they are the owners of the plan.

#### Service Development and Change

Within the plan each of the Lothian Strategic Development Framework (LSDF) service groupings have been reviewed by services to highlight the key workforce challenges and opportunities they face and most importantly the key high-level actions that we will take over the next 3 years to best ensure that we sustain, develop and where necessary grow our workforce. This includes:

- Scheduled care
- Unscheduled care
- Cancer services
- Mental Health
- Children and Young People
- Primary Care

Where there are approved and funded expansions within the workforce to support delivery these have been detailed reflecting the medium-term financial framework. However, it should be noted that more detail will emerge around the requirement for workforce change/expansion as the medium-term planning processes develop, in turn informing the financial and workforce plans.

The plan also sets out areas of collaboration with IJBs/HSCPs and also other boards in the region.

### Workforce Job Family Overview

This plan also looks at each of our job families in detail to understand the challenges that we face now and in the coming years. In a number of areas we see the challenges of increased retirements, demographic bulges in conjunction with insufficient and complex training pipelines. In each of the job families our professional leads have sought to identify these challenges and set out the key actions that we plan to support retention, advance practice throughout all levels of our workforce and identify innovative approaches to growing our own workforce.

The plan also sets out key service developments such as the Lothian National Treatment Centre planned for 2027, the considerable workforce growth currently estimated at 412wte, and the need to begin developing the workforce now to build capacity. This includes an assessment of the challenges that there will be in growing the medical workforce due to the lengthy training pipelines that have not reflected the additionality required for the national treatment centre programme.

### Workforce Enablers

The final section of the plan sets out wide range of action that we are taking forward as a board to support the planning and development of the workforce, including:

- Staff engagement and experience
- Advancing inequalities
- Early Careers and Employability
- International recruitment
- Maximising our existing workforce
- Digital enablement

### Working in Partnership

In areas of the workforce where workforce pipelines are planned and controlled nationally, we will seek to work in close collaboration with a range of partners to ensure they have the information and intelligence they need to plan training pipelines that will meet future need.

Finally, this plan will reflect on the extensive measures that we are taking now and, in the future, to support the health and wellbeing of our workforce following one the most challenging times for healthcare in Scotland.

To support delivery of this plan a series of 12-month action plans will be developed and annual updates will be made to the plan to cover emergent priorities. The progress against these actions will be tracked by the Workforce Planning and Development Programme and reported through the Staff Governance Committee.

## Looking after our people and helping them to recover.

### Workforce Wellbeing

Prior to January 2020, the NHS was already seeing an epidemic of burnout with levels of stress amongst staff reaching record levels.

Covid-19 has reinforced how important our workforce is. During 2020 and 2021, staff throughout the organisation have consistently worked under additional pressure. The pandemic 'will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future' (*Update on Revised Workforce Planning Guidance*, DL(2020)27; Scottish Government, October 2020). Evidence from other long-term crises suggests that up to a third of staff will experience high levels of distress.

Through our *Work Well* strategy, we are providing a clear plan that will continuously improve staff wellbeing: one that highlights priorities and provides a framework to measure impact and progress across NHS Lothian.

Last year we put in place a nominated responsible Corporate Director and Champion, alongside the appointment of a senior leadership role, and the formation of a peer support network.

For 2022/23 we have commissioned a wellbeing programme 'Energise You' as a key strategy deliverable. Sessions in topics such as exercise, financial wellbeing and sleep will be delivered monthly from May 2022. We have established a monthly reading for wellbeing book club for 12 participants a month. We have run a pilot on an acute hospital site focusing on improving access to period products and sustainable/reusable period products. Further Peer Support training for 48 staff has been commissioned and delivery commenced to build on our existing 170 peer supporters across all sites, services and HSCP's.

In terms of psychological interventions to support staff wellbeing we have implemented a psychology service as part of our existing OHS service. 524 staff have been seen by the service in the past year, with an average of 40 referrals per month. The current service is funded until March 2023, whilst exploring recurring funding to establish the service on a permanent footing in response to significant levels of burnout in staff.

During the period of emergency pandemic response we created a virtual network to support those staff that had been required to shield. This assisted with understanding of key challenges experienced. Communications, stories about shielding, and practical support to enable meaningful working when not in the workplace were facilitated by this network. The formal network has now been stood down.

NHS Lothian has continued a successful leadership network which has grown during Covid-19 to over 700 members. Monthly meetings are well attended and engaged with. We will deliver our annual leadership event on the 26<sup>th</sup> October 2022 and plan for this to be a hybrid event. We have established a managers' network as many

managers report feeling overwhelmed with the role. NHS Lothian has also invested in becoming a member of the IHI Global Learning Network on Joy in Work during the past 2 years and is currently testing our first cohort of an 'Improving staff experience' programme, using improvement methodology to create the conditions for healthy, happy, productive people.

#### [Support for staff to remain or return to work](#)

We have a Staff Engagement and Experience Framework (SEEF) with both a corporate delivery plan and localised delivery plans. The Framework has four domains: Work has meaning and purpose; work is a healthy place to be; we are all able to show leadership; and staff feel listened to and heard. The Work Well wellbeing strategy sits underneath the SEEF all of this work is aimed at supporting the attraction, development and retention of our workforce.

There are clear outcomes from the psychological support service which highlight significant improvement in psychological distress from pre to post intervention and similar improvements in ability to remain at or return to work following intervention.

We have reviewed our Retire and Return Policy to ensure that it maximises our ability to retain knowledge and skills in the workforce. We are delivering information and Q&A sessions for staff thinking of retiring and returning, and also for managers to promote an ethos of flexibility and thinking differently about facilitating staff who still want to work and contribute but in a different way.

We are implementing an Advancing Equalities action plan with our 5 staff networks (BME, Youth, LGBT+, Disabled, Carers) to tackle discrimination, break down barriers and create an inclusive and welcoming culture.

We are undertaking a test of change to develop a model of support for staff within the WLHSCP through Lothian Work Support Services. West Lothian HSCP is hosting the Lothian Work Support Services putting in place an enhanced model of support with the aim of supporting health and social care staff to remain at work or return to work earlier. A data sharing agreement is being developed to potentially allow the service to be extended to council staff. The service will be evaluated to consider whether there might be benefit and scope to enhance the service.

### Broad scenarios

The following table seeks to describe, for workforce factors, what the future might look like within the context of each of the parameters used in our Strategic Development Framework, from an optimistic, realistic and pessimistic perspective.

|                            | Optimistic  | Realistic   | Pessimistic   |
|----------------------------|---|---|---|
| <b>Workforce Supply</b>    | <ul style="list-style-type: none"> <li>Entry level supply increases to meet demand, due to reduction in other sector opportunities and increased positive profile of the NHS and career progression pathways</li> </ul> | <ul style="list-style-type: none"> <li>Entry level supply does not fully meet demand without significant concerted attraction and recruitment drives</li> </ul>                         | <ul style="list-style-type: none"> <li>Entry level supply cannot meet demand due to actual workforce availability, attraction and competition in the market, those attracted are not sustained in employment</li> </ul> |
| <b>Workforce Wellbeing</b> | <ul style="list-style-type: none"> <li>Stabilisation in sickness absence at 4.33%, supported by staff wellbeing and psychological support interventions</li> </ul>  | <ul style="list-style-type: none"> <li>Increase in sickness absence from 4.33% to 5.16% based on predicted 20% increase in Covid related mental health, psychological issues</li> </ul> | <ul style="list-style-type: none"> <li>Increase in sickness absence in excess of 20% due to Covid related mental health, psychological issues<br/>(30% increase = 5.63%)<br/>(40% increase = 6.06%)</li> </ul>          |

## 4. Recovering planned care

### Introduction & Context

We have seen positive progress in remobilising out-patient services to comparable levels of activity to 2019; with activity at 110% of 2019 activity levels as of June 2022 (including additional External Provision activity). Outpatient services continue to deliver activity through a combination of face to face and virtual appointments. Referrals to scheduled care have returned to pre-covid-19 levels. However, the proportion of urgent referrals received, including numbers of people referred with an urgent suspicion of cancer, has exceeded and continues to exceed pre-Covid-19 volumes

For in-patient and day case scheduled care services there is ongoing and significant reduction in activity, resulting in a large backlog of treatments, with very long waits for our most routine patients. Activity has been remobilised to 71% of pre Covid levels (June 22) with a combination of factors to be addressed:

- Workforce pressures (vacancies, absences and redeployment of staff to support unplanned activity),
- Bed pressures (high acute site occupancy, high delayed discharge number and occupied bed days, high patient acuity & safe placement of patients in line with Infection Prevention & Control Team guidance)

The oversight for Scheduled Care Recovery continues through the Scheduled Care Recovery Board, chaired by Jacquie Campbell, Chief Officer Acute, supported by 4 individual recovery boards for:- Cancer, Diagnostics, Outpatients and Inpatient Day-case, which meet on a monthly basis.

As set out in the Lothian Strategic Development Framework, Scheduled Care services in NHS Lothian will continue to focus on recovery actions across 4 key priority areas over the next 5 years:

1. **Active promotion of Realistic Medicine** - Supporting our population to take ownership of their own health and the ways in which they engage with scheduled care services, promoting shared decision making and realistic medicine in all aspects of care including end of life. A critical factor will be how we maximise use of digital tools in support of this.
2. **Optimising current resource & capacity** - Using our finite resources efficiently and effectively, with continued prioritisation of care towards the most clinically urgent whilst systematically reducing long waits in line with **revised (July 22)** National targets. We will actively engage and drive forward actions within our own estate to increase capacity, embed best practice actions from CfSD, optimise safe clinical pathways to utilise regional, national and independent sector capacity to drive down long waits. This will require a Quality Management Approach with a focus on value, innovation, co-production and sustainability to ensure we achieve, within the resources



available to us, high quality, person-centred experience and outcomes for our residents.

3. **Supporting, developing and protecting our Workforce** – Building a healthful culture that develops and supports our workforce - now and for the future. To deliver this there will be a redesign of models of care, and skill mix, education and skills needs analysis. There will be active talent management and succession planning in addition to recruitment and retention initiatives.
4. **Securing additional capacity** - A coherent capital investment programme - Progressing ambitious capital projects to address longstanding capacity gaps in planned care whilst utilising available external capacity in the interim.

However, as is also noted in the Lothian Strategic Development Framework, NHS Lothian continues to be below NRAC parity. In the financial year 2022-23, this equates to approximately £14m. This, by itself, would be a substantial financial challenge, particularly in the delivery of elective services. Over the last ten years, however, the cumulative difference between our modelled and actual financial allocations has been over £100m, and so NHS Lothian not only starts the year with the challenge of COVID recovery, but with the challenge of a care deficit built up over at least a decade.

This means that, despite the work and commitment outlined in this document, we still anticipate that we have eight specialties “at risk”, where we cannot give assurance that prevailing targets will be delivered in the timescales required, and that the total gap associated with this risk is more than 1000 patients waiting for inpatient and daycase treatment.

### Maximise planned care activity, and the opportunities to transform the delivery of services

Scheduled Care recovery plans for 2022/23 include initiatives to; reduce demand, optimise utilisation of capacity, deliver additional internal activity and supplement with activity delivered by external providers. Planning ambitious projects to address growing demand and longstanding capacity gaps in a sustainable way will also continue throughout 22/23: through projects such as the national treatment centre for planned surgery on St John’s Hospital campus, a new Eye Pavilion in Edinburgh, a new Edinburgh Cancer Centre for the East Region on the Western General Hospital campus and a case to deliver sustainable capacity for our orthopaedic service.

The following headings describe key areas of focus in 2022/23. They should be viewed alongside the Delivery Plan which accompanies this year’s ADP (appendix 1) and which specifies deliverables for 2022/23.

#### **Realistic Medicine**

NHS Lothian actively supports a Realistic Medicine approach, including:

- Active Clinical Referral Triage (ACRT)
- Introducing ‘opt in’ approaches for patients referred for arthroplasty

- Encouraging the use of 'BRAN' Choosing Wisely questions in clinical consultations, to promote shared decision-making
- Patient Initiated Review

Clinicians in NHS Lothian have been encouraged to embed the principles of person-centred care and shared decision making in their consultations with patients, in the consent process, and in their communication of options with patients.

Through active clinical referral triage, we will embed the principles of “right person, right time, right place”, ensuring we fully utilise all members of our multidisciplinary team. At minimum this will be from point of referral but our ambition is to work with primary care, community, and secondary care referrers to further develop pathways and optimise use of and effect of RefHelp. Thereby we will ensure no one is on a waiting list to see a consultant when an alternative option such as a different health care profession may offer a more appropriate intervention.

### **CfSD & Specialty Delivery Groups**

The national Centre for Sustainable Delivery (CFSD) will continue to play a vital role in supporting our efforts to remobilise, recover and redesign towards a better health care system. NHS Lothian has appointed a CfSD Heat Map Champion and a Clinical Lead with progress against our Heatmap reviewed monthly and submitted to CfSD team. Close working with CfSD is envisaged to continue throughout 22/23.

NHS Lothian are also actively participating and engaging in the Specialty Delivery Groups with clinical representation on each group, identifying and utilising best practice across boards.

### **Out-Patients**

NHS Lothian's Out-patient Redesign Programme is a comprehensive plan across all specialties that will support delivery of key elements of CfSD best practice. This programme will support people to manage their own conditions through patient initiated follow up, improve our communications with people accessing our services through text reminders, reduce lost capacity by supporting patients to actively book and keep their appointments and optimise the use of technology to reduce the need to travel to hospital. 13 specialties have completed the redesign process with evaluation underway and dashboard launched, with an ambitious programme to complete redesign with ~30 additional specialties this year.

In 2022/23 NHS Lothian will maintain or exceed activity at 2019 level with systematic reduction in long waits across all specialties. We plan to have seen all outpatients waiting over 104 weeks by the end of August with the exception of 2 subspecialty queues (hand/foot phototherapy & recurrent female urinary infection). In these cases, this is due to the specialist nature of the casemix and availability of specialist clinicians. Both these services were paused during the pandemic and have

subsequently developed a backlog of patients. Services have now resumed in July and the small number of patients remaining over 104 weeks are being booked in date order. The longest waiting patients are being prioritised going forward in line with the December'22 target of no patients waiting over 78 weeks in most specialities. Dermatology and Ophthalmology services remain challenged to meet this target. Waiting list initiative clinics continue where appropriate. The Covid-19 response has demonstrated what can be delivered when a technology driven approach is taken and we will continue to explore new tools, such as Asynchronous Appointments, to support delivery of remote health monitoring and continue to deliver monitoring clinics established in response to the pandemic. Teledermatology triage using dermoscopic images from participating GP practices will continue to be rolled out throughout 2022.

### **Waiting List Validation in Out-patients and clinically led Validation in Inpatients**

For Out-patients an Artificial Intelligence (AI) assisted waiting list validation pilot continues with plans to roll out to all OP specialities with long waiting patients over 52 weeks.

NHS Lothian have agreed, as a Board, the re-categorisation of the IP Waiting List to apply one of the following waiting list categories, this is aligned to the new long wait targets and supports individual patient clinical prioritisation and the booking of longest wait patients :

- Urgent Suspicion of confirmation of cancer
- Urgent
- Routine

Whilst the CfSD has indicated OP Waiting List Validation should be able to reduce the OP WL by c10% the same benefit is not expected from clinical review of the IP WL. A number of specialties carried out clinical validation in 2021/22, predominately resulting in upgrading of clinical priority, with very small numbers of patients removed who no longer required treatment.

### **Supporting Patients to Wait Well**

Whilst we continue to work towards recovery, we will also optimise opportunities to prevent and minimise deterioration e.g. through increased rehabilitation offered through Allied Health Profession (AHP) services and a developing multimodal prehabilitation programme. It is proposed this will involve exercise, nutritional advice, emotional support, and behavioural change approach to reduce the negative effects of increasing waiting times for treatment. This will be also developed within cancer pathways including introduction of a screening tool at diagnosis. An oversight group to scope current Patient Optimisation including Prehabilitation & Enhanced Recovery after Surgery (ERAS) across orthopaedics, colorectal, general surgery, and gynaecology will agree principles and a prioritised workplan by end of Q2.

## **Optimising current IP/DC resource & further remobilisation**

Clinicians and Services will embed principles to reduce unwarranted variation and embrace innovation including improving our efficiency and effectiveness e.g., use of British Association of Day Surgery (BADs) Directory of Procedures and application of EQuIP in General Surgery and Orthopaedics. We will continue to use data to inform teams where changes to established practices or clinical guidelines are warranted to improve outcomes and patient experience.

A theatre optimisation programme focussing on effective and efficient utilisation of available theatre capacity is already underway. This workstream will ensure optimal planning, scheduling and utilisation of available theatre resources. A pilot of new scheduling software (Infix) has commenced in Ophthalmology.

Site Readiness Groups focussed on IP and DC Remobilisation have been established following an option appraisal April '22 to identify a framework for TTG recovery- focussed on retaining capacity for urgent/ cancer patients and increasing capacity to reduce long wait patients. Site groups are currently working to assess the implementation options. It is accepted that ring-fencing day surgery and inpatient beds for scheduled care will have a direct impact on workforce, both in terms of current gaps and ability to utilise theatre staff to support other areas. It will also have an impact on unscheduled care flow. This could mean a higher number of patients in our Emergency Departments/ Front doors, with longer waits. Clear policies and procedures will need to be developed to support Site teams to maintain ring-fenced capacity.

Further to the announcement of revised targets around the longest waiting patients additional actions have been taken since early July. These include: - ensuring all routine patients (Priority 3 & 4) are now seen in date order; any released theatre sessions identified through weekly theatre matrix meetings on all acute sites are allocated to longest waiting patients across the following 8 specialties – ENT, General Surgery, Gynaecology, Orthopaedics, Paediatrics, Plastics, Urology & Vascular; recently secured additional external capacity will be allocated to longest waiting patients where clinically appropriate. However it is anticipated there will be approximately 1400 patients waiting 104 weeks or more by the end of September due to the limited capacity available.

### **Workforce**

With the planned opening of our National Treatment Centre in spring 2027 and in recognition of existing gaps, the recruitment and retention of a skilled workforce and accelerated training is key to our scheduled care recovery programme. A Theatres Workforce Programme Manager is now in post focussing on recruitment and training in addition to ongoing focus on international recruitment opportunities for Theatres.

Utilising available capacity despite workforce gaps by using insource providers will continue to be explored with a successful test of change with Sirona Healthcare extended for a further three months.

## **Effective Cancer Management Framework**

Early 2022, services completed a gap analysis of current services pathways against the 2021 Framework for Effective Cancer Management. It is the work of the Scheduled Care Recovery Board and Cancer Recovery Board to take forward the 8 Key Elements of the Framework and address inconsistency in application across tumour groups and pathways:

Key actions for 22/23 are included in the ADP Action Plan and highlighted below:

- Single point of contact & Navigator Development
- Prehabilitation and ERAS
- Early Cancer Diagnostic Centre proposal
- Installation of 7th Linac

NHS Lothian will seek approval for the Initial Agreement for a new Edinburgh Cancer Centre for the East Region on the Western General Hospital campus and start the work towards OBC in 22/23.

## **NTC-Lothian**

NHS Lothian have re-engaged with the Principle Supply Chain Partner and will continue to progress development of a Full Business Case, by October 2024, in order to achieve service commencement in the new NTC-L facility by April '27.

A significant and complex enabling works package programmed to commence early 2023, is to be completed prior to commencement of the main build. Any delays to the enabling works could have a programme impact on the main build.

NHS Lothian requires NTC-L capacity to be fully operational on Day 1 and this is a substantial challenge considering current workforce gaps, lack of available staff and the additional overall uplift of c.400 WTE required over the next 5 years. There is significant risk the Board will be unable to recruit the required NTCL workforce in the timeframe available.

Building workforce through training posts covering the required competencies prior to opening is essential given staff are not available to recruit from the current market and this is expected to become increasingly challenging as the other NTCs across Scotland also look for staff.

To date no funding has been forthcoming for Year 1 (22/23), to support either infrastructure or theatre training posts (including Anaesthetic Associates and ODPs).

If NHS Lothian does not increase its establishment incrementally it will become increasingly unlikely to do so prior to NTCL opening. Furthermore, condensing this level of training in less than 5 years will also risk overwhelming busy theatre teams who will be required to deliver recovery within this same period also, and negatively impact service delivery, patient, and staff experience.

## **Reprovision and Redesign of Eye Services**

NHS Lothian will finalise robust Accommodation Schedules and the exemplar design & land acquisition 2022/23 before re engaging with PSCP. FBC expected early '25 with service commencement June '27.

## Elective Orthopaedics

NHS Lothian will build the case to deliver sustainable capacity for our orthopaedic service.

## Recovery of Diagnostic Activity

Diagnostic services are critical to the effective and timely delivery of scheduled care (urgent, urgent suspicion of cancer and routine). An expansion of workforce and equipment is essential if diagnostic services are to meet the dual challenge of addressing immediate waiting list pressures whilst modernising services to achieve a sustainable future. Key areas of focus for 22/23:

- *Eye Services Diagnostic Lane*
- *Endoscopy* -
  - o Expanding internal capacity for endoscopy at East Lothian Community Hospital and WGH
  - o Colon Capsule Endoscopy and Cytosponge – Following a clinically led decision, NHS Lothian is not embarking on the use of colon capsule endoscopy at this time and is awaiting the evidence based outcomes from other Boards who have implemented this procedure. Cytosponge, however is well established in NHS Lothian and following the successful completion of the pathway for surveillance patients a pathway for new referrals is now in place. Trajectory is approximately 50 patients per month.
  - o Uptake of additional capacity at GJNH and Queen Margaret
  - o QFit – embedded in Colorectal and GI to reduce demand on endoscopy services
- *Flexible cystoscopy* - internal WLI sessions at WGH. Appointment of 2 trainee nurse Cystoscopists June 22 to increase core flexible cystoscopy capacity with training programme commencing September 2022.
- *Radiology*-
  - o Additional external capacity for CT & MR will be provided via various routes at QMRI, TEC, Midlothian CH Mobile MRI, additional CT in pod at SJH, GJNH CT activity (200 pa) GJNH CT service in place; discussions ongoing with local commercial providers and procurement regarding continued levels of capacity and exploring potential increases 22/23.
  - o 2<sup>nd</sup> CT at SJH - CT Pod at SJH to be delivered and commissioned to commence scanning July 2022 on a temporary basis whilst we identify the preferred option to deliver a 2<sup>nd</sup> CT on site permanently.
  - o Expanding capacity for CT & MRI internally including ongoing utilisation of 3<sup>rd</sup> CT at the RIE, 6 additional sessions at RHYCP, SJH now operating 5/7 staffing model.
  - o Limited additional capacity within RHCYP CT scanning begun late June 2022, with scaling up during Summer 2022 to full service by August 2022

- *Ultrasound* - Difficulties in continued provision of US due to workforce availability. East Sector Sonographic lead appointed and continued medical US scanning input within job plans being sustained. Continued engagement with Primary Care Liaison Group to identify opportunities for pathway improvements and demand reduction.

## Additional Capacity

There is currently limited availability across markets within Scotland to secure the quantities of external activity required to address the growing backlog of people waiting, and the recurrent capacity gap. The external market have themselves been impacted by Covid-19 and are experiencing an increasing demand and backlog of private patients waiting for treatment as well as similar workforce challenges. This presents a further risk to the stability of NHS Lothian's workforce, with growing competition for what is currently a finite workforce in Scotland.

There is however some capacity and the local market is responding with moderate expansion. The Additional Capacity Board in NHS Lothian has now approved specialty requests for outpatient, IPDC and Radiology and will work to progress local procurement of available activity. Close working with SG colleagues will continue to avoid any unnecessary duplication and market confusion.

Certainty regarding funding available and the level of recurring commitment available is essential to agree an optimal solution.

## Additional Planned Care Funding Allocations

In March 2022, NHS Lothian submitted its forecast funding requirement to support agreed performance interventions, both internally and utilising external providers. The estimated funding is summarised in the table below.

| Category  | Recurring £k  | Non Recurring £k |
|---|---------------|------------------|
| Outpatients – External Provider and Insourcing  |               | £4,797           |
| IPDC – External Provider and Theatre Insourcing |               | £7,253           |
| Endoscopy                                       |               | £ 900            |
| Radiology                                       | £ 371         | £2,231           |
| Internal Permanent Costs                        | £4,396        |                  |
| WLI   |               | £2,000           |
| NTC Recruitment                                 | £2,202        |                  |
| NTC Recruitment Slippage                        |               | (£1,101)         |
| Deferred Funding                                |               | (£4,396)         |
| <b>TOTAL</b>                                    | <b>£6,969</b> | <b>£11,684</b>   |

Through the Additional Capacity Board, NHS Lothian has focussed on deliverable proposals where internal and external capacity is reasonably well understood. As

noted in previous sections, the Scheduled Care Recovery Board is exploring opportunities to maximise any further use of the independent sector – this may result in proposals for additional activity out with the funding estimates above. NHS Lothian will continue to work with Scottish Government Access Support Team as these proposals and funding requirements develop.

The recurring internal funding requirement reflects costs for initiatives supported non-recurringly through previous AOPs, which are now embedded within the system and contribute to baseline performance delivery.

Recurring funding for the National Treatment Centre reflects year one of the workforce plan agreed through the NTC-L Programme Board Governance structure. The detail and timing of recruitment plans is subject to ongoing discussion and there is likely to be significant slippage on the 22/23 forecast cost – however the requirement to begin recruitment and training remains a risk for the NTC-L as described earlier in this document.

Uncertainty over funding, both recurring and non-recurring, presents a significant challenge for the Board when planning for recovery over a 3 – 5 year period leading up to the National Treatment Centre at St John’s.

### Updated summary position, by spend type

An up to date summary of our Planned Care 2022/23 Finance Template return as at the 12<sup>th</sup> of August 2022 is shown below. This has also been submitted separately to the waiting times policy team, as requested.

| Spend type   | Activity   | Impact  | Q1 spend (actual) £'000 | Q2 spend (actual and projected) £'000 | Q3 spend (projected) £'000 | Q4 spend (projected) £'000 | 2022/23 Forecast Expenditure |
|--|--|---|-------------------------|---------------------------------------|----------------------------|----------------------------|------------------------------|
| Recurring Costs for 22/23(e.g. staffing)   | Agreed within WTIPs to 19/20                               | Within baseline   | 1099058                 | 1099058                               | 1099058                    | 1099058                    | 4396232                      |
|  | NTC Staffing   |   | 112407                  | 112407                                | 112407                     | 112407                     | 449627                       |
|  | Imaging (per Jean Wright)                                  |   | 92823                   | 92823                                 | 92823                      | 92823                      | 371293                       |
| Legally contractually committed  | Dermatology Insource to to end September                   | 2,216 new outpatients April 22 -Sept 22 (also associated review outpatients, minor ops) | 554000                  | 554000                                |                            |                            | 1108000                      |
|  | Dermatology to commence October 22                         | 7,000 new outpatients pa (also associated review outpatients, minor ops)                |                         |                                       | 437500                     | 437500                     | 875000                       |
|  | Adult ENT Insource   | 5,234 new outpatients pa (also associated review appointments and treatment)            | 457975                  | 457975                                | 457975                     | 457975                     | 1831900                      |
|  | Paediatric ENT Insource                                    | 400 new outpatients pa (also associated review appointments and treatment)              | 35000                   | 35000                                 | 35000                      | 35000                      | 140000                       |
|  | Vascular Surgery S&T                                       | c150 new outpatients 22/23 (also associated review appointments and treatment)          | 18750                   | 18750                                 | 18750                      | 18750                      | 75000                        |
|  | Orthopaedics Treat only                                    | c500 day cases 22/23  | 419400                  | 419400                                | 419400                     | 419400                     | 1677600                      |
|  | Urology Treat only   | c180 circumcisions, c705 flexi cystos 22/23   | 120000                  | 120000                                | 120000                     | 120000                     | 480000                       |
|  | Endoscopy - REU. Funding allocated to N                    | 2800 pa   |                         |                                       |                            |                            | 0                            |
|  | Robotic Prostatectomy                                      |   | 90000                   | 90000                                 | 90000                      | 90000                      | 360000                       |
|  |  |   |                         |                                       |                            |                            |                              |
| Non-recurring expenditure (agreed by SG in Plans submitted in April 22)  | OP WLIs  | Q1 - 2,295  |                         |                                       |                            |                            |                              |
|  | IP/DC WLIs   | Q1 - 120  |                         |                                       |                            |                            |                              |
|  | Radiology/Endoscopy WLIs                                   | Q1- 672   |                         |                                       |                            |                            |                              |
|  | Internal WLIs Total  |   | 535536                  | 594000                                | 500000                     | 500000                     | 2129536                      |
|  | Insurance Theatre Teams Pilot                              | Apr - July - 1259 flexi cystos  | 176400                  | 176400                                | 250000                     | 250000                     | 852800                       |
| Imaging (per Jean Wright)  |  | 464897  | 464897                  | 464897                                | 464897                     | 1859588                    |                              |
|  |  |   |                         |                                       |                            | 0                          |                              |
|  |  |   |                         |                                       |                            | 0                          |                              |
| Additional activity to address Long Waits (within the Board , building on existing contractual arrangements, or utilising new Independent Sector | TBC - capacity allocated from SG at Spire being progressed | TBC   |                         |                                       |                            |                            | 0                            |
|  | Orthopaedic Joints Treat Only                              | 25 hips, 25 knees to March 23   |                         |                                       | 307500                     | 307500                     | 615000                       |
|  | CT Colons Diagnostic                                       | 60 to March 23  |                         |                                       | 27600                      | 27600                      | 55200                        |
|  | CT Angiograms Diagnostic                                   | 60 to March 23  |                         |                                       | 27600                      | 27600                      | 55200                        |
|  | Gynaecology Treat Only                                     | 90 to March 23  |                         |                                       | 67500                      | 67500                      | 135000                       |
|  | Cataracts S&T  | 180 to March 23   |                         |                                       | 180000                     | 180000                     | 360000                       |
|  | Cataracts insourcing in development                        | 1500 total requirement  |                         |                                       |                            | 500000                     | 500000                       |
|  | Gynaecology Ambulatory Care                                | Additional Colposcopy, Hysteroscopy and Cystoscopy (c. 3000 annually) and release c     |                         |                                       | 107500                     | 107500                     | 215000                       |
|  | Initiatives in development                                 |   |                         |                                       | 1000000                    | 1000000                    | 2000000                      |
|  | Deferred allocation from 21/22 NR                          |   | -1099058                | -1099058                              | -1099058                   | -1099058                   | -4396232                     |
| <b>Total</b>   |  |   | £3,077,188.00           | £3,135,652.00                         | £4,716,452.00              | £5,216,452.00              | £16,145,744.00               |



## Working Collaboratively Across Scotland

### **NTC Capacity Management Development Group & associated SLWGs (4)**

NHS Lothian has participated fully in the work of the 4 SLWGs established and will continue to do so in 22/23. Activity allocations in 2022/23 and 2023/24 are expected to support Orthopaedic long waits and will be allocated using agreed principles by the SG Scheduled Care Performance Team.

### **National Elective Co-ordination Unit**

NHS Lothian are actively exploring the possibilities of the NECU programme and engaging with CfSD colleagues to identify any options available to assist in the reduction of long waiting patients. NHS Lothian has responded to the centres requests for a senior leader and clinical representative on the NECU Group.

### **New Operational Performance and Delivery Board**

NHS Lothian will be fully and proactively involved in the new OPDB established to support an NHS Scotland approach and oversight for delivery of national and local plans to support delivery of planned and unscheduled care waiting times targets, and will also consider the wider system impact on areas such as cancer and diagnostics.

### **Extract from the LSDF Scheduled Care Grid (focussing only on the current 1 year horizon)**

The table below plots known aims and objectives across the next year (2022/2023): Actions beyond 2022/23 will be reflected in NHS Lothian's Medium Term (3 year) Plan from 23/24 onwards

| Ref | Priority   | 1 year   |
|-----|--|--|
| 1   | <b>Active promotion of Realistic Medicine</b> -A critical factor will be how we maximise use of digital tools to in support of this. | <ul style="list-style-type: none"><li>• Promotion of 'Digital First' unless face to face examination is required.</li><li>• Embed BRAN questions during all clinical contacts.</li><li>• Promoting patient initiated follow up or review.</li><li>• Reducing the number of people who do not attend scheduled appointments e.g. text reminders.</li><li>• Embed active clinical referral triage - Develop and identify suitable alternatives to treatment.</li></ul> |

| Ref | Priority  | 1 year   |
|-----|---|--|
| 2   | <p><b>Optimising current resource &amp; capacity</b> - Using our finite resources efficiently and effectively, with continued prioritisation of care towards the most clinically urgent whilst working to reduce the length of wait for people living in Lothian who require less urgent treatment.</p> | <ul style="list-style-type: none"> <li>• Prioritisation of clinical resources aligned with clinical need and systematic reduction of long waits.</li> <li>• Continuation of NHS Lothian's Out-patient redesign programme.</li> <li>• Embed best practice in collaboration with CfSD e.g. enhanced recovery.</li> <li>• Theatre Optimisation &amp; Efficiency</li> <li>• Implement Effective Cancer Management Framework</li> <li>• Establish oversight group to scope current Patient Optimisation including Prehabilitation &amp; Enhanced Recovery after Surgery (ERAS)</li> <li>• Optimise safe clinical pathways to utilise regional, national and independent sector capacity to drive down long waits.</li> </ul>    |
| 3   | <p><b>Supporting, developing and protecting our Workforce</b> – Building a healthful culture that develops and supports our workforce - now and for the future.</p>   | <ul style="list-style-type: none"> <li>• Develop and deliver a recruitment plan, including ongoing international recruitment to address key areas of challenge e.g. sonography workforce, theatre nursing etc.</li> <li>• Increase education, training and development opportunities to our existing workforce e.g. DATCC</li> <li>• Promote access routes for Health Care Support Workforce (HCSW) locally and work with NHS Academy to understand national plans for attracting and inducting new health and social care staff from a variety of different routes.</li> <li>• NHS Work Well Framework and Local Plans</li> <li>• Phased implementation of NTC Workforce Plan e.g. Anaesthetic Associates, ODP</li> </ul> |
| 4   | <p><b>Securing additional capacity</b> - A coherent Capital investment programme - Progressing ambitious capital projects to address longstanding capacity gaps in planned care whilst utilising external capacity in the interim.</p>  | <ul style="list-style-type: none"> <li>• Continue to explore and implement models of care in partnership with the independent sector to maximise all available capacity for our residents.</li> <li>• NTC - Progress exemplar design with stakeholders &amp; Reengage with PSCP for NTC, Lothian, May 2022.</li> <li>• Reengage with PSCP for PAEP early 22/23 &amp; progress design development.</li> <li>• implement 2<sup>nd</sup> CT at SJH</li> <li>• Complete delivery of Gynae Ambulatory Care Unit at SJH complete.</li> <li>• Build a case to deliver sustainable capacity for our orthopaedic service.</li> </ul>  |

## 5. Urgent and unscheduled care

### Improving access to unplanned care

#### Unscheduled Care

The provision of high-quality unscheduled care is at the core of NHS provision and is at the heart of the integration agenda. NHS Lothian provides a broad range of unscheduled care services, ranging from GP in-hour services, through GP out-of-hours, district nursing, minor injuries, medical receiving, surgical receiving and emergency departments, up to the provision of major trauma care for the South-East of Scotland.

The complexity does not stop at the organisational boundaries of NHS Lothian. The provision of social care services, both preventative and reactive in the form of home care, residential and nursing care, and a range of other services, requires considerable operational input from our local authority partners.

In 2019, the Pan-Lothian Unscheduled Care Programme was established to take a whole system approach to developing a sustainable model for the delivery of unscheduled care services. The aim is to provide timely access to care in the right place, at the right time, avoiding delays anywhere in the whole system.

In 2015, the Scottish Government set out the 6 Essential Actions (6 EAs) a framework to improve unscheduled care and support the delivery of the 4-hour Emergency Access Standard. The aim is to ensure 95% of patients attending Emergency Departments are either admitted, transferred, or discharged within 4 hours.

In June 2022, the Scottish Government launched the National Urgent and Unscheduled Care Collaborative (NUUCC) in response to the Covid 19 pandemic. The Strategic Intent of the Scottish Government is *to treat where appropriate, based on 'people and place-based care' and move from recovering to resilience and redesign*. The 4-hour Emergency Access target remains the Scottish Government key indicator of whole system safety, and the expectation is that health boards will be achieving 85% Emergency Access Monthly by October 2022 and achieving 90% Emergency Access Monthly Target by December 2024. In taking a whole system approach the government are moving from a weekly (Emergency Department) target to a monthly Unscheduled Care Performance target (including attendances in trolleyed areas of assessment units, Emergency Departments and Minor Injuries Units).

NHS Lothian has identified a range of improvements to support delivery of the 4-hour Emergency Access Target. However, the Covid19 pandemic has impacted on delivering the 4-hour Emergency Access Standard with performance remaining low at 65% in May 2022. Our overall performance has been influenced by a range factors including, but not limited to:

- workforce challenges throughout the acute and HSCP system secondary to staff self-isolating and sickness;

- patient acuity. Patients have presumed the system is overwhelmed and have therefore tolerated symptoms for longer and have presented later than normal via GP/Flow Centre /Self-Presentation;
- the volume of Emergency Department (ED) attendances as restrictions have eased compounded by patient/public perceptions of difficulties in accessing care within other parts of the system; and
- overall high hospital occupancy levels due to an increase in the number of delayed discharges.

Delayed discharges have been a significant challenge within Lothian and the result impacting on patients, both those who are delayed in hospital and the corresponding impact on those waiting to access hospital. There are a number of reasons for delays, these are predominantly delays related to patients requiring care to live in their own home and nursing/residential home placements. The demand for community care has increased as COVID restrictions have eased, whilst capacity continues to be limited by the workforce availability. Drivers for increasing demand include people being de-conditioned (i.e. frailer, less confident). Capacity issues are due to reductions in staff availability across the sector with both our internal and external provision seeing as much as a 30% reduction in capacity. This is part due to EU nationals returning home, people moving to jobs in other parts of the economy, and fatigue and absence related to COVID-19 and the pressures of the pandemic on the workforce.

Prior to the outbreak of Covid-19 there was agreement across the five organisations known as the Lothian Health and Care System that a collaborative approach would be taken to delivering unscheduled care. There is agreement and commitment to take a whole health and social care system approach to delivering the Lothian Home First principles which ensures we provide quality care as close to home as possible. It is acknowledged that our hospitals provide high quality specialist clinical care when required. However, staying in hospital leads to de-conditioning, falls, pressure sores, delirium and through this often prevents people from ever returning home. The **Lothian Home First** approach promotes independent living and reducing unwarranted harm caused by long hospital stays. The Lothian Home First principles underpin the strategic priorities for delivering urgent and unscheduled care in NHS Lothian.

#### **The Home First Approach advocates:**

- Best pathway available: ensuring care is delivered as close to home as possible.
- What matters to you? – asking what matters ensures the care is delivered based on what is most important to the person receiving care.
- Assessment of health and care needs: determined by appropriate professional at appropriate time. Ideally, any assessment of long-term needs will be carried out in the individual's own home surrounded by their belongings in a familiar environment.

- Embrace Realistic medicine: balancing investigations and treatments and supporting shared decisions.
- Stay in hospital: when clinical needs can only be met in hospital, and the person should return home or to a homely setting at the earliest opportunity.
- Discharges and transfers of care are planned and coordinated early on, with clear expectations as soon as someone is admitted to hospital.
- Life-changing decisions about long term care: will not be made in times of acute crisis. These decisions should be part of Anticipatory Care Planning (ACP). ACP is based around thinking ahead conversations and allows opportunities to plan care that is right for that individual, making it more likely that individuals will receive the care they wish at times of crisis.

The strategic priorities outlined in this annual delivery plan are underpinned by a Home First approach, with personalised care at the heart, ensuring equitable access to our high-quality Urgent and Unscheduled Care Services.

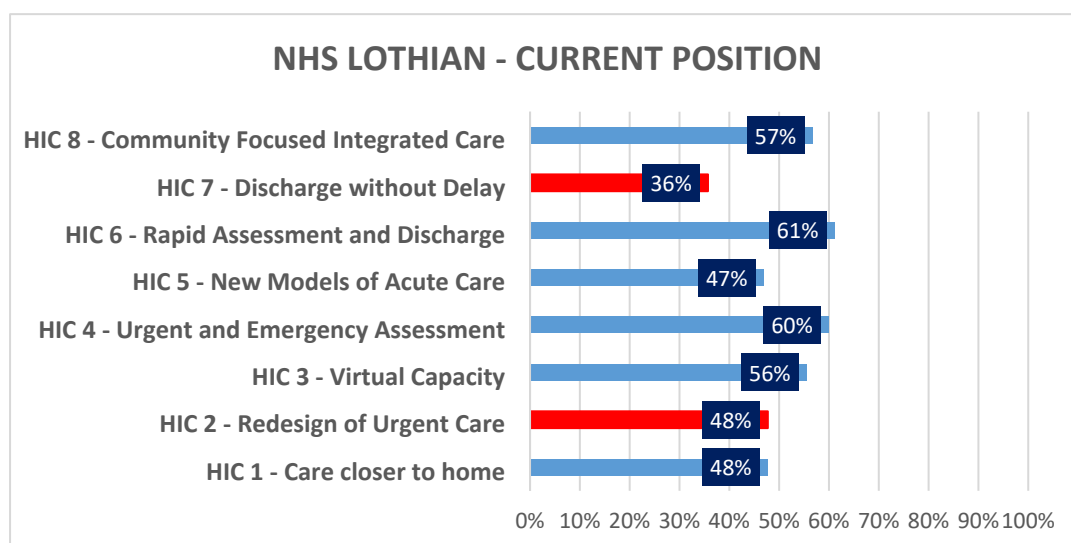
#### [NHS Lothian Unscheduled Care Priorities - 2022-23](#)

The Scottish Government's National Urgent Unscheduled Care Collaborative identified eight high impact changes:

1. Care Closer to Home
2. Redesign of Urgent Care
3. Virtual Capacity
4. Urgent and Emergency Assessment
5. Rapid Assessment and Discharge
6. New Models of Acute Care
7. Discharge without Delay
8. Community Focused Integrated Care

To assess our status against the identified 8 high impact changes we conducted two exercises in NHS Lothian. Firstly, we mapped the key improvement programmes outlined within the Lothian Strategic Development Framework for Unscheduled care, against the 8 high impact changes. Secondly, we convened two stakeholder engagement sessions to complete the Scottish Government self-assessment against the high impact changes. We brought together over 30 stakeholders from across a range of services, including HSCPs, Acute Sites, Primary Care, Emergency Department, Out of Hours, to complete the self-assessment. The results of our self-assessment can be seen in **USC Table 1** below. The high impact changes with the lowest % completeness will provide a higher productive opportunity.

**USC Table 1**



**3 High Impact improvement priorities:**

1. **Discharge without Delay – Edinburgh HSCP** with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in **WGH**.
2. **Discharge without Delay - Edinburgh HSCP** with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in **RIE**.
3. **Redesign of Urgent Care Phase 2 - Professional to Professional Pathways** - reduce unplanned attendances by increasing opportunities for **Flow Centre** to schedule patients to alternatives.

**Priorities 1 and 2: Discharge without Delay**

Given the significant challenge in relation to delayed discharges in Lothian it is right we dedicate resource and prioritise two of our high impact changes to delivering the Discharge Without Delay programme. Our aim is to reliably implement a Planned Date of Discharge (PDD) model with Edinburgh Health and Social Care Partnership within a defined number of Medicine of the Elderly (MoE) wards in the Royal Infirmary of Edinburgh and the Western General Hospital. This work will have a dedicated resource and drive collaboration across two acute sites working in parallel with EHSCP to provide a targeted improvement support for Elderly Frail patients to reduce the average number of EHSCP Occupied Bed Days to 38 by March 2023.

Quarter 2 (July – September) activity includes:

### **Communication & Engagement Plan / Education & Training**

- Ward staff awareness session on PDD implementation
- EHSCP staff awareness session on RIE/WGH PDD implementation
- Patient/Carer communications – Recorded sharing of ‘Effects of Bed Rest’ and ‘Patient Information Leaflet’

### **Process Mapping**

- Admission to discharge for MoE Patients from within the RIE. Simple pathways and the process incorporating HSCPs
- WGH Home First Front Door 72-Hour focus

### **Measurement Framework**

- Define and develop the framework
- Collect baseline data for MoE wards (from January 2022)
- Review data against quarterly trajectories
- Understanding specific roles and responsibilities for staff across the system

### **Indicative Trajectories:**

Quarter 2 (Jul – Sept) – Reduce OBDs from 74 > 70 (-4)

Quarter 3 (Oct – Dec) – Reduce OBDs from 70 >55 (-24)

Quarter 4 (Jan – Mar) – Reduce OBDs from 55>36 (-38)

### **Project Delivery**

A project delivery group has been established with representation from senior leadership from Edinburgh HSCP and RIE and WGH sites. The project delivery group meets every 3 weeks, with the aim of driving improvements and acting as an escalation point for overcoming any barriers. Lothian Unscheduled Care Programme team meet regularly with Scottish Government National Advisors and we will continue to work in collaboration with the Scottish Government Urgent and Unscheduled Care National Team.

### **Priority 3: Redesign of Urgent Care Phase 2 - Professional access – increasing referrals to alternatives to ED attendance, reducing admissions and occupied bed days.**

Our system is consistent in its belief that people should only come to a hospital if they absolutely have to and should not stay in hospital any longer than absolutely necessary. We will therefore continue to develop the approach to redesign urgent care we introduced during the pandemic. The first phase of the **Redesign of Urgent Care** programme went live on 1st December 2020 for patients aged 16 years and over. This phase aimed to reduce and smooth self-presenter attendance demand at acute hospital front doors, to minimise overcrowding and protect public,

patients and staff. Work will continue to optimise this pathway and we will use 10 patient pathway experiences to regularly monitor and identify areas for improvement.

The effects on hospital admissions, particularly for our frail elderly population, are well known, which is why admission to hospital should only occur when the required level of clinical care cannot be provided at home. Alternatives to hospital admission remain our priority and we will continue to enhance and develop new models of care closer to home. This will require increased infrastructure in services such as Same Day Emergency Care, Care at Home, Hospital at Home and Single Point of Access in the Community.

Quarter 2 (July – September) activity includes:

We will conduct a snapshot Day of Care Audit with a range of clinicians from both Primary and Secondary Care to:

Audit patients referred by GPs in NHS Lothian to the Flow Centre for urgent secondary care. To identify the most appropriate pathway for patients (with aim to improve patient care and determine if referral is for assessment or admission and required timeframe) and whether there are services not available that would be required to achieve this.

Quarter 3 and 4 activities:

The day of care audit will inform the development of our new models of care closer to home, including:

**Same Day Emergency Care (SDEC)** - the provision of care for patients who may have otherwise been admitted to hospital for assessment and treatment. Under the SDEC care model patients with specific conditions can be assessed, diagnosed and treated without attendance at an ED or admission to a ward, and if clinically safe to do so, can be discharged home the same day. This delivery model benefits both the patient and healthcare system by reducing waiting times and avoiding admissions where possible by ensuring patients receive the right care, at the right time, in the right place.

We are currently undergoing an evaluation of the SDEC model at WGH in order to inform service planning for SDEC expansion across Lothian. The evaluation is looking to capture what benefits the SDEC model has delivered to patients, how efficient is the model, how does the model compare to pre-SDEC in terms of costs and patient admission rates, and how has SDEC impacted system-level performance indicators. Once this evaluation has concluded, the SLWG to expand SDEC to RIE and SJH will continue.

**Hospital at Home** – provides a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital. It is an important part of the Lothian system supporting people to stay at home that reduces the potential harms of extended hospital stays, particularly for the frail elderly. It supports hospital



sites by preventing admission, improves flow and reduces occupancy. The Lothian Hospital at Home services are well established but there are continuous developments, including:

- A review the Rapid Scale-up of H@H and the impact it has made on the service across Lothian. Have seen a virtual bed increase of around 50% across the partnerships because of the Rapid Scale-up that took place from January - April 2022.
- An overarching plan developed to implement an efficient and sustainable H@H model across Lothian with agreement from all partnerships.
- Early stages of planning have begun to host a H@H workshop that hopes to include key stakeholders from across Lothian to inform them of the future of H@H and to provide more collaboration opportunities within the community.

**OPAT and Respiratory** – SLWG groups have been developed and have updated and reviewed the data and mapped current service delivery. Each SLWG are in the process of developing expansion proposals to enhance delivery ensuring equity across Lothian for discussion and approval at USc Tactical Committee in July 22.

**Hot Clinics** – are intended to prevent hospital admission for patients presenting with acute problems. For example, a Respiratory Hot Clinic is available within RIE that aims to treat patients with acute respiratory problems and preventing a hospital admission. We aim to scale up and spread this model to other sites and other conditions.

**Community Single Point of Contact** - providing timely access to urgent requirements to prevent unnecessary acute hospital attendance and admissions. Each Lothian Single Point of Contact are accepting/ triaging GP urgent care referrals. All HSCP/ SAS referral pathways developed and implemented. A review of these pathways is underway.

**Aim:** Reduce unplanned attendances by increasing opportunities for Flow Centre to schedule appointments and reduce overall ED attendances by 10% March 2023.

### **Project Delivery**

Short Life Working Groups have been established to support each of the new models of care. The Short Life Working Groups meet monthly, with the aim of driving improvements and acting as an escalation point for overcoming any barriers. Lothian Unscheduled Care Programme team meet regularly with Scottish Government National Advisors and we will continue to work in collaboration with the Scottish Government Urgent and Unscheduled Care National Team.

Summary extract from the LSDF Unscheduled Care 1, 3 and 5 year Plan, focussing on the current and 1 year horizon

The table below plots known aims and objectives across the next year (2022/2023): Actions beyond 2022/23 will be reflected in NHS Lothian's Medium Term (3 year) Plan from 23/24 onwards

| Focus  | 1 year  |
|--|---|
| <p><b>Redesign of Urgent Care:</b></p> <ul style="list-style-type: none"> <li>• <b>Phase 1 Public Access</b></li> <li>• <b>Signposting and Redirection</b></li> <li>• <b>Review of Frequent Attenders</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Phase 1</b> – continue to optimise 111 pathway and reduce self-presenters at A&amp;E.</li> <li>• Continue to support implementation of an NHS Lothian Signposting and Redirection Policy</li> <li>• Continue to support the implementation of the Scheduling Minor Injuries and ongoing monitoring of new process.</li> <li>• Conclude and evaluation Phase 1</li> <li>• Conclude review of <i>Frequent Attenders</i> and make recommendations for future delivery models.</li> </ul>   |
| <p><b>RUC Phase 2 Professional Access</b></p> <ul style="list-style-type: none"> <li>• <b>SDEC</b></li> <li>• <b>Hospital at Home</b></li> <li>• <b>Hot Clinics</b></li> <li>•</li> </ul>                            | <ul style="list-style-type: none"> <li>• RUC Phase 2 (Professional Access) – Support the development of further Professional to Professional referral pathways. Monitor and evaluate the impact of new / enhanced pathways.</li> <li>• Implement plans to expand SDEC service.</li> <li>• Review existing Hospital at Home Models against current national recommendations.</li> <li>• In collaboration with HIS conduct economic evaluation of Hospital at Home.</li> <li>• Scale up Respiratory Hot clinics to other sites.</li> <li>• Identify potential focus for other clinical Hot Clinics</li> <li>• Identify options to create community-based capacity; specifically focussing on early intervention, urgent care, and prevention of admission.</li> </ul> |

| Focus   | 1 year  |
|---|---|
| <p><b>Optimising Patient Flow:</b></p> <ul style="list-style-type: none"> <li>• <b>Planned Date of Discharge</b></li> <li>• <b>Discharge without Delay</b> <ul style="list-style-type: none"> <li>– <b>Edinburgh HSCP</b> with an initial focus Medicine of the Elderly speciality in <b>WGH.</b></li> <li>- <b>Edinburgh HSCP</b> with an initial focus Medicine of the Elderly speciality in <b>RIE.</b></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Develop a Lothian Planned Date of Discharge operating model with clear roles and responsibilities across acute and community teams.</li> <li>• Support culture and behavioural change to discharge planning processes through the development of an operating model. Agreeing an overarching set of principles, consistent approach and coordinated implementation to enable and support tests of change.</li> <li>• Promote standardisation to add value, supporting local variation where that value is key to the delivery of patient care, and encourage parallel working with all stakeholders.</li> <li>• Agree outcomes and timelines to improve the discharge experience for patients, increased numbers with a planned date of discharge plan, pre 12 noon discharge and reduced readmissions.</li> </ul> |

## Primary Care

Primary Care covers a wide range of services which are both delivered by independent contractors (most general practices, community pharmacies, community optometrists and general dental services) as well as directly employed NHS staff (for example Community Treatment and Care Centres, General Practice Out-of-Hours Service, Public Dental Service). Over 90% of patient contacts with the NHS take place in primary care, and primary care has an important and vital role within urgent and unscheduled care, keeping people safe and well in the community. However it should be noted that primary care services also provide routine care such as chronic disease management.

All primary care services in Lothian are challenged by the rapid population growth across the four Lothian local authority areas. This is putting pressure on existing services and workforce, alongside the continued workforce consequences of the ongoing covid infection waves. Workforce across multiple professional groups is in scarce supply, and despite the increased multi-disciplinary team (MDT) working, there is an increasing issue to appropriately staff services which is compounded in the out-of-hours period. Workforce planning and continuing to maximise the potential of MDT working is a priority across many services for 22/23.

General Practices in Lothian have remained open and providing face-to-face consultations throughout the pandemic. Data based upon a sample of nine practices where data reporting is robust shows that activity has returned to pre-pandemic levels following a drop in activity between April and October 2020. In May 2022 there was an estimated 413,000 patient consultations across the 119 General Practices in Lothian, the equivalent of around 19,000 consultations a day.

A significant shift in the mode of consultation took place due to the pandemic in March 2020, with more consultations taking place by telephone than face-to-face in surgery in order to minimise the risk of COVID-19 infection for patients and staff. Our data shows that face-to-face consultations have increased since the onset of the pandemic with more consultations taking place in the surgery in May 2022 for the first time since the pandemic. Practices are still working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.

The Lothian General Practice Out of Hours Service (LUCS) is provided on behalf of all four Lothian HSCPs and provides care for patients with urgent needs across five bases when GP Practices are closed (6pm-8am, Monday to Friday and 24 hours a day at the weekend and public holidays). Clinical services include patient assessment and treatment: telephone advice to patients; direct face to face consultations in a primary care emergency centre (PCEC) and where necessary on home visits. LUCS are actively engaged in the system-wide redesign of urgent and unscheduled care and will continue over 22/23 to work jointly with colleagues across EDs, FNC and HSCPs, as well as national partners in NHS24 and SAS, to improve patient pathways.

The Oral Health Service will continue to offer unscheduled dental services from both Chalmers in and out of hours and SJH out of hours, on behalf of all four Lothian HSCPs. A workforce plan to progress standardised working hours is in development in 22/23 which in turn, will allow permanent recruitment to workforce, thus removing reliance on staff bank, and rostered GDPs. The unscheduled dental service will also continue to work jointly with colleagues in NHS24 and the local urgent and unscheduled care collaborative.

A number of key deliverables for 22/23 relate to the continued implementation of the 2018 GMS contract. These will continue with the aim that an extended MDT will support GPs to focus on their role as the expert medical generalist. A number of these deliverables are dependent on the development of national service specifications, for example for CTACS, pharmacotherapy services and the urgent care service. While partially implemented services are in place across each HSCP providing care as close to home as possible, once these national specifications are available and fully-funded then further development will take place.

Dental services have been significantly impacted by the nature of the COVID-19 pandemic. As COVID-19 is an airborne virus, one of the main methods of transfer is through aerosols generated by certain procedures and treatments, and this particularly includes dental treatment. Therefore, during the initial stages of the pandemic and up to early 2022 our estimate was approximately 40% of the previous levels of activity were being carried out in independent dental practices. With the easing of infection prevention control restrictions activity levels have increased, however, reform of the General Dental Services contract is well overdue and therefore a key priority for 22/23 will be to contribute to the Scottish Government consultation on the reform proposals and support contractors to return to pre-pandemic service provision.

The disruption of dental services has presented challenges to ensuring the dental health of the population of the Lothians. The Oral Health Improvement Team has resumed their activities with care homes and childcare settings, and work to support children and young people to access general dental services.

We are fortunate in NHS Lothian to have good access via the Public Dental Service for patients that cannot register with a General Dental Practitioner, and also for access to the secondary care oral health service. However, we want to ensure patient care is delivered in the community where appropriate. Therefore we will develop an intermediate care model for oral surgery with a funding model that supports General Dental Practitioner provision in the community as a pilot over 22/23.

Community Pharmacy plays a vital role in supporting people in their own homes and communities. We have approximately one pharmacy per 5,000 population and our Pharmaceutical Care Services Plan 2021-2026 sets out in further detail the actions we are planning to take over the next strategic planning cycle. Over 22/23 we will continue to support Pharmacy First as one of the first points of call for people to access healthcare advice and medicines. The increase in use of serial prescribing remains a key deliverable for us in 22/23. The expansion of clinical pharmacy roles

working in general practice has supported MDT working and delivers on several commitments to improving patient care made in Achieving Excellence in Pharmaceutical Care, but also puts pressure on adequate workforce available for community pharmacies. We are aware of pockets of short-notice pharmacy closure over the period of the pandemic, mainly as a result of covid absence, and will continue to monitor this closely over 22/23 and work with the contractor body to improve resilience planning.

Community optometry services have proven their resilience over the pandemic, and the national contract facilitates a good balance of innovation and stability. Over 22/23 we will continue to develop intra-community referral pathways to keep patients with more complex conditions within the community network of optometry services, therefore reducing referrals to secondary care services and providing care closer to home for people.

[Summary of our Strategic Development Framework Primary Care actions, with a focus on current and year 1 action in 2022/23; & overview of the Primary Care 5 year plan.](#)

In year one we will seek to:

- Support general practice in stabilising its position, by building on the implementation of the Vaccination Transformation Programme, CTACs, and Pharmacotherapy priorities of the general medical services contract, and evaluate the impact of the improvement plans on general practice capacity;
- Develop the strategic programme investment appraisal for general practice to agree across LHCS and at government level the investment needed to ensure appropriate access to general practice and the premises to support that;
- Work with general dental practices to expand activity from the baseline of 40% of pre-pandemic activity;
- Encourage and support community pharmacies to support vaccination programmes;
- Continue to develop public messaging about access to community pharmacy as a first line of contact for minor illness and self care advice;
- Work to keep all our current general practice out-of-hours bases open, and ensure good access to the dental out-of-hours service
- Develop the primary care data sets to better present activity and outcomes data

In year two we will build on the actions described above and influence national contracts revision working with government colleagues. Many of the future year's actions will be dependent on the national direction and the remobilisation from the covid pandemic, and will be reflected in NHS Lothian's Medium Term (3 year) Plan from 23/24 onwards.

## Primary Care 5-Year Plan

### Year 5

Sustainable primary care services providing access for growing & ageing population, underpinned by activity and outcomes data

Timeline dependent on remobilisation from covid pandemic

### Year 2/3

- Pharmacy regulations revision? Dental contract revision? All national contracts dependent on SG
- Reviewed delivery model for GMS learning from MOU implementation
- Continued focus on Anticipatory Care Planning

### Now & Year 1

- Impact of national care service legislation and primary care contract management
- Further implementation of GMS MOU
- Development of programme IA approach for GMS premises pan-Lothian
- GMS access and data (activity and outcomes) to be improved/addressed

Lack of primary care activity and outcome data

### Now (Year Zero)

- workforce challenges across the system.
- Implementation of GMS MOU2: Vaccination Transformation Programme; CTACs; Pharmacotherapy.
- Remobilisation of GDP.

## Mental Health, illness, and wellbeing

The Covid-19 pandemic has undoubtedly been a challenge for the mental health of everyone in Scotland. The pandemic has been a time of significant distress and sadness for many people. People have lost loved ones to Covid-19, many people have had Covid-19 themselves and others have cut themselves off from society to protect themselves against it.

The pandemic has shown us how much inequality there is in society. Unfair and systematic differences across occupation, gender, race and disability have been intensified.

There has been both a deep sense of togetherness, but in contrast, isolation and loneliness. Certain groups will have found it more challenging than others – those who were shielding, new mothers and fathers, those with children with additional support needs, and people with caring responsibilities.

Keeping mentally well is complicated because it looks different for each person, but the pandemic has given us some insights. Some have realised that the busy pace of life they had pre-pandemic was never good for their mental health in the first place. Others have realised that the social interaction from being in the office, shops, places of worship that they took for granted were a central part of what kept them mentally well.

As a society we understand a bit more about what keeps us mentally well – good sleep, exercise, not drinking too much alcohol, eating healthy food, social interaction, fun, laughter and time for rest. We are more aware of how common mental health conditions like anxiety and depression are and slowly we are becoming better at asking for help. These are all good things which help people to keep mentally well.

As more people ask for help, mental health services need to be in a position to respond. Prior to the pandemic, our Psychological Therapies and Children and Adolescent Mental Health Services (CAMHS) were in a challenging position, with demand higher than the capacity we had to support people. The pandemic intensified these challenges; however, in 2022 we have started to see improvements to the number of people waiting for CAMHS and adult psychological therapies. In order to meet the needs of people in Lothian, we have been making changes to services, using digital alternatives wherever possible/appropriate and recruiting to additional staff so that we can see more people.

In CAMHS, we have launched an Unscheduled Care service to meet the needs of people in urgent mental distress at home. We have recruited to over 100 new posts across psychology, nursing and allied health professionals, and this is beginning to make an impact on our waiting lists. We are also focussing on making our processes as efficient as possible through a number of improvement programmes, including a Digital Mental Health project to improve our digital infrastructure. The Children's section of this plan also describes how we will work with community partners to focus on improving mental health in children and young people.



We recognise that the answer is often not to invest more in NHS services. There needs to be support available in people's local communities to keep them mentally well. Additionally, we know that accessing the things that keep people mentally well is more challenging for those who experience deprivation.

The four IJBs across Lothian have been developing plans which focus on local services, prevention of mental illness, suicide prevention, addressing inequalities and enabling access to services without going through the NHS. These plans will be described in more detail in the refreshed IJB strategies due to be published in 2022.

The services delivered by NHS Lothian are largely focussed on supporting those with significant and chronic mental health conditions. These include schizophrenia, bi-polar disorder, personality disorder, post-natal depression, eating disorders, addictions and poor mental health relating to significant trauma. NHS Lothian also provides forensic mental health services which support people who have been charged with a crime which is related to their mental health condition.

The planning for the majority these services sits with the IJBs and the plans for each local area will be described in more detail in the IJB Strategies. However, this plan details the current plans in NHS Lothian to improve the specialist mental health services that it delivers, in some cases where services are delivered centrally, it makes more sense to agree one plan for the whole of Lothian instead of four.

To oversee planning of the four Lothian areas and bring together the IJBs with REAS, a Mental Health and Learning Disabilities Programme Board has been established. This has representation from the four Lothian IJB Chief Officers and the NHS Lothian Chief Executive.

One of the major developments within NHS Lothian's mental health services is the re-development of the Royal Edinburgh Hospital (REH) Campus. Phase 1 was delivered in 2019 and provided a new facility for adult mental health, older people's mental health and our intensive psychiatric care unit. The next Phase is being planned in stages but aims to deliver a new building for people with mental health needs who also have an intellectual disability and a national unit for adolescents with an intellectual disability and mental health needs, and a building for adult mental health rehabilitation and low secure care – low secure care is not currently provided in Lothian, so this will be a significant improvement for those receiving care.

Our campus re-developments include a shift of resource from hospital based care to communities, so there is a reduction in hospital beds which will be enabled by an increased investment in homes and care in the community for people with long term mental health conditions and those with an intellectual disability.

Hospital based care is absolutely the right place of care for some people, and we work continuously to ensure that we deliver the highest quality care within our hospital settings. However, NHS Lothian and the four Lothian IJBs are committed to ensuring that we only provide hospital based care when there is no other alternative. This is why we will be continually reviewing whether or not we have the right number of inpatient mental health beds and if we can transfer any resource into the community.

A related challenge is in our mental health workforce, where we have an unprecedented number of staffing vacancies, particularly in registered mental health nursing. We are working to increase staffing numbers; however, our proposed bed reductions in the campus re-development are required to enable us to provide staff in the new facilities coming onto the REH site. The REAS Services Director is chairing a Workforce meeting to bring focus to and propose solutions for this issue.

There have been a number of national reports and recommendations focussed on some of our specialist services.

We have expanded our perinatal community mental health team significantly over the last year to support women with mental health needs whilst pregnant and with a baby, we are also developing an Infant mental health service to support families who may be at risk of poor infant mental health.

Our eating disorders service has experienced a 30-40% increase in demand during the pandemic, and we need to do more work to understand why. Meantime, we are increasing investment in our psychology and dietetics services to meet the additional demand, and are launching a project to implement recent Scottish Government recommendations for eating disorder services.

Summary extract from the LSDF Mental Health, Illness, and Wellbeing 'Details Table' focussing on the current and 1 year horizon only

The table below plots known aims and objectives across the next year (2022/2023): Actions beyond 2022/23 will be reflected in NHS Lothian's Medium Term (3 year) Plan from 23/24 onwards

| Ref | Area                           | 1 year   |
|-----|--------------------------------|--|
| 1   | <b>Psychological Therapies</b> | <ul style="list-style-type: none"> <li>• Deliver the recruitment plan, maintain staffing levels, and achieve the increase in General Adult Mental Health Capacity remaining on or ahead of the waiting list reduction trajectory</li> <li>• Deliver the recruitment plan for additional specialist and supervisory roles and achieve the LDP standard in specialist PT services</li> <li>• Expand the use of the Lothian Psychological Therapies website and the delivery of digital therapies, including links to, and the use of, the proposed new Scottish Psychological and Wellbeing Digital Service</li> </ul>   |
| 2   | <b>CAMHS</b>                   | <ul style="list-style-type: none"> <li>• Implement the Choice and Partnership Approach (CAPA) across Tier 3 CAMHS Services in terms of the care principles, the care process, and the capacity planning and delivery approach</li> <li>• Deliver the recruitment plan for Tier 3 CAMHS, maintain staffing levels, and achieve the planned increase in Outpatients Capacity, remaining on or ahead of the waiting list reduction trajectory</li> <li>• Deliver the recruitment plan and with partners implement a Primary Care / Tier 2 service, including local retention and treatment of some cases currently referred to Tier 3</li> <li>• With partners implement Single Point of Referral arrangements in all HSCP areas</li> <li>• Complete implementation of the CAMHS Unscheduled Care Service fully integrated with the broader range of Children's Services</li> <li>• Implement a Hub and Spoke model for delivering Eating Disorders Services, including expansion of specialist capacity</li> <li>• Enhance the delivery of Transition Planning, including, where appropriate, retaining the care of patients up to age 25 within CAMHS</li> <li>• Expand the use of accredited digital therapies</li> <li>• Improve the administration and clinical</li> </ul> |

| Ref | Area  | 1 year  |
|-----|---|---|
|     |   | support provided through Trak through redesign of functionality and additional training and support for staff   |
| 3   | <b>Mental Health Rehabilitation and Low Secure</b>                          | <ul style="list-style-type: none"> <li>• Begin the commissioning exercise for long term care facilities based in the community to allow relocation of those patients currently in hospital who are no longer receiving intensive rehabilitation, but who do have significant longer term care and support needs</li> <li>• Submit the Initial Agreement to the Scottish Government and gain approval for a new facility at the Royal Edinburgh Hospital for 37 Mental Health Rehabilitation beds (reduction from the current 64 beds) and 23 new Low Secure beds</li> </ul> |
| 4   | <b>Learning Disabilities</b>  | <ul style="list-style-type: none"> <li>• 21 discharges from existing inpatient Acute Learning Disabilities beds to community-based alternatives completed</li> <li>• Reduction achieved in the provision of inpatient Acute Learning Disabilities beds from 38 to 19 reflecting increased community provision and support for patients</li> <li>• Initial Agreement submitted to Scottish Government and approved for a new facility for 19 Learning Disability Inpatient beds</li> </ul>   |
| 5   | <b>National Disability Intellectual Adolescent Inpatient Unit (NIDAIPU)</b> | <ul style="list-style-type: none"> <li>• Recruitment complete for the initial team to begin developing the service specification and associated physical infrastructure</li> <li>• National group established to review pathways and define arrangements for scope, use and patient flow through the national unit</li> </ul>   |
| 6   | <b>Prisons</b>  | TBC   |
| 7   | <b>Perinatal and Infant Mental Health</b>                                   | <ul style="list-style-type: none"> <li>• Deliver the recruitment plan for each of the specialist teams.</li> <li>• Put an evaluation framework in place for new services.</li> <li>• Plan and deliver agreed aspects of new services e.g. delivery in commencement sites for infant mental health service.</li> </ul>   |

| Ref | Area                   | 1 year  |
|-----|------------------------|---|
| 8   | MH Unscheduled Care    | <ul style="list-style-type: none"> <li>• Clear and agreed route established and in use across NHS Lothian for responding to mental health calls to NHS 24, with agreement on the clinical decision maker role and processes for engagement of local unscheduled care services</li> <li>• Digital recording and support improved through customised updates to the TRAK system</li> <li>• Work undertaken in conjunction with Scottish Government to further develop national and local Mental Health Unscheduled Care plans</li> </ul>  |
| 9   | Eating Disorders       | <ul style="list-style-type: none"> <li>• Clear understanding of the demand for Eating Disorders services, including an understanding of any longer-term effects and impact of the Covid-19 pandemic</li> <li>• Plan developed for deployment of the additional funding provided by Scottish Government, which is likely to include increased staffing to enable the service to meet the 18 weeks standard</li> <li>• Project scoping and work underway to identify ways to make the service more sustainable and effective working in partnership with patients and the Third Sector</li> </ul> |
| 10  | Trauma Services        | <ul style="list-style-type: none"> <li>• All urgent response services re-instated post pandemic</li> <li>• Scoping underway to identify any areas for further support for the service, including the role for Third Sector partners</li> </ul>  |
| 11  | Substance Use Services | <ul style="list-style-type: none"> <li>• Pan Lothian Substance Use Services group re-established</li> <li>• Plan in place for increasing the bed base for intensive rehabilitation if required and funded by Scottish Government in light of increased alcohol and drug related deaths</li> </ul>   |

| Ref | Area                         | 1 year  |
|-----|------------------------------|---|
| 12  | Acute MH beds                | <ul style="list-style-type: none"> <li>• Continue to maintain Mental Health Acute Bed occupancy at the Royal Edinburgh Hospital in the range 90 – 100%, including retaining the additional beds opened in 2019 to reduce occupancy levels and those in 2020 to manage Covid-19 isolation</li> <li>• Complete the review of Acute Care in Edinburgh in collaboration with Health Improvement Scotland including in scope community support for those with a history of inpatient admissions, MHAS and IHTT scope and capacity, the use of acute beds, and treatment and discharge scope and processes</li> <li>• Validate findings from the above review and their relevance in the other HSCP areas</li> <li>• Review discharge processes and implement improvements working alongside patients and carers</li> </ul> |
| 13  | Older People's MH            | <ul style="list-style-type: none"> <li>• Complete the Review of older people's mental health beds in Edinburgh City as part of the wider beds based review</li> </ul>   |
| 14  | Neuro-developmental Pathways | <ul style="list-style-type: none"> <li>• Review of neurodevelopmental pathways to identify areas for improvement and learning across all IJB areas is completed</li> </ul>  |
| 15  | Veterans Services            | <ul style="list-style-type: none"> <li>• To recruit psychological therapy staff to reduce waiting times and to provide a range of evidence based treatment</li> <li>• To consolidate links with 3<sup>rd</sup> sector providers, working with peer support workers to provide social based interventions and promotion of interventions to facilitate servicemen into paid employment</li> </ul>  |

## 6. Supporting and improving social care

Improving access; and addressing backlogs for social care assessment.

Improving access in East Lothian HSCP:

Integrated Care Assessment and Allocation Team (ICAAT)

Despite challenges, we have kept to projected delayed discharge targets each month (with the exception of February 2022). This has been achieved through key services working collaboratively to help maintain patient flow, including through the formation a new Integrated Care Assessment and Allocation Team (ICAAT), bringing together the following:

- Capacity and Flow (Discharge) Team
- Hospital to Home Team
- Emergency Care Team
- Care Broker Team
- Input from other Social Care and Allied Health Professional

### **Discharge to Assess (D2A) Service**

Our Discharge to Assess (D2A) Service has now been embedded as one of our core services. The D2A model prevents delays due to patients having to wait for an Occupational Therapy / Physiotherapy assessment to allow them to be discharged. Instead, a joint OT / PT assessment is arranged and completed in the patient's own home on the day they are discharged.

### **East Lothian Care Home Team**

The East Lothian Care Home Team supports 20 Care Homes across the county (3 managed by ELHSCP and 17 are run by independent providers). The Team provides Nurse Practitioner support in relation to anticipatory care, long-term conditions and acute illness presentations in care homes. In 2021/22, a number of Physician's Assistant posts were added to the Team, further increasing its capacity.

The Care Home Team also plays an important role by providing training, information and clinical support and advice to care home staff, helping to support the delivery of local and national care standards in homes. This has included working with NHS Lothian Corporate Education Team to deliver training in homes.

### **Care at Home**

Although pressure on Care at Home services has been growing over a number of years, this reached a peak in the second half of 2021/22. This was in part the result of ongoing changes to the nature and complexity of care packages needed, compounded by significant recruitment and retention challenges faced by Care at Home providers.

From April 2021 to March 2022, the number of hours of care available via external providers fell by over 2,000 hours per week. In response to this, a strategic decision was made to increase the HSCP's internal provision by increasing the capacity of both the Care at Home and Hospital 2 Home services. The positive impact of this began to be felt in the latter part of 2021/22.

Other measures to respond to the challenges related to Care at Home provision over the last two years or so included:

*May 2020 (ongoing)* - Risk assessment of service users in the community to identify those at highest risk and ensure that they are prioritised for service provision.

*May 2021 (ongoing)* - Development of Integrated Care Assessment and Allocation Team (as above) to provide a central point for service prioritisation.

*June – October 2021* – Dedicated team established in Penston House to manage and respond to situation where providers were unable to deliver contracted hours. This included the provision of care by HSCP staff during initial crisis and involvement of agency care staff between September and October.

*August 2021* – Increase in Support Plan Broker capacity from 3 to 4 FTE (full time equivalent) and introduction of Senior Support Plan Brokers and business support.

*September 2021* – Introduction of daily Care at Home Huddle and weekly Care at Home Oversight Group to monitor situation and respond to provider challenges.

*March 2022* – Recruitment of Senior Social Worker and Social Worker to the ICAAT to support management of unmet need on a permanent basis.

### **Support Plan Brokers**

A team of Support Plan Brokers process all requests for care / support plans and source the services needed in response to these requests. Once a care package has been identified, Brokers purchase the service and set up the contract with the care provider. If care cannot be sourced, the case is added to a waiting list.

Support Plan Brokers also liaise with the ICAAT and hospital team to manage packages of care for existing clients going into or being discharged from hospital.

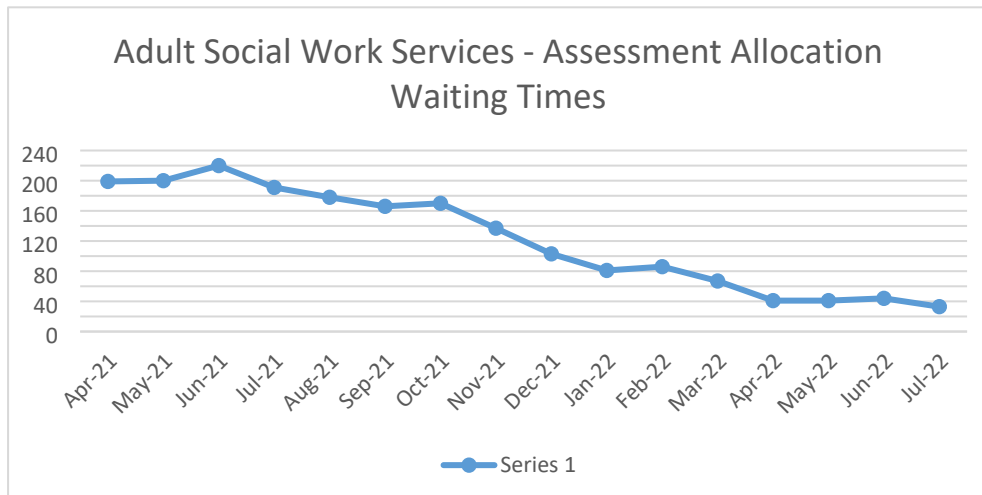
Support Plan Brokers help facilitate the setting up of Self Directed Support arrangements. This includes providing advice and guidance to those involved, setting up the provision and liaising with finance to ensure the smooth introduction of prepaid cards or financially managed services.

### **Reducing waiting times for assessment**

We introduced a new operating model and supporting structures in Adult Social Work Services (ASWS) during 2021/22, with the aim of improving outcomes for individuals, families and carers. The new model is designed to ensure that as many cases as possible are dealt with by the Duty worker (the first point of contact) rather



than being progressed to a waiting list unnecessarily. This has contributed to a significant reduction in waiting times for assessment as shown in the graph below. The ambition is for the service to reach a point where individuals are allocated at the point of referral following triaging and screening through the duty system.



**Improving access in Midlothian HSCP:**

Midlothian Health and Social Care Partnership (HSCP) remains committed to working flexibly, collaboratively, and innovatively despite experiencing system wide pressure as the covid pandemic continues. Significant challenge from increasing demand coupled with workforce shortages directly and indirectly relating to covid-19 continue alongside other health and wellbeing related absences.

Work to improve patient flow has seen throughput from acute hospitals to community health and social care increase by 42%. Service redesign work continues to adapt responsively to rapidly changing and evolving circumstances while also finding new ways to better manage areas of high demand, e.g., aligning to the Lothian Discharge without Delay model.

Even in the most challenging of circumstances, health and social care staff have demonstrated an incredible commitment to the health, care, wellness and wellbeing of people and communities. Our workforce is our greatest asset, and the wellbeing of our staff remains a priority area of focus. This is supported by the appointment of a Wellbeing Lead and work to develop a suite of wellbeing options as part of our HSCP Workforce plan. Midlothian HSCP will continue to prioritise this programme and work with teams to ensure our staff can remain safe and well.

Midlothian HSCP has acknowledged that the capacity of the Partnership to manage a major programme of service redesign and transformation has been severely restricted by the impact of the pandemic over the past 2 years. The HSCP supports a period of stability from which to redesign and transform the health and social care offer as outlined in the Midlothian IJB Strategic Commissioning Plan 2022-25. With over 3000 responses, the public consultation on our Strategic Commissioning Plan identified what the people and communities of Midlothian valued most. Key themes were

- **Flexible support.** People described how services could be improved to offer more flexible and joined up support.
- **Feeling heard and valued.** People spoke of the need to feel safe, welcome, and heard. This included not having to repeat your story, and not feeling processed, judged, or rushed.
- **Supported Self-Management.** People told us we can help them keep safe and well with through better information on what is available and being able to access services directly

Midlothian HSCP continues to be committed to the transformation and integration agenda and will prioritise acting on the views of our communities, evaluating our successes as well as our opportunities for learning, continually evaluating performance, embedding effective transformation initiatives, and amplifying those that have supported positive outcomes in the way that people and communities live their lives.

Work is underway to develop improvement actions in relation to social care assessment waiting times. There is an ongoing and significant demand on Mental Health, and Adult Support and Protection services for social work assessments. Statutory assessments are prioritised within best practice timescales to ensure statutory work is prioritised and ensure statutory responsibilities are met. Midlothian has had some success in reducing the wait for Occupational Therapy assessments and will ensure that all learning is effectively incorporated into work to reduce social work assessment waiting times.

The provision of care packages continues to present challenges. This is often due to long standing workforce issues alongside the expectation that hospital flow is maintained, and discharges prioritised. Recovery work is underway to ensure risk is appropriately managed and that community packages are provided in a timely way.

#### Improving access in Edinburgh HSCP:

An Oversight Board comprising the EHSCP Chief Officer, and the Chief Executives of City of Edinburgh Council and NHS Lothian has been established to monitor, guide and drive activity to alleviate system pressures, specifically focused on waits for assessment, unmet needs and delays to hospital discharge. A suite of trajectories has been developed against which performance is being monitored and shared routinely with Scottish Government colleagues. The monitoring architecture is designed around key codes, capacity, demand, performance against trajectories and challenges.

The pressure on workforce levels is well documented and is our key challenge at present. This is affected by recruiting, retention and levels of sickness and absence. There are also the added factors of the cost of living in Edinburgh and the impact of BREXIT. A range of recruitment initiatives are in place with more to come as part of a recruitment and retention campaign. Our first Neighbourhood Recruitment event took place at Broomhouse Space hosted by WHALE on 6 May 2022. This is an

approach we are testing to reach out into communities to encourage people to apply and achieve employment with EHSCP. There will be a further five events across the city including one focused on BME women. This is in addition to our live recruitment advert for Social Care Assistants for home Care Reablement and active recruitment for care at home staff.

The implementation of the EIJB strategic change programme, including our Three Conversations model, Home First Edinburgh, Bed Base Review, One Edinburgh care at home approach and Community Mobilisation initiative continues to combine and work towards prevention of admission, early intervention, discharge without delay and maintaining system flow.

#### Improving access in West Lothian HSCP:

The full, long-term impact of the pandemic is not yet known but it is clear service users, carers, staff and the wider West Lothian community continue to be impacted by Covid-19 in a range of ways. Difficult times have remained, but people have continued to pull together responding to the pressures whilst taking opportunities to test new ways of working across the health and social care system. The partnership has reflected on experiences over the past two years, looking at the changes it wants to keep, those which might be developed further and those which should be stood down as restrictions lifted. There are some key areas to highlight:

#### Home First Transformation Programme

'Home First' is the overall ambition of the West Lothian programme to transform the way in which care and support are delivered to adults and older people. In November 2020 a new commissioning plan for older people and people living with dementia was approved by the Integration Joint Board which set out an ambitious programme for transforming health and social care services in West Lothian. The plan also incorporated aspects of planning for end-of-life care, dementia support and the redesign of urgent care. Importantly the overall programme is being led jointly by senior managers from the West Lothian HSCP and acute services to ensure a whole system approach.

Despite the challenging circumstances, and the need to focus on operational priorities, work continued with the Home First programme. The programme is being delivered through 4 main workstreams:

- Access to Community and Acute Services – avoiding unnecessary hospital attendance
- Care at home – Home First
- Bed Based Review
- Care at Home – Contract and Commissioning.

The fourth workstream in relation to commissioning a new care at home contract was added recently to ensure that future commissioning will support the priorities outlined in transformation programmes.

Key pieces of recent work have been the development of test sites for community information hubs, known as 'community connections' and the development of a 'single point of contact'. The hubs involve partnership working with colleagues from the HSCP, council services such as the anti-poverty service, housing, economic development, NHS and the third sector. The hubs are designed to give direct access to information, advice, signposting and referral at an early stage within informal community settings which are easily accessible to people. Volunteers are also being recruited to support the expansion of the hubs across West Lothian by March 2023. A digital alternative to broaden access is also under development.

A test of change is due to begin shortly on a single point of contact (SPoC) for urgent care which will enable professionals to make referrals for individuals who need urgent intervention to prevent hospital admission. The SPoC will be staffed by clinical decision makers who will have access to a range of health and social care services with response times between 2 and 4 hours.

A full review of the bed base within West Lothian is also underway using data as the starting point to better understand demand and use of acute, community hospital and care home beds.

### Care at Home

Securing sufficient supply of care at home services remains a significant challenge with the sector experiencing ongoing problems with the recruitment and retention of staff. The partnership has worked closely with internal and external providers to deliver recruitment campaigns and encourage people into a 'career in care' but with limited effect. Work is now underway to ensure assessment and review processes are as robust as possible and are maximising opportunities for reablement and the use of technology where appropriate. Additional investment has been made in strengthening care matching arrangements and a new community flow huddle is being put in place to replicate the arrangements in the integrated discharge hub based in the local hospital.

The partnership identified a need to review and strengthen self-directed support and how this is promoted to services users, carers and staff. An officer has been appointed to lead this work and will report to the Self-directed Support Programme Board.

Working with the Third Sector Interface, a pilot project is being developed which will test an early intervention approach to support, aimed at people with no formal support but who would benefit from low level interventions within their community. The model will be expanded across West Lothian through partnership working with volunteers.

## Lessons learned from business continuity; and sustaining innovation in practice

### East Lothian HSCP:

Our business continuity planning measures enabled us to continue to deliver core services safely and effectively during the pandemic, taking into account national guidance on infection prevention and control. We were also able to develop new ways of delivering services to allow us to broaden what could be offered.

Throughout the pandemic worked with partners in a number of risk management / business continuity structures – including NHS Gold, East Lothian Council and local / regional Resilience Partnerships – key in responding to Covid and winter pressures during 2021/22.

We will continue build on and improve existing resilience and business continuity arrangements, taking into account learning from the last couple of years.

Some of the learning / innovation resulting from our business continuity measures includes:

**Remote / blended working** – digital solutions allowed staff to work remotely where appropriate to their role. The use of digital platforms for meetings with colleagues supported effective planning and coordination of HSCP activity. Compatibility of Council / NHS IT systems has been challenging, particularly prior to both organisations moving to the use of Microsoft Teams for online meetings.

**Remote access to services** – patients / service users were able to access services remotely, either by telephone or via platforms such as Near Me.

**Day services** - During the pandemic, our Resource Centres and Older People's Day Centres operated at reduced capacity due to restrictions, meaning that centre based provision had to be targeted on those assessed as having the highest need. This resulted in the development of alternative approaches to supporting people who could not be accommodated in centres, including outreach support and support to enable people to take part in activities in their local communities.

Whilst this shift is in line with our Community Transformation Programme (launched in 2018), the pandemic accelerated the anticipated move from centre to community based provision. Service development reflects the Transformation Programme's overall aim of enabling people to be as independent of services as possible, whilst ensuring that community based supports are available as an option for those who need them, along with specialist centres for people with multiple complex needs. This will continue to be the model for future service development.

A pilot Resource Coordinator Service was launched in 2020/21 to support people with learning disabilities to take part in activities, develop new interests and build connections in their local communities. The Service has now been established on a more permanent basis, with an expanded team, and will continue to develop alternatives to centre based provision, whilst also increasing the number of people receiving a service.

#### Midlothian HSCP:

Business continuity plans have been central to ensuring services could easily identify and appropriately resource new ways of working as the Partnership responded to the covid-19 pandemic. These plans guided initial work to ensure all areas were able to deliver core services, could respond to demand in line with national infection prevention and control guidelines, and were able to remobilise additional services where need was identified.

**Resilience Planning and Continuity** - Midlothian Health and Social Care Partnership has always maintained a strong focus on resilience planning and business continuity. This allowed confidence in established systems and partnerships with our fellow Category 1 responders to collaboratively adapt existing planning measures to prepare for and manage both covid responses and additional pressures e.g., winter planning. These measures and relationships enabled and sustained our ability to respond flexibly and adaptively to the challenges of the pandemic.

Midlothian HSCP will continue to invest in the development and strengthening of our resilience and continuity management systems learning from our successes as well as opportunities for improving business continuity.

**Estates** - Many of our staff provided service offers and support that meant they were unable to work remotely and required safe and appropriately socially distanced on-site workspaces. This put significant pressure on our business estate and facilities teams as office spaces and those who worked within them designed safe working models.

An opportunity to review outpatient service estates utilising digital tools like NearMe where possible and appropriate changed how we provide some of our services offers and supports. For example, Midlothian Community Hospital underwent remodelling to improve care and provide a centre of excellence for older people in hospital with a 'one stop' care experience.

We will continue to review and appropriately adapt our use of estates as we redesign and transform our health and social care service offers and supports.

**Digital Transformation** - Good health and social care relies on strong human relationships. Digital technology cannot replace those but can enhance them by transforming how we connect and keep in touch with services or monitor our own health. Accelerated digital transformation and innovation provided a range of remote working solutions for all staff able to work in a distributed, safe, and efficient way that sustained organisation resilience throughout the pandemic. However, increased resilience through distributed working models raises the challenge of increased digital dependence in the context of a range of potential incident management responses in the future.

We know there is even more potential for digital services to help capture and bring together information about people who use our services in a way that can help plan and deliver them more effectively. Our Digital Programme and Oversight Board will

make best use of digital technology across the organisation and consider issues such as privacy, inclusion, choice, access, and control.

**Working Together** - The impact of the pandemic is far reaching and continues to affect the people who live in our communities as well as the workforce, teams and services that support them. We will continue to work together with people, community groups and leaders, the third sector and other partners to build strong communities. We have learned that health and social care must be more flexible, adaptable, and always designed in partnership to achieve the outcomes that matter the most to people and communities.

As a result, our day service provision, how we provide the right support to meet the individual needs at home or as close to home as possible, how we improve our respite and carer support offer, and how we support people stay safe and well in the community will be a focus for learning and redesign.

Edinburgh HSCP:

**Ways of Working** - The increased use of technology was a key lesson learned from our business continuity measures. New ways of working for a large proportion of previously office based staff and the increased use of telephone and internet based channels to engage patients and those requesting clinical advice and support. As services have remobilised as we learn to live with COVID-19, we are continuing to utilise these different engagement and support approaches where applicable and where individuals (and families) request it.

**Learning Disability Support** - Day services initially went online during pandemic. Although centre based activity has restarted, online has also continued in some instances where it suits individuals better to participate in that way.

Some external day opportunity providers amended their care registration to allow them to provide care at home services as well as day care, allowing for a more flexible approach to service provision. Some organisations have retained this as a permanent arrangement.

Anecdotal evidence indicates that some people have reduced their frequency of attendance at day opportunities (for example, those with autism) where a less busy schedule has suited them better.

Prior to Covid, a local area coordination team would have met individuals in their own homes. Covid restrictions meant that more engagement happened out with the home and in the community, helping to connect people to local resources.

**Engagement with External Providers** - Fortnightly meetings continue with Scottish Care – reps for both external care homes and external care at home. These were initially started during pandemic to provide support and deal with issues. These have been maintained to facilitate engagement and communication.

Collaborative work with external care at home providers initiated during pandemic to facilitate sharing of staff etc when providers were under severe pressure. The

learning and collaboration has provided the foundation for the “One Edinburgh” approach and the collaboration ultimately feeds into the development of our market facilitation approach and the new care at home contract.

**Home First** - We have enhanced the hospital @ home team with an advanced nurse practitioner and extended the opening hours. We have introduced the ability for GPs to make direct referrals from care homes into the hospital @ home service rather than referrals needing to be made from hospital as previously. These measures have been retained.

Six additional intermediate care beds have been introduced and retained.

The Community Respiratory Team began providing oxygen therapy at home for Covid patients. This has been retained.

**Community Mobilisation** - As part of the Edinburgh Pact and our response to systems pressures, we have engaged comprehensively with the third and voluntary sector to generate ideas and establish fresh community based approaches. Some of the programmes are listed in the table below:

| Programme  | Amount p.a. | Partners and notes  |
|--|-------------|---|
| <b>Edinburgh Resilience Community Programme.</b> Collaborative partnership designed to increase community resilience to support the health and wellbeing of Edinburgh’s older people. The programme builds on previous expertise and research which considers community navigation, social prescribing approaches and the Making it Clear resilience framework | £297,520    | Cyrenians and Queen Margaret University<br><br>Recruitment underway (5.00 WTE) – Start date 3.10.22 – part of discharge without delay pathway |
| <b>Op Ready</b> will focus on those whose current health status is impacting on them receiving the necessary surgical procedures. The last two years have severely impacted people who are awaiting surgery. The project will be tailored to individuals and be available for those requiring knee or hip surgery referred by Acute Physicians.                | £75,000     | NHS Lothian Physicians and Edinburgh Leisure - Start date – mid July  |
| <b>Community Taskforce Volunteer Programme</b> builds on the initiative that began during Covid 19 and will continue to provide short term, simple, practical support to individuals in the community who are in need and who do not have existing familial, statutory or third sector support.  | £55,138     | Volunteer Edinburgh – across hospital I and community services  |
| <b>Fit and Active programme for People with</b>  | 40,000      | Edinburgh Leisure   |



|   |          |  |
|---|----------|--|
| <p><b>Learning Disabilities</b> create opportunities for people with learning disabilities to be physically active and socially connected. This will provide support, motivation, and access for one hundred individuals to improve their health, wellbeing, and quality of life.</p> |          | Community LD Teams   |
| <p><b>Enliven Edinburgh</b> is addressing loneliness and isolation as a campaign. There is a range of activities and ways for people to connect.</p>  | £115,225 | 41 initiatives involving 50 3 <sup>rd</sup> sector organisations |

**Ethical Commissioning.** - The creation of the **More Good Days Strategic Public Social Partnership** (PSP) will be the vehicle for moving forward with our shared narrative and allow us to make incremental changes and developments. Work with colleagues from procurement, commissioning and Health Improvement Scotland helped to shape the proposal. The PSP will enable us to be responsive and flexible to unallocated funding, as well as additional or new allocations received.

Extension to the **current Health Inequalities Grant Programme grants** to 31 March 2025 (£4.7m per annum) to ensure continuity for the organisations and signal their continued involvement in the community mobilisation efforts through the More Good Days PSP. This extension will also enable alignment with other funding streams which will provide greater opportunities for increased collaboration and consolidation.

Twenty-two **Capacity to Collaborate awards** ranging from £2,075 to £24,07 (Total £258,204) have been allocated demonstrating the commitment to continue collaborative practices or create new collaborations.

We are facilitating a series of **Capacity to Collaborate Conversations**, reflecting some of the themes that people were keen to collaborate around. Four C2C conversations have taken place recently involving 80 people from third and public sector and citizens of Edinburgh. These have focused on community transport, creating age friendly Edinburgh, sport and physical activity and place making and prevention using Hibernian Football Stadium as a community resource.

One output from this week is the “**The nights are fair drawin in**” – a series of events held in large community venues across the city with third, statutory and private sector partners to prepare communities for winter and will include a range of information and support including income maximisation; cooking on a budget; being COVID safe; podiatry; self-management; keeping connected in and with your community.

It is also important to note that our focus on capacity to collaborate has enabled further funding from various sources to be unlocked. For example, the capacity to collaborate allocations for the NESSIE collaboration in the Northwest of the city will generate additional income from the Robertson Trust of £226,500 over a three-year period to support the collaborative intent.

## Developing remote peer-support for staff in care homes

### The Lothian Care Home Programme – supporting action across Lothian

The primary focus of the Care Home Programme team is to provide operational and strategic support for care homes and care at home services in Lothian. This includes working with Health and Social Care Partnerships support teams and services to establish a means for escalation and oversight.

The Strategic Oversight Group continues to meet chaired by the Nurse Director for Primary Community Care. The initial focus of the Strategic Oversight group:

- Testing, outbreak management and ongoing surveillance
- Workforce requirements and supply of mutual aid
- Infection Prevention and Control including PPE and cleaning requirements
- Education and training
- Supportive reviews and visits

A Pan-Lothian Operational Group is also in place. The Pan Lothian Operational Huddle and Strategic Oversight Group has been effective in:

- sharing best practice
- problem solving
- encouraging cross team working
- respecting difference whilst achieving consensus
- achieving a consistent approach across Lothian
- strengthening and creating new relationships

With many services supporting care homes a Pan Lothian Collaborative group has been established. An internal event was held in November 2021. All NHS and HSCP staff that are supporting the one hundred and five Care Homes across Lothian were invited to attend. Approximately 50 people attended the event.

Representation included:

- The Care Home Support Teams (CHST) from the four HSCPs
- Health Protection Team
- Psychology
- Infection Prevention & Control Team
- Tissue Viability Team
- Care Home Programme Team
- Clinical Education and Training Team
- Quality Improvement and Standards Team
- Lothian Care Academy
- Specialist Nurses e.g. Dementia Nurse Consultant

19 funded projects are underway that meet the requirements as set out by Scottish Government for support for care homes and care at home.

Examples include;

- To improve care and experience of care homes residents by providing a dedicated speech and language therapist to work in partnership with care home staff.
- Project to establish a Care Home Staff Wellbeing Resource project team to co-ordinate the development, trial and evaluation of a stepped staff support package
- Embedding a human rights based approach, to improve anticipatory care planning (ACP)

In addition, the Lothian Care Home Programme has progressed the following supporting actions:

- A survey 'Reflecting Back, Thinking Ahead' was undertaken in May 2021 to get feedback from care home managers on the impact that the Covid-19 pandemic has had and continues to have on residents living in care homes and the staff who are caring for them. From this survey 11 workstreams were identified that would help and support Care Homes in the coming years within the pandemic and also outwith the pandemic.
- Four of the workstreams support peer support for staff in care homes:
  - Data and Digital – To standardise safe and effective 'two way' communication with Care Homes.
  - Signposting and Supporting Leadership – Care home staff have opportunities to enhance and develop leadership and management skills
  - Lothian Care Academy - Identify the process whereby shared learning can take place, For example establishing pilots for mentoring workshops which take place online and face to face in collaboration with Edinburgh College.
  - Education and training – To support and enable Care Home Staff to provide safe, effective, person centred care by providing evidence based education, training and access to resources and guidelines.

A care home webpage has been developed to provide information and resources to all care home, home support and social care staff working in Lothian. Input has come from staff who work for NHS Lothian and the four Health and Social Care Partnerships in consultation with organisations such as Scottish Care and with review by the Lothian Care Home Manager Reference Group.

Latest news is displayed on the website along with sections for each of the supportive services such as Tissue Viability, Vaccinations and Education and Training.

The Data and digital workstream aims to support greater standardisation of safe and effective ‘two way’ communication with Care Homes.

#### East Lothian HSCP

ELHSCP is re-establishing Care Home staff forums. These were very successful pre-Covid and involve a representative from each of the homes (who provide a link to the wider staff group). The forums will take place face-to-face, but the option of running these ‘remotely’ will be considered (guided by feedback of those attending).

The HSCP also have ongoing meetings for Care Home Activity Coordinators to share good practice, ideas, etc – again these are face-to-face but there may be an option to run these remotely as well.

#### Midlothian HSCP:

A pilot programme to utilise the ‘Trickle’ platform as part of our communication and wellbeing strategy has been successful and planned to be rolled out in other areas. Trickle supports staff to openly share concerns and experiences and make suggestions by providing a shared space for staff to feel valued and recognised for their contribution.

#### Edinburgh HSCP:

The Edinburgh Care Home Oversight Group established during the early stages of COVID-19 is still meeting and actively engaging with our care homes and staff.

Remote education for palliative and end of life care continues through Echo (by St Columba’s Hospice).

Support for staff around the death of residents is still being delivered both remotely and face to face.

Work is ongoing to support the prevention of avoidable admission to hospital for care home residents.

The CHST is moving to a more clinical face to face model for those care homes without registered nurses. Peer support for registered nurses is provided by our Chief Nurse.

Improving person centred practice through documentation - this project is running in our seven City of Edinburgh Council care homes.

Improving the care of residents with diabetes - this project is being undertaken by EHSCP diabetes specialist nurses.

#### Supporting telecare service redesign

##### East Lothian HSCP:

When used at the right time, TEC can help prevent admission, facilitate hospital discharge, and support carers to continue to look after their loved one. TEC can also

be used as an alternative to, or alongside care provision, reducing demand on services. TEC is cost effective and plays a key role as an enabler in modernising health and social care.

East Lothian TEC team, comprises of 4 TEC officers, 1 manager and admin support. In addition, there is 1 Occupational Therapist (0.6WTE) and TEC Officer (0.6WTE) to provide Smart TEC intervention. The telecare team provide a range of telecare equipment to support individuals including community alarms and pendants, devices to help detect a fall and environmental sensors to help protect the person in their own home such as fire safety.

The TEC team provide training in TEC awareness to ELHSCP and Housing staff to inform and upskill the workforce to ensure a TEC first approach is considered. The Smart TEC team also provide outcome focused Occupational Therapy interventions at either Wellwynd Hub, via phone call or home visit.

#### Midlothian HSCP:

The Midlothian HSCP's approved Digital Implementation and Delivery Plan sets out how the partnership will improve our Telecare, Telehealth and Technology offerings to the population of Midlothian by enabling and upskilling our workforce and ensuring that services are co-designed with a wide variety of stakeholders including service-users. Digital solutions will enhance service delivery and increase options for people and communities to self-manage in partnership with our services offers and supports. This work focuses on prevention as well as the effective management of long-term conditions, overall health, wellness, and wellbeing.

#### Edinburgh HSCP:

Well-being calls to vulnerable citizens, known to the community alarm service, were introduced in the early stages of the pandemic, as a way of 'checking-in' with people to see if they needed any additional support/assistance during lockdown. This proactive, outbound calling service was extremely well received by both citizens and staff and led to direct collaboration between ATEC24 and the Scottish Government. This has resulted in ATEC24 adopting this approach as a longer term strategy shifting to a more proactive model, where outgoing calls are used to provide health and wellbeing advice and services to telecare customers.

As one of the test sites supported by the Scottish Government, the service at ATEC24 was evaluated by the University of the West of Scotland, and key findings indicated that the implementation of proactive telecare is feasible as an enhancement of existing telecare services, with staff reporting increased job satisfaction and citizens feeling more connected and less isolated. There was also a lower rate of referrals to statutory services and a good balance between referrals to primary care, community services and signposting to local community/voluntary supports.

A recent development has been to increase our focus on, and offer to, people who have fallen and may benefit from the services we offer, thus keeping them safe in their own homes for longer

As a consequence of the development of the preventative proactive approach with our citizens, we have created the Assistive Living Team which essentially is a Prevention team, bringing together a team who can offer a Three Conversations approach to assessment and support with offers of non-complex equipment solutions, and telecare solutions, to support people to live at home safely and for longer, as well as ongoing reviews to identify changes and opportunities for early intervention, developing a service delivery model which is aligned with EHSCP strategic priorities of 3Conversations, Home First and Edinburgh Pact

## Promoting self-directed support

### East Lothian HSCP

See Improving Access section above for information regarding 'Care Brokers'.

### Midlothian HSCP

Self-Directed Support (SDS) provides a mechanism for people who are eligible for social care support to have greater choice and control over how they receive, and experience services offers and support. SDS is routinely considered and discussed with individuals and families as part of the hospital discharge process. However, challenges in recruiting Personal Assistants or identifying agencies with the capacity to take on care can often limit the uptake of this option.

Midlothian HSCP is committed to supporting people to utilise SDS to live as independently as possible. The partnership will establish an SDS Steering Group and undertake a consultation to prioritise standards to be developed alongside a workplan to improve uptake and support. This will include a review of SDS in relation to carers and aim to increase the number of carers supported to take a break from caring.

### Edinburgh HSCP:

Edinburgh's performance on SDS uptake is positive when benchmarked nationally. Edinburgh had the fourth highest proportion of SDS spend across Scotland in 2020/21. The percentage in Edinburgh was 11.01%, above the Scottish average of 8.17%. Despite this positive position, a review has begun on how we utilise, promote, optimise and process SDS.

Practitioners discuss SDS options with the individual/family during the assessment process and once their eligible assessed need has been identified.

The use of SDS and engaging early is part of our Three Conversations approach which supports practitioners in having good conversations with individuals regarding their SDS options.

## Strengthening collaboration between social care and primary care

### East Lothian HSCP:

The HSCP manages a range of primary care services that increasingly work with social care services to identify and meet service user needs. These include the Community Link Worker Service; the CWIC (Care When It Counts) Service; the CWIC Mental Health Service and the Community Treatment And Care Service (CTACS).

The CWIC Mental Health Service provides support to people with mild to moderate mental health issues and is a good example of where CWIC MH staff work with colleagues from across services to identify and access care and support to meet individuals' broader care and wellbeing needs.

### Midlothian HSCP:

Midlothian HSCP continues to strengthen relationships between social care and primary care with the innovative and successful partnership approach to wellbeing. The role of a link worker service is effectively provided in a wellbeing model delivered by the Thistle Foundation. The Wellbeing Service supports people living with long term health conditions, low level mental health issues, living complex lives or experiencing health inequalities by providing 1-1 and group-based supports, social prescribing, and a peer development programme. Referrals are from GPs and practices teams with a key success being improved outcomes for those who may not have benefitted from traditional models.

The wellbeing service supports people to identify what matters to them in the form of a 'personal outcome', measuring changes in goal attainment scores at end of support. Pre and post intervention scores using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) shift from predominantly lower to higher than the national average.

The Thistle Foundation have working in partnership with Midlothian HSCP to support culture change and shift the emphasis of health and social care towards prevention, anticipatory care, recovery, and support for self-management. The service approach aligns with Realistic Medicine to be part of the provision of "the right care at the right time" and recognises that a one size fits all approach to health and social care is not the most effective path for people or services.

Work also continues to establish better working practices between primary care, district nursing, and social work and social care, the duty social work team, and the single point of access. Ongoing collaboration between GPs and duty social work at the point of referral aims to prevent admission and more effectively managing discharge. A review to streamline pathways for social work and social care is planned.

Work continues to establish information sharing agreements that allow multiple services to link more effectively across health and social care. This includes how all relevant professionals' access ACP information, increasing collaboration between district nursing and care at home, improving how the CTAC service and APPs

support GP practices, linking more effectively with the third sector, and considering how local teams around the practice can support improved MDT working.

#### Edinburgh HSCP:

In Edinburgh the creation of a Community Link Worker network is a key development bringing primary care and third sector closer together

The embedding of Primary Care Mental Health Nurses in medical practice teams has ensured better understanding of capacity and referral processes between primary and secondary mental health teams embedded in our four localities.

Several primary care representatives sit on each locality group with responsibilities for health and social care delivery; Lead GP/GP CQL lead/ pharmacist/ Public Health Practitioner.

The Access Practice is a long established team composed of both health and social care professionals. From this, the approach to tackling inequalities groups takes its lead, most recently with our combined response to Afghan and Ukrainian refugees.

The process for developing the new PCMHWB teams is inclusive of social care professionals.

#### Social care improvement work underway

##### East Lothian HSCP:

ELHSCP is in the process of developing its new IJB Strategic Plan. Once a draft plan is available, ELHSCP will use the Framework for Community Health and Social Care Integrated Services to self-assess the partnership's planned approach to ensure that ELHSCP strategic objectives are in line with the Framework's key principles.

The development of the 2022-25 East Lothian IJB Strategic Plan may flag additional priorities for social care improvement work, but current priorities are:

- Development of Care at Home Transformation Programme, including formation of new Change Board
- Review of support for carers and update of Carers Strategy
- Development of new Dementia Strategy
- Ongoing implementation of Community Hospitals and Care Homes Transformation Programme
- Ongoing implementation of Community Transformation Programme (community based day services for adults with complex needs – both over and under 65s)
- Delivery of a Meeting Centre in Musselburgh and potential roll out (model of support for people with dementia and their carers)
- Completion of Review of Access to Mental Health Services and implementation of recommendations



#### Midlothian HSCP:

Midlothian HSCP has embedded a number of the principles of the Framework for Community Health and Social Care Integrated Services to identifying and promoting best practice in our local systems, illustrate what good looks like in our community settings, and focused on improving outcomes for people and communities.

In 2022-23, Midlothian HSCP will review the partnership's Strategic Commissioning Plan and underpinning measurement framework in the context of the integration ambitions and existing transformation alongside the Framework for Community Health and Social Care Integrated Framework to ensure a clear vision for improving outcomes, further integrating services, and drive the development of future transformation and planning. Examples of work that is already underway include:

- Development of Hospital at Home model
- Redesigning care at home
- Developing Discharge to Assess
- Re-establishing a Frailty Programme with a focus on preventable admission, falls, and advanced care planning
- Reviewing data sharing agreements
- Working more closely with our Community Planning Partnership
- Improved working with the third sector in community capacity building and resilience
- Committing to a Human Rights Based Approach (HRBA)
- Review the delivery of SDS
- Review of Carer Support through the Carers Strategy

#### Edinburgh HSCP:

The EHSCP continues to develop and implement the EIJB strategic innovation and sustainability programme which seeks to transform services, leading to a modern and sustainable health and social care system for Edinburgh, which ultimately improves outcomes for people. A revised and updated EIJB strategy and the latest version of the Joint Carers Strategy are both scheduled for publication in March 2023. In addition, time will increasingly be allocated to the implementation of a new National Care Service over the next four years.

The innovation and sustainability programme is built around a range of projects such as the Edinburgh Pact (and within that community mobilisation), the Bed Base Review, and the Home First Edinburgh and Three Conversations projects, which are directed at early engagement and intervention, prevention of admission and discharge without delay. Other projects within the programme include workforce, transitions, focused future housing, tech/digital innovation, and emerging pipeline projects such as the future provision of Learning Disabilities and Mental Health services, with more to come. The Primary Care Improvement Plan enters its final year and commissioning activity continues to support the roll out of Thrive Edinburgh, our adult community mental health strategy.

The EIJB strategic objectives have been reviewed. The latest draft objectives are:

- Embed improvements in **prevention and early intervention**.
- Work with Partners to **close the inequality gap**.
- Partner to **shift care from acute hospital settings to community** and home.
- Positively **transform the quality of experience of our services** by providing the right care, at the right time, in the right place.
- Support our people and partners to **use our collective resources effectively**.

West Lothian HSCP:

### New Strategic Plan

The West Lothian Integration Joint Board will develop a new strategic plan by March 2023. To inform the priorities of the new plan, a strategic needs assessment has been commissioned which includes significant engagement with stakeholders, staff, service users, carers, and members of the public. The new strategic plan will focus on addressing inequalities which have been exacerbated by the pandemic, a home first approach and enabling high quality health and social care through supporting, staff, carers, digital developments and sustainable services.

### Accommodation and Digital Review

Significant capital investment has been secured to roll equipment out to community nursing and mental health teams to allow more remote working and maximise time spent with patients. An implementation programme has been developed to ensure people are well trained and supported in the roll out and to ensure the benefits and impact of the investment are captured. A performance framework is being developed to try to measure impact. The digital review sits alongside an ongoing review of accommodation to ensure that clinical space is maximised for clinical purposes and that resources are being used effectively. A new accommodation master planning meeting is being established to ensure that the future estate supports the transformation work being progressed across the partnership.

### Support for Unpaid Carers

The partnership recognises the valuable contribution families and carers have made during the pandemic and the support for carers is being progressed via the Carers Strategy Implementation Group. A survey was delivered to all households in West Lothian to better understand the profile and needs of carers and the results of that are being used to begin work on the development of the next version of the carer's strategy.

### Supporting Staff

Staffing challenges have continued over the past two years with significant problems remaining with the recruitment of nursing, medical and AHP staff in key areas. A 3 year workforce plan has been developed to highlight the areas of focus over the next 3 years and where national support would be helpful. A new governance structure has been put in place to drive forward local change focusing on three key areas:

- Engagement
- Access to Jobs
- A Thriving Workforce

Focus on staff wellbeing is central to attracting and retaining staff and the partnership has appointed a wellbeing coordinator to lead this work.

### Tackling Health Inequalities

The partnership worked with West Lothian Leisure to further develop its exercise referral programme with patients being referred by their GP, link worker or other health professional to advisors for lifestyle advice, activity programmes and nutritional guidance. The aim is to use physical activity to complement more traditional treatments. The service is aimed primarily at patients who have underlying conditions such as heart disease, unhealthy weight or coping with mental health issues. It is also hoped that the programme will be developed to support those recovering from long-Covid too.

Overall, the partnership has been able to sustain services during the pandemic, has made good progress with transformation work and is looking forward to the next 5 years with the development of the IJB's new strategic plan. Challenges remain but supporting staff to deliver high quality services will be central to ensuring people receive person-centred care within their communities wherever possible.

## 7. Sustainability and value

Delivering within available resources and achieving financial balance.

### Three year financial plan

NHS Lothian's updated 3 year Financial Plan submission for 22/23 through to 24/25 will be based on revised planning assumptions, details of which have been received from SG colleagues.

Pay uplift remains in line with original 2022-23 plans, as the level of Agenda for Change uplift for this year has yet to be finalised. The additional cost of a pay uplift of 5% for Agenda for Change will be highlighted as requested in order to inform potential financial implications.

The Q1 FPR and updated FP includes the Boards and HSCPs estimated additional costs against confirmed Covid funding envelopes for 22/23 however for future years the current assumption is that no additional funding will be made available apart from recurrent funding commitments for Sustainable Vaccinations workforce and Public Health. This will be modified as further clarification on any funding availability is received.

With details still expected with regards to anticipated allocations in 2022-23, in the absence of confirmation from policy teams, NHS Lothian has assumed funding in line with amounts received in 2021-22.

### Covid

NHS Lothian has concluded the first phase of the Covid Workforce review and presented this through the Corporate Management Team, setting out the expected additional costs associated with Covid for 22/23. The next phase of this review will be delivered through the Financial Improvement Group, which will establish the arrangements associated with the cessation of Covid services, the workforce plans to manage those staff recruited to support these services, and the trajectories for these plans for the remainder of this year. The plan with Covid is to ensure that, as far as possible, Covid related costs cease by 31<sup>st</sup> March 2023. Where these costs cannot be removed, further discussion on the options available to manage these costs will be progressed to minimise the financial risk of Covid into 2023/34.

### Efficiency Savings

The efficiency programme is divided into three horizons, the third of which relates to the Medium Term Financial Framework over a three to five year timescale. Of the other two:

- **Horizon 1** focuses on actions to support delivery of benefit in year; largely focussed on improving financial control and management practices (including existing FRP process). In order to assist delivery, this will include:

- Development and implementation of a training programme for budget holders to build skills and competency in interrogation of finance reports, specifically in relation to considering opportunities for efficiency;
  - Development and implementation of a communications campaign aimed at both building knowledge and understanding of the organisation's financial position and individual's role and responsibilities in relation to that position; as well as a mechanism for collating ideas/opportunities relating to potential financial efficiencies;
  - Development and inclusion of financial performance KPIs as part of the overall system of performance, to ensure consistent focus on this target.
- **Horizon 2** is primarily focussed on the mobilisation of pan-Lothian thematic efficiency programmes, aligned to SG Financial Improvement priorities – workforce (nursing and medical); prescribing (acute and primary care); supplies & contracts and estate rationalisation. This focus is on 23/24, recognising that early identification will also enhance the in-year financial position.

In relation to enhanced saving delivery, The Corporate Management Team has signed-off on a thematic efficiency programme approach to supplement ongoing savings identification and delivery at a local level. This programme of work will be led through the Executive Team.

## Developing a value based approach, tackling unwarranted variation and providing personalised care

NHS Lothian's Realistic Medicine Clinical Leads Action Plan for 2022/23 includes seven key objectives each with specific supporting actions. These are summarised in the table below.

### Summary of Realistic Medicine Leads Objectives

|  |
|--|
| <p><b>1. Realistic Medicine Network and National RM agenda</b></p> <ul style="list-style-type: none"><li>• Attend and contribute to leads meetings and training events.(approx 4 per year including RM Conference)</li><li>• Maintain relevant CPD portfolio to support role as RM lead</li><li>• Maintain professional conduct in line with professional standards</li><li>• Support the National Clinical Advisor and Scottish Government RM policy team</li></ul>   |
| <p><b>2. Value Based Healthcare Training program VBHTP and Promotion of the Atlas</b></p> <ul style="list-style-type: none"><li>• Undertake personal training in Value Based Healthcare (Phase I) support training of key team members (phase II)</li><li>• Coordinate and contribute to the ATLAS training programme</li><li>• Help to ensure that health boards have processes in place to disseminate, discuss and report on the Atlas Maps</li><li>• Promote and screen applications for the Value Improvement Fund</li></ul>  |
| <p><b>3. Engage with Local Clinical, Quality and Management Teams</b></p> <ul style="list-style-type: none"><li>• Create and sustain a local team or network to support the work of Realistic Medicine</li><li>• Maintain and update your board's section on the Realistic Medicine website.</li><li>• Help to identify the resources to practise Realistic Medicine</li><li>• Help us take forward the Realistic Medicine Action Plan</li><li>• <b>Develop your own local Realistic Medicine action/ delivery plans</b></li></ul> |
| <p><b>4. Shared Decision Making</b></p> <ul style="list-style-type: none"><li>• Support and promote the development of Shared Decision Making within boards</li><li>• Agree a unified national approach aligned to Citizen Jury Recommendations</li></ul>  |
| <p><b>5. Champion Realistic Medicine locally</b></p> <ul style="list-style-type: none"><li>• Create the culture and conditions for Realistic Medicine to thrive</li></ul>  |

- Promote the principles of Realistic Medicine and foster local Champions.

## **6. Life-long Learning**

- Promote the inclusion of life- long learning on the principles of RM within your board, in partnership with NES and local educational leaders
- Support the NES Education Lead to develop a framework for learning

## **7. Research and Development for Realistic Medicine**

- Promote Research and Development relating to Realistic Medicine initiatives
- Evaluate local applications for funding and advise Scottish Government on which projects to support.

NHSScotland Deputy Chief Operating  
Officer  
E: paula.speirs@gov.scot  
E: healthplanningandsponsorship@gov.scot



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

22 September 2022

Dear Calum and Colin,

## **2022/23 Annual Delivery Plan and Quarter 1 Update**

Firstly, I am writing to express my thanks to you, your team and partner organisations for the significant work in developing your 2022/23 Annual Delivery Plan (ADP) and for your time in our recent feedback session. Although we are still working to more formally align our service, workforce and financial plans, it was extremely helpful to have this discussion alongside our respective workforce colleagues.

As referenced in our commissioning letter for this ADP, and in response to feedback from Boards, we set out a key set of national priorities to enable our system and staff to recover from the incredible pressure experienced over the past two and a half years whilst we start to take forward improvement work to strengthen the resilience of our services for any future Covid 19 waves and the demands of this coming winter.

### **2022/23 Service priorities**

- Recruitment, retention and wellbeing of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative
- Supporting and improving social care
- Sustainability and value.

These plans play a key role in good sponsorship and governance and this reduced set of national priorities were also designed to provide more flexibility for Boards to develop plans which meet their local needs within that national context.

After reviewing your plan, we have set out below key points of feedback. We would ask that you reflect this feedback in preparing your next quarterly update. On the basis that this feedback will be incorporated in the Quarter 2 update, I am content to recommend that the Plan now be presented to your Board for their approval.

### **Specific Feedback on Plans**

Your Plan has been assessed by policy colleagues from across Health and Social Care and this will inform the regular engagement that they have with Boards. These



assessments have highlighted much good work planned for 2022-2023 including in the following areas:

- A detailed and thorough plan in relation to Mental Health with deliverables covering all of the key areas outlined in the commission. It is positive to note that there have been significant improvements in performance in the core mental health waiting list.
- The training initiative with Edinburgh college to train 30 pharmacy technicians to address the shortfall and protected the hospital pharmacy.
- The roll out of HEPMA and the associated training and IT support around this to improve appropriate antibiotic prescribing.
- The development and implementation of the TRAK programme to support public choice of appointment is positive development.
- Progress with peer supports for staff wellbeing. Positive to see 170 peer supporters trained, with supervision and CPD in place for peer supporters, and training commissioned for a further 48.

In relation to areas for improvement, we understand the considerable system pressures faced by Boards and, in light of this, the need for ADPs to be agile in response. Following our feedback meeting in August (separate note provided), we would highlight the additional points:

- Please ensure that the deliverables outlined within your ADP template explicitly addresses each of the six priority areas within the commissioning guidance.
- To support monitoring of progress against the plans, we would request that you include specific timescales and milestones for each deliverable. I understand that these may need to be refined between updates however inclusion of intended timelines and milestones will enable us – and you - to track progress, or any variation, throughout the year.
- The realistic medicine policy team has highlighted that they are aware of much good work ongoing with local Realistic Medicine teams but that this hasn't been pulled through and reported within many of the ADPs. Please use the ADP as an opportunity to showcase this, linking work in any RM action plan to the wider work in the ADP.
- Weaving work to reduce health inequalities through everything we do remains a key aim for Scottish Government. Most plans would benefit from more detailed information on specific work around health inequalities or more specificity around how deliverables will address inequalities, particularly how the Boards' work will impact specific disadvantaged groups.

In addition to the feedback set out above, Boards should also ensure that their plans consider and respond to the following points.

- All Boards are facing a challenging financial position and we note that, at the time plans were developed, there was considerable uncertainty around expected allocations. We would ask therefore that ADPs are regularly reviewed to ensure that they are deliverable within the current financial envelope and from within expected available levels of staffing.
- Boards will be aware that following the Letter of Direction which was issued on 23 June 2022 by the Minister for Drugs Policy, signed Implementation

Plans are due to be returned to the SG by 30 September 2022 detailing how the MAT standards will be implemented in areas over the next 4 years. In addition all areas have been asked to provide their progress on implementing the standards for Jul – Sep by 21 October 2022. Please include high level actions relating to the implementations of MAT standard in your Q2 update

- We will also expect your delivery planning templates to be updated to include key actions for winter. There will be a Health and Social Care Winter Overview for 2022-2023 published in early October and we will be writing to Boards alongside this seeking assurance on winter readiness. This letter, when it comes, should inform your updates to your delivery planning template

As discussed in our recent meeting, SG Workforce colleagues will be issuing separate feedback on your Three Year Workforce Plan, which will also include relevant comment on your plans for Recruitment and Retention.

### **Quarter 2 Review and Progress Updates**

The next quarterly update to your Annual Delivery Plan are due for submission to Scottish Government on **28 October 2022**. Please note that there will be no separate commission for these updates, which should incorporate the feedback noted within this letter.

The updated Delivery Planning Template should include updated or new deliverables as required and progress updates for each deliverable. In addition updates should be made to ensure that all deliverables have clearly defined milestones and a clear understanding of the risks and mitigations in place. Where milestones and timescales change over the year, this should be recorded in the progress update column.

In order to provide context for your annual delivery planning templates, Boards should also include a brief summary setting out:

- Key achievements in Q1 and Q2 - with particular regard to the national priority areas
- Key challenges/barriers to progress – with particular regard to the national priority areas
- How barriers to progress are being addressed
- Where there are a significant number of deliverables assessed as amber, red or suspended/cancelled, or this applies to a major priority piece of work, then the narrative should include a high level commentary on the reasons for this and the proposed actions to address this.

If you have any questions, please contact the Health Planning and Sponsorship team at [healthplanningandsponsorship@gov.scot](mailto:healthplanningandsponsorship@gov.scot).

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Paula Speirs', with a long horizontal flourish extending to the right.

**PAULA SPEIRS**

NHSScotland Deputy Chief Operating Officer – Planning and Sponsorship

**EDINBURGH CANCER CENTRE REPROVISION AND  
ADVANCED DEMOLITIONS AND DECANT  
INITIAL AGREEMENTS**

**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board approve the Initial Agreements for the Reprovision of the Edinburgh Cancer Centre, and for the related Advanced Demolitions and Decant at the Western General Hospital.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

**2 Recommendations**

- 2.1 The Board is asked to approve the following:
  - a) The Initial Agreement for Edinburgh Cancer Centre (ECC) Reprovision
  - b) The Initial Agreement for Advanced Demolitions and Decant for ECC Reprovision

**3 Discussion of Key Issues**

- 3.1 In December 2020 NHS Lothian submitted a proposal for the reprovision of the ECC to the Scottish Government; this was not approved. The government asked the Board to demonstrate further the development of the preferred regional service model for cancer, reflecting regional strategy and modelled to meet future demand. They also requested we expand on the expected benefits this project would deliver.
- 3.2 Working in partnership with NHS Borders, NHS Dumfries and Galloway and NHS Fife, the Lothian project team and external healthcare planners completed a review of the regional cancer service model. The NHS Lothian Medical Director chaired this review, with representation from regional planning, senior management and strategic planning from each partner Board, and workforce planning. The model reflects the latest agreed regional strategic direction and developments in cancer services.
- 3.3 The Regional Cancer Advisory Group supported the output from the service model review on 29th April 2022. Following this, it was shared with the Scottish Government Cancer Policy Lead who has confirmed that it reflects national strategic direction.
- 3.4 The updated IA was approved by the Cancer Capital Programme Board on 8th June and the Lothian Capital Investment Group on 27th June. It was presented to the Finance and Resources Committee on 17 August 2022 and the committee approved it, with delegated Board authority, for submission to the Scottish Government Capital Investment Group.

- 3.5 On 7<sup>th</sup> September 2022 the Planning, Performance and Development Committee considered the strategic case for regional cancer services at the ECC described in the IA. They confirmed that the approach and the output to date aligned with the Lothian Strategic Development Framework and supported its submission to Scottish Government. The committee requested that a 25-year planning horizon for projected demand and treatment for cancer be factored into the future development of the business case, and this will be addressed for Outline Business Case.
- 3.6 The Reprovision IA was also shared with regional planning through the South-east Cancer Network. Letters of support have been provided by regional partners following approval by the following groups:

| NHS Board                 | Meeting                            | Approved       |
|---------------------------|------------------------------------|----------------|
| NHS Fife                  | Board                              | 27 July 2022   |
| NHS Dumfries and Galloway | Board                              | 8 August 2022  |
| NHS Borders               | Resource and Performance Committee | 17 August 2022 |

- 3.7 In parallel, an Initial Agreement for the Advanced Demolitions and Decant required to make space for the ECC development at the Western General Hospital has been developed. This is a cornerstone of the previously approved Western General Hospital masterplan and shares the same strategic aims as the ECC reprovision. Lothian Capital Investment Group approved this demolitions IA on 12 May 2022, and then Finance and Resources Committee approved it on 17 August 2022.
- 3.8 Both IAs have now been submitted to Scottish Government for them to commence review of the documents ahead of NHS Lothian presenting to the Health and Social Care Directorate's Capital Investment Group on 27<sup>th</sup> October 2022.

#### 4 Key Risks

- 4.1 There is a risk of not securing approval to proceed to Outline Business Case. This has been mitigated through engagement with Scottish Government on the areas to be addressed and sharing the revised service model in advance of submission.

#### 5 Risk Register

- 5.1 NHS Lothian's Corporate Risk Register will be updated on securing Scottish Government approval of the IA.

#### 6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was carried out on 28 November 2019. The main findings were that the proposed service model changes, focussing on care closer to home, and the reprovision of the ECC into modern, purpose-built accommodation, would greatly benefit most stakeholder groups. No changes were made to the IA proposals following the impact assessment. Specific actions to be addressed during the development of the detailed service plan required for outline business case include further discussions with the LGBTQ+ community, and designing resources based on patient profile.

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

7.1 Stakeholder engagement has been integral to developing this case for reprovion, with the project being used an exemplar by Healthcare Improvement Scotland (HIS). In agreement with HIS, we will refresh our stakeholders and commence further engagement to continue to deliver our legal duties on approval of this IA.

## 8 Resource Implications

8.1 The resource implications for the reprovion have been approved by NHS Lothian's Finance and Resources Committee. The approach to revenue costing has also been agreed with our partner NHS Boards.

- A capital cost range for the preferred option of £925m - £1,195m
- An incremental annual revenue cost range of £44.2 - £54.0m

8.2 The resource implications for the advanced demolitions and decants have been approved by NHS Lothian's Finance and Resources Committee.

- A capital cost estimated at £16.5m
- A revenue cost estimated at £2.7m

Sorrel Cosens

Senior Programme Manager

20 September 2022

[sorrel.cosens@nhslothian.scot.nhs.uk](mailto:sorrel.cosens@nhslothian.scot.nhs.uk)

### **List of Appendices**

***(Full Appendices available in Admincontrol meeting folder or on request from Corporate Governance Team)***

Appendix 1: Initial Agreement for Edinburgh Cancer Centre Reprovion

Appendix 2: Initial Agreement for Advanced Demolitions and Decant for Edinburgh Cancer Centre Reprovion

## 1 Executive Summary

### 1.1 Purpose

An ambitious programme of work on cancer services commenced in 2018, reviewing opportunities for the transformation of experiences for cancer patients from across the South East of Scotland. Stakeholders including patients, clinicians, other staff, charities, academic institutions and the NHS Boards for Borders, Dumfries and Galloway, Fife and Lothian are in agreement on the vision for the Edinburgh Cancer Centre.

#### BUILDING FOR THE FUTURE

### Edinburgh Cancer Centre vision:

To develop a world class specialist cancer centre and service on behalf of the region – and nation.

To be recognised as a world leading centre for cancer research, innovation and clinical academic opportunities.

This Initial Agreement (IA) outlines the approach taken to the development of a clinical service model through regional engagement and the high level scope of infrastructure requirements needed to meet the future demands of cancer patients in south east Scotland. The practical implementation of the preferred service model will be developed across the south east region and detailed as part of the Outline Business Case process.

Specifically, the purpose of this IA is:

- To build on the Strategic Assessment (Appendix 1) for the reprovision of the regional cancer centre completed and first submitted to Scottish Government in 2016.
- To demonstrate the need for change in cancer services and facilities and to describe how addressing this by constructing the new Centre will have a significant impact on patients, staff and other project stakeholders whilst achieving efficiency improvements for NHS Scotland and benefits to the wider economy, environment and communities.
- To demonstrate NHS Lothian's progress since the earlier IA in 2020. The updated proposal addresses particular challenges from Scottish Government in relation to (i) development of the south east regional service model; (ii) detailed measurement of future demand and capacity;

and (iii) clearer identification of benefits by way of patient outcomes. The IA also reflects learning from the Covid-19 pandemic, the establishment of NHS Scotland Assure, and recently completed capital projects and post-project reviews.

- To share the projected costs at this Initial Agreement stage. These costs are based on programme completion ten years from the approval of this Initial Agreement.
- To seek approval from the Scottish Government Health and Social Care Directorate (SGHSCD) through their Capital Investment Group (CIG) to develop an Outline Business Case (OBC) for the reprovision of the Edinburgh Cancer Centre (ECC), a South East Scotland development hosted and led by NHS Lothian on behalf of the region, on the Western General Hospital (WGH) site.

In developing this proposal our project team have visited and engaged with other cancer centres. As the project develops NHS Lothian and advisers will continue to learn from and benchmark against comparable services and projects in Scotland, the UK and overseas.

## 1.2 Background and Strategic Context

### 1.2.1 National Context

The vision for this project aligns with national strategies (details of which are contained within Appendix 2 of this document), however, of particular significance is the alignment with the Scottish Government *Beating Cancer, Ambition and Action Strategy (2016)* and the 2020 refresh of this strategy.

The proposed Clinical Model specifically addresses the following aspects:

**Earlier diagnosis** - A focus on early cancer diagnosis through direct access to diagnostics and the role of imaging in accurate and timely diagnosis of cancer.

**'Prehabilitation'** – Holistic patient approach through a wellness programme, patient education and empowerment.

**Access** - Consistency and equity of access to treatment, clinical trials and rehabilitation. Services will be planned and delivered locally wherever possible.

**Treatment** – Availability of the most advanced and effective treatment options to improve outcomes for all.

**Best care and support for all people with and beyond cancer** – Working closely with third sector organisations to provide access to individually tailored patient information, support and advice, patient education and timely access to palliative care where appropriate in the patient pathway.

**Whole system actions** - Integration of clinical research and trials with cancer services through physical co-location and service model collaboration.

**Using data for improvement** – Developing Phase II of the South East Scotland Cancer Information Programme to provide a detailed, comprehensive Regional Cancer Information Service to facilitate smooth and efficient data driven innovation.

Cancer is a priority for NHS Scotland and will remain so as NHS organisations continue to recover and remobilise following Covid-19.

During the pandemic, constrained capacity has been directed to support the most clinically urgent patients. This has meant that the majority of cancer treatments have continued as planned, with some patients receiving in independent sector capacity prioritised for cancer work (e.g. robotic prostatectomy).



Referrals to scheduled care have returned to pre-Covid-19 levels, but the proportion of urgent referrals received, including numbers of people referred with an urgent suspicion of cancer, has exceeded pre-pandemic volumes.

Recently a number of mutual aid requests across cancer services have been made to NHS Lothian, from Medical Directors from other territorial Health Boards also facing specific capacity and workforce challenges.

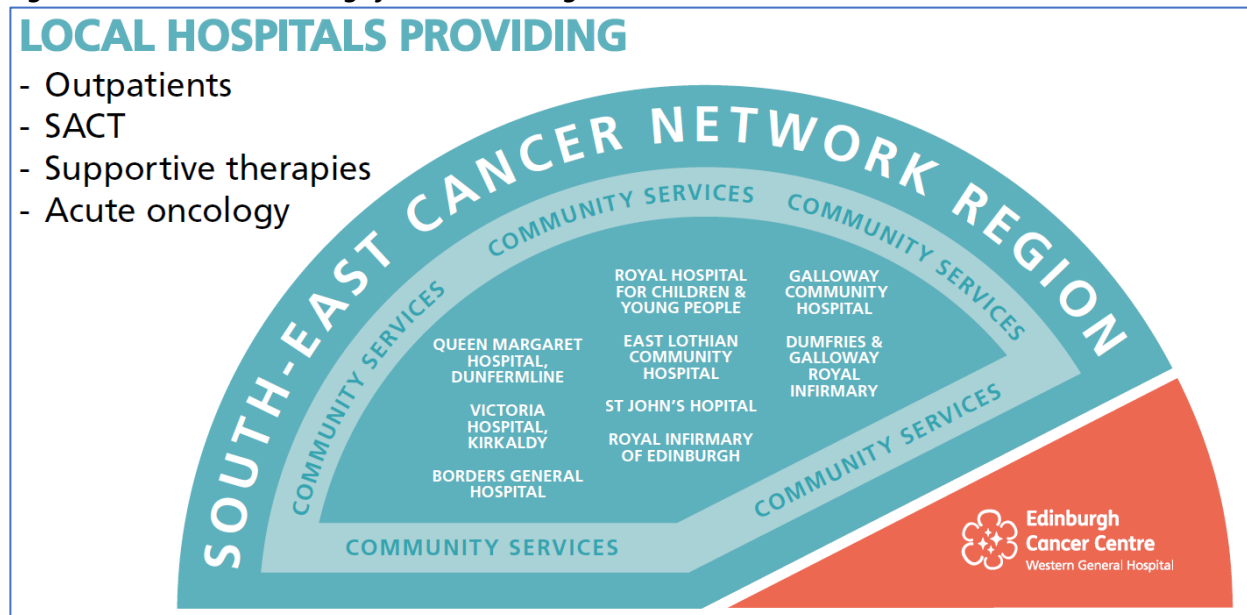
## 1.2.2 South East Scotland Regional Context

As a member of the South East Scotland Cancer Network (SCAN), NHS Lothian works in partnership with NHS Borders, NHS Dumfries and Galloway and NHS Fife to plan and deliver cancer services across the South East of Scotland. The population across the SCAN Boards is circa 1.5m (or 27% of the Scottish population) of which 1 in 3 will have a diagnosis of cancer and 1 in 4 will die from cancer.

Currently, ECC also provides a range of specialist oncology services on behalf of NHS Tayside to a catchment population of 400,000. It is assumed that this is a temporary arrangement. Scottish Government is currently undertaking a national strategic review of Oncology Services. If this results in substantive changes to catchment areas, this proposal can be amended at OBC stage.

SCAN members are committed to providing the best care possible as close to the patient’s home as they can. Approximately 80% of Oncology and Haematology services are delivered over multiple day-case and outpatient attendances. The need to travel to access care and clinical trials can, in some cases, be a barrier to access, and a physical, emotional, and financial challenge for patients and their families whilst on treatment.

**Figure 1 : Cancer care settings for the SCAN region**



NHS Borders, Dumfries and Galloway and Fife have worked with NHS Lothian and advisors, including healthcare planners, to review the service model and options presented in this proposal. Through the Regional Cancer Advisory Group (RCAG) the regional Chief Executives have reiterated commitment and partnership for development of the business case, starting with this Initial Agreement, and to delivering transformation of the cancer pathway for patients from across the region.

## 1.2.3 Lothian Context

This proposal delivers on NHS Lothian Corporate Objectives (2018-2023) and the strategic vision articulated in the Lothian Hospitals Plan. The latter sets out NHS Lothian’s strategic intent for each of

the acute sites, providing a framework for development and a focus for investment on each site. The plan seeks to address the challenges of changing demography, clinical demand, workforce, and condition of the estate, and to provide an organisational focus for investment decisions and management effort.

The strategic headline for each of the three acute hospitals is presented in the table below.

**Figure 2: Lothian Hospitals Plan**

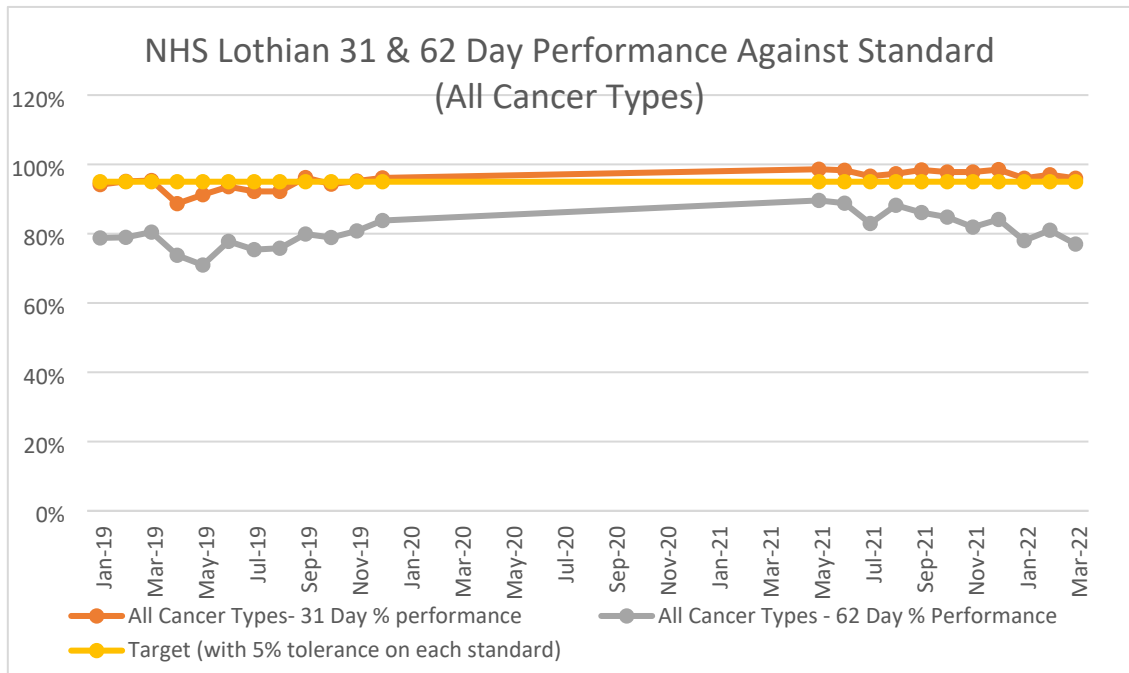
| Site                            | Strategic Headline   |
|---------------------------------|--|
| Royal Infirmary of Edinburgh    | South East Scotland’s emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children’s tertiary care   |
| St John’s Hospital              | An elective care centre for Lothian and for the South East Scotland region, incorporating highly specialist head and neck, plastics and ENT services   |
| <b>Western General Hospital</b> | Acute receiving, medical, surgical, cancer and critical care services, including <b>the specialist Cancer Hospital for South East Scotland, incorporating breast, urology and colorectal surgery</b> |

We know demand for planned care will increase based on changing demographics. Lothian’s population is ageing more quickly than the rest of Scotland. In 2028 it is projected that there will be almost 10,000 fewer people aged under 30, and 40,000 more people aged 60 and above.

The number of people in Lothian referred with an urgent suspicion of cancer are now significantly above previous levels, particularly in dermatology, gastroenterology, gynaecology, and respiratory medicine.

While the 31-day cancer waiting times standard was consistently met throughout the pandemic (from decision to treat to first treatment), the 62-day standard remains challenged across a number of tumour groups in NHS Lothian, and across NHS Scotland (from urgent suspicion of cancer (USC) referral to first treatment).

**Figure 3: NHS Lothian Cancer Waiting Times Performance January 2019-March 2022<sup>1</sup>**



## 1.3 Need for Change

### 1.3.1 Rising Demand for Cancer Services

Demand for cancer services has risen annually in response to a number of key drivers. It is too early to fully understand how these have been impacted by the Covid-19 pandemic, however, in the longer term it is anticipated that the underlying trends will continue:

- Increasing population within Lothian (10% between 2010-2019) and the SCAN region (6% between 2010-2019) with growth expected to increase by a further 15% (Lothian) and 7% (SCAN) in the next 25 years;
- Ageing demographic;
- Increased cancer incidence; across the SCAN region this is projected to increase by 22% between 2015 and 2025<sup>2</sup>; the future service model also incorporated tumour site specific growth, modelled to 2027 by PHS, and to 2032 in the British Journal of Cancer.

### 1.3.2 Advances in Cancer Treatments

The rise in incidence is due, in part, to the advancement and success of cancer treatments. Happily, more people are living with and beyond cancer as the regional cancer service strives to move in line with:

- Improved diagnostic techniques and capabilities;
- Improved detection and increased uptake of screening;
- Increased number of effective treatment options licensed and Scottish Medicines Consortium (SMC) approved;

<sup>1</sup> Cancer Performance Team, NHS Lothian, 2022

<sup>2</sup> Public Health Scotland (PHS) have confirmed updated projections would be available in 2022-23. Not available at time of submission.

- Increased use of multiple regimes of Systemic Anti-Cancer Treatment (SACT) as a result of better efficacy and greater tolerability of modern SACT agents;
- Improved Radiotherapy modalities and techniques – increased indications for Radiotherapy and development of advanced techniques as alternatives to surgery;
- Increased use of lifelong Supportive Therapies.

It is necessary to focus on early prevention and detection in order to optimise treatment and minimise morbidity and mortality. Patients surviving cancer adds substantially to the complexity of care planning and delivery for those who are living with the consequences of cancer or cancer treatment.

### 1.3.3 Research and Innovation Landscape

Discovery and technological development in the detection and treatment of cancer is fast-moving, and the ECC, alongside its partners, has an international reputation in clinical research. Clinical trials provide access to potentially lifesaving or life-extending cancer treatments that are not yet available in standard care, and this can provide hope when standard treatment options have been exhausted. Furthermore, it is recognised that all patients benefit from being treated in research active hospitals.<sup>3 4 5</sup>

The regional cancer service model and the ECC facilities need to be adaptable to accommodate new pathways and new treatments, however there is no further capacity for expansion of research staff and facilities in ECC, hampering the growth of the clinical trials programme and the adoption of novel and innovative therapies.

NHS Lothian and the ECC are working in collaboration with Health Innovation SE Scotland<sup>6</sup> (HISES) to map patient pathways and determine the key areas of need and development in cancer services. Partnerships with the University of Edinburgh and other international academic research institutions, the third sector and industry collaborators will create greater opportunity for clinical service transformation as well as supported business development, spin-offs and entrepreneurial ventures.

Optimisation of efficiencies and new technologies will deliver patient-focussed innovation for both service and building design. Innovation will be aligned with the strategic goals of the SCAN network and ECC, including personalised Realistic Medicine<sup>7</sup>, more digitally-enabled care, and more care at or closer to home.

The growth in opportunities for research and innovation will be enriched by state of the art facilities and technologies, which will in turn create greater opportunities for inward international investment, enhancing Scotland's reputation and drawing top global talent to Scotland.

<sup>3</sup> Downing A, Morris EJA, Corrigan N, et al. (2016) *High hospital research participation and improved colorectal cancer survival outcomes: a population-based study*. <https://gut.bmj.com/content/66/1/89.short>

<sup>4</sup> Jonker L, Fisher SJ, Dagnan D. *Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study*. *J Eval Clin Pract*. 2020;26:203–208.

<sup>5</sup> Jonker, L. Fisher, S.J. (2018) *The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study*, *Public Health*, Volume 157, 2018, Pages 1-6, ISSN 0033-3506,

<sup>6</sup> <https://hises.edinburghbioquarter.com/>

<sup>7</sup> <https://www.realisticmedicine.scot/>

## 1.3.4 Current Edinburgh Cancer Centre Facilities

A major challenge to the delivery of cancer services on the Western General Hospital (WGH) site is the outdated infrastructure of the Edinburgh Cancer Centre (ECC). The main buildings were constructed in the 1950s and no longer meet the needs and expectations of modern healthcare.

### BUILDING FOR THE FUTURE

“The cancer centre, it's horrible, in fact it looks a bit more like a crematorium when you come in.”

“It's almost like you've got cancer, therefore, the building matches that.”

**Seema Paterson, Cancer Patient**

Over several years, from as early as 2010, Healthcare Environment Inspectorate (HEI) inspections and Scottish Patient Safety Programme (SPSP) visits have highlighted that Cancer Services on the Western General Hospital site are not sustainable in their current configuration. Some of the region's most immunocompromised patient groups are thus accommodated in poor quality shared bays with multiple patients sharing toilets.

Clinical risks associated with this increased sharply with the onset of the Covid-19 pandemic. Beds and treatment chairs had to be removed from clinical areas to achieve safe physical distancing. As services remobilise and underlying regional demand continues to grow over time, it will become impossible to effectively maintain safe distancing and infection control, along with timely access to specialist cancer care without a commensurate expansion of space and essential capacity.

The poor quality of accommodation and pressures on space were further acknowledged through Scottish Government approval of the programme of Oncology Enabling Projects currently underway. In the knowledge that development of a new Edinburgh Cancer Centre would take several years, the Full Business Case to address immediate compliance issues was approved in September 2020 and the programme will complete in 2023.

Although these projects will improve current facilities, they are largely within existing infrastructure and, therefore, required NHS Lothian (and subsequently the Scottish Government) to agree derogations from current applicable healthcare building standards and other relevant guidance that cannot be met within the scope of these options.

The capital investment made in the building infrastructure by the projects outlined above will continue to be realised, post Cancer Centre construction, as part of the wider site masterplan for the Western General Hospital.

In order to meet all applicable building and clinical standards as well as respond to a rapidly increasing demand for cancer services by delivering a transformed model of care, a full reprovision of the ECC is required.

Furthermore, if necessary changes implemented during the Covid-19 pandemic (e.g. reduction in inpatient and assessment capacity for safe physical distancing, isolation rules, reduction in hospice beds, etc) are not able to be reverted, this presents a further significant challenge to delivering care which in turn further accelerates the urgent requirement for change.

### BUILDING FOR THE FUTURE

“We need a building that's light, inspiring, gives confidence to patients and reflects the service that is actually provided by the NHS”

**Cameron Millar, Cancer Patient**

### 1.3.5 Workforce Challenges

The SCAN region, Scotland and the UK are all challenged by a shortfall in suitably trained and qualified staff for a range of cancer-related roles. These acute workforce challenges reflect the national issues highlighted in the Royal College of Radiologists Scotland Workforce census 2020.<sup>8</sup> They are borne out by the current mutual aid arrangements for other Boards, including NHS Lothian, to support continuation of specific tumour services following retirements in Tayside. There are insufficient numbers of Scottish trainees to fill capacity gaps and keep pace with retirements and in March 2022 ECC had 50% registrar vacancies in Medical Oncology.

Currently the Edinburgh Cancer Centre has 5% vacancies and spends circa £2m pa on supplementary staffing. Additional workforce pressures on cancer pathways include the need for:

- A community-based phlebotomy model to support pre-treatment bloods;
- Enhanced roles in community / non-acute settings to deliver supportive therapies close to home;
- Increased community-based resources to support end of life care;
- Investment in prescribers, pharmacy services (clinical & technical) and nursing staff to increase SACT delivery;
- Allied health professions to provide a 7-day service; and
- Improved access to allied mental health professional services.

The Scottish Government have committed to modelling a sustainable cancer workforce, collecting and improving on data to support sustainable workforce planning within their National Workforce Strategy for Health and Social Care. NHS Lothian and SCAN have provided the requested data through the National Cancer Strategy Group to engage with this work.

The output of these national commitments will help inform the development of the outline and full business cases.

<sup>8</sup> <https://www.rcr.ac.uk/clinical-radiology/rcr-clinical-radiology-census-report-2021>

## 1.3.6 Sustainable Development

As an anchor institution in Edinburgh and the South East of Scotland, NHS Lothian seeks to be a good neighbour, a good consumer, and a good employer.

As a cornerstone of the masterplan for the WGH, responsible and sustainable design is central to the ECC proposal. The NHS Lothian Sustainable Development Framework sets out ambitions, promotes engagement and action, and is a key driver for change in ensuring the WGH has a clear pathway to net zero carbon emissions.

NHS Lothian is committed to influencing sustainable purchasing and procurement through this project, and will, through employment and investment, positively impact the health and wellbeing of the local population.

## 1.4 Investment Objectives

By assessing the existing situation and the drivers for change, the changes required to deliver the vision were identified and defined as the investment objectives.

These were discussed and developed with key stakeholders at an early stage of the process. Development of the proposed Clinical Model addresses these objectives as outlined below. Key stakeholders included patients and families, multidisciplinary staff in the ECC and across the SCAN region, NHS Boards and charities, the full list is at Appendix 3.

**Figure 4: Investment Objectives**

| Effect of the need for change on the organisation:   | What has to be achieved to deliver the necessary change?<br>(Investment Objectives)   |
|--|---|
| Facilities and existing capacity unable to meet projected demand resulting in patient treatment delays   | Increase service capacity and sustainability to meet demand and provide timely service access for patients  |
| Safety issues highlighted in Healthcare Environment Inspectorate (HEI) reports<br>Patient experience, privacy and dignity are not optimum in current accommodation<br>Split locations result in inefficiencies in service provision, duplication of work, loss of possible collaboration | Design buildings to provide appropriate facilities for clinical care that meet all required standards, allow service collaboration and provide an improved patient experience |
| Workforce challenges causing detrimental effect on service provision and capacity  | Attract, develop and retain specialist staff<br>Offer a range of education, training, research and academic opportunities for professional development                        |
| Patients travelling to other UK centres/ abroad for certain treatments   | Offer a wide range of cutting edge specialist cancer treatment options to patients of South East Scotland, and improve resilience in  |

| Effect of the need for change on the organisation:   | What has to be achieved to deliver the necessary change?<br>(Investment Objectives)   |
|--|---|
|  | Scotland’s specialist care for the people of Scotland   |
| <p>Inequity of access to specialist care in South East Scotland</p> <p>Inability to participate in full complement of trials</p> | <p>Design services and recruit workforce to deliver modern treatment options accessible across the region</p> <p>Integration of clinical research / trials with cancer services to improve patient outcomes</p> |

## 1.5 The Future Service Model

Transformed and improved cancer services and facilities for adult patients from across the region will:

- Meet rapidly increasing demand and cancer incidence across the South East region;
- Streamline patient pathways based on a patient focused approach;
- Provide care closer to home wherever it is clinically appropriate;
- Provide equitable access to the most innovative therapies and optimise patient outcomes;
- Provide facilities in which we can deliver safe and effective, high quality clinical care;
- Optimise efficiencies in workforce and provision of new technologies;
- Support recruitment and retention of specialist staff; and
- Integrate cancer research with core services across the South East region.

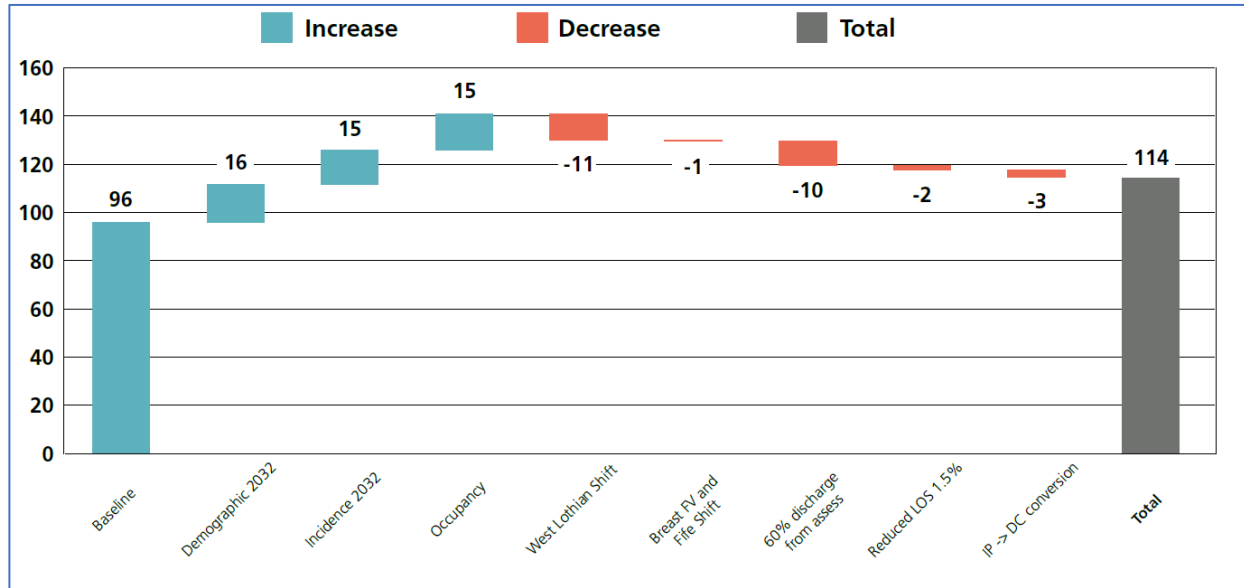
The approach to confirming the regional service model is described in section 3.2. NHS Lothian and SCAN partners worked with healthcare planners Buchan + Associates in 2021-22 to revisit earlier work on the clinical service model and refresh the proposal that was submitted in the 2020 version of the IA.

This reviewed baseline activity data against projected demand for the future, and the proposed changes to the regional service model and pathways. As an example, the number of inpatient beds is summarised in Figure 5.

The modelling for this proposal is based a ten-year projection to 2032, using available incidence projections of tumour-site specific growth to 2027 from Public Health Scotland, and to 2032 in the British Journal of Cancer. The development of the outline business case will incorporate further analysis of demand and progress in cancer treatments, to extend this planning horizon.



**Figure 5: Projected ECC beds in 2032**



There were 96 inpatient beds in the ECC in late 2021 when the modelling was carried out. Applying the demographic shift, projected cancer incidence and a standard occupancy rate of 85% this rises to a requirement for 142 beds over 10 years. However, by applying the principles of care closer to home, and treating patients in the right care setting for their condition, transformation could reduce some of this increased need, to a bed base of 114. This does require the establishment of bed capacity in West Lothian, Fife and Forth Valley, but other transformations to deliver the right care in the right place at the right time mean that this is not equivalent to the projected increase in demand.

The outputs of modelling by each specialty (oncology, haematology, breast surgery), and assessment spaces, day case chairs, outpatient clinics and linear accelerator facilities are included in section 3.2.

## 1.6 Project Scope

The scope of the capital build described by this Initial Agreement includes services under the cancer clinical management team and services allied to ECC at the WGH, such as pharmacy and allied health professions. These are shown as part of ECC in figure 6.

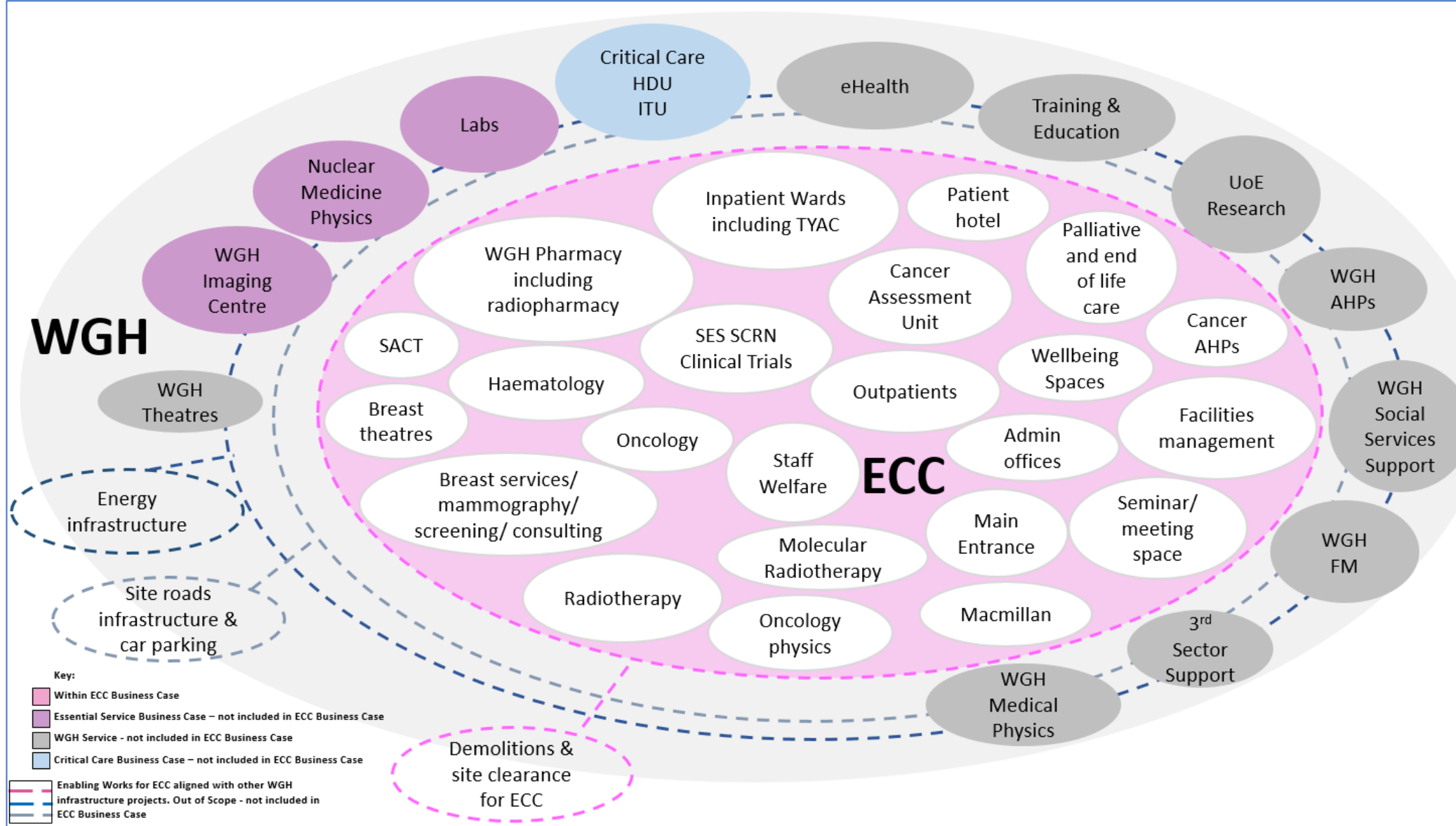
Critical care for cancer patients is provided in the WGH high dependency and intensive care beds. A separate business case is in governance for improvements to this service and accommodation.

Diagnostic radiology and laboratory services are key to the successful delivery of the cancer service model, however, the development of these services for the whole WGH is the focus of their clinical management teams.

Similarly, site development programmes for utilities, traffic management and other infrastructure are out of scope of this IA.

The Initial Agreement for advanced decant and demolition works that this proposal is based on is submitted in parallel to this IA.

Figure 6: Edinburgh Cancer Centre reprovision in the context of the wider WGH site services and developments



## 1.7 Options Assessment and Preferred Option

In 2019-20, the Cancer Project Team led work to identify options for the new proposed service model for cancer, including facilities, and appraise these with stakeholders.

In 2021-22, working with a healthcare planner, these options were further developed alongside a refreshed service model.

The options were assessed at a high level in line with Scottish Government Capital Investment Manual (SCIM) guidance relevant to the IA stage of the business case process.

The emphasis in these assessments was on the clinical model of care and how it could be delivered rather than on the specifics of a new cancer centre building design.

Options were assessed against the investment objectives for the project.

### 1.7.1 Option B1 – Do nothing

This option relates to cancer services remaining at the WGH in their current location and with no change to the service delivery model. It is included as a baseline comparator.

The projected demographic change and cancer incidence growth that will impact on the demand for services is outlined in section 2.3.1, Population and Cancer Incidence Data.

The only changes to the facilities would be statutory improvements, and would still require some derogations from modern standards.

### 1.7.2 Option B2 – Optimum service model

This option represents a purpose built regional specialist cancer centre with accommodation and infrastructure designed to meet current applicable clinical standards. This option seeks to address future projected demand whilst making changes to cancer pathways across the region, including

- maximising new technologies and therapies
- increased access to clinical trials
- further shift of care to as close to home as possible
- reduction in unplanned attendances and admissions
- improved clinical outcomes, capacity utilisation, demand management through expansion of research and innovation

**This option was scored as the preferred option in the benefits assessment, financial assessment and economic appraisal at IA stage, as described in detail later in this proposal.**

### 1.7.3 Option B3 – Decentralised radiotherapy

This option delivers the optimum service model and facilities described in option B2 above, with the variation that as well as a radiotherapy hub in the specialist regional centre, a satellite radiotherapy unit would be located on another acute hospital site in South East Scotland.

It is proposed that option will also be developed for Outline Business Case for full appraisal of the benefits and costs of a regional satellite for radiotherapy

## 1.8 Financial Assessment

The Financial Case sets out the capital and revenue costs of the shortlisted options. The assumptions within the Financial Case will continue to be challenged and refined through development of the Outline Business Case.

### 1.8.1 Capital Costs

The below table summarises the estimated capital costs for the preferred option, alongside the costs detailed in the 2020 version of the IA.

**Figure 7: Capital costs summary**

| Capital Cost (£m)                         | Option A5 Enhanced reprovision (2020 IA) | Option B2 Optimum service model (Preferred option) |
|---|--|--|
| Construction                              | 237.9                                    | 352.6  |
| Professional Fees & NHS Project Team Fees | 17.0                                     | 28.2   |
| Other Costs (Surveys, IT, Estates)        | 4.6                                      | 7.6  |
| Equipment                                 | 49.1                                     | 72.3   |
| Site Enabling Allowance                   | -  | 1.0  |
| Legal/Statutory Costs Allowance           | -  | 0.5  |
| Arts and Therapeutic Design               | -  | 11.3   |
| Inflation                                 | 82.2                                     | 235.5  |
| Optimism Bias                             | 145.7                                    | 264.5  |
| <b>Total Cost (excluding VAT)</b>         | <b>536.5</b>                             | <b>973.5</b>                                       |
| VAT                                       | 107.3                                    | 194.7  |
| <b>Total Capital Cost</b>                 | <b>643.8</b>                             | <b>1,168.2</b>                                     |

The capital costs above include development costs for the project. The development costs to take the project through to OBC in 2024/25 are estimated to be £22.872m.

The estimated capital costs have risen from £643.8m to £1,168.2m since the original IA was submitted. The indicative movement of £524.4m from the previous IA is significant and is summarised in the table below.

**Figure 8: Drivers of capital cost movement**

| Driver   | £m           |
|--|--------------|
| <b>Capital Cost Option A5 Enhanced Reprovision (Previous IA)</b> | <b>643.7</b> |
| + increase in construction and equipment cost                    | 137.9        |
| + increase in fees   | 11.2         |
| + increase in other costs  | 15.9         |
| + inflationary increase  | 153.3        |
| + optimism bias increase   | 118.8        |
| + VAT increase   | 87.4         |

|  |                |
|--|----------------|
| <b>Capital Cost Option B2 Optimum Service Model (Preferred Option)</b> | <b>1,168.2</b> |
|--|----------------|

The increase in construction and equipment cost follows an increase in GIFA required of 19.9%. This was partly driven by revisiting earlier work on the clinical service model and refreshing the proposal that was submitted in the 2020 version of the IA, although this only identified a small increase in clinical spaces required. The majority of the 19.9% GIFA increase is driven by additional allowances for updated guidance on net zero carbon and other infrastructure.

The majority of the movement from the previous IA is driven by market conditions observed to date, a prudent increase in inflation assumptions, and corresponding increases in optimism bias and VAT.

## 1.8.2 Revenue Affordability

The below table summarises the estimated revenue costs for the preferred option.

**Figure 9: Revenue costs summary**

| <b>Incremental Recurring Revenue Cost/year (£k)</b> | <b>Option B2<br/>Optimum service model</b> |
|---|--|
| Staffing  | 16,208                                     |
| Drugs   | 29,815                                     |
| Other Non-Pays                                      | 3,071                                      |
| <b>Total Annual Incremental Revenue Cost</b>        | <b>49,094</b>                              |

While the estimated £49m increase from current cost is significant, £12.5m (25%) of the increase relates to assumed inflation of current costs to 2032. A further £33m (66%) relates to the estimated cost of treating forecast increase in patient volumes. Both elements are also part of the cost of a do nothing scenario and will require a realistic assessment of the operational and financial impact of delivering growth in activity within the constraints of the current estate.

Through its governance process, NHS Lothian has reinforced a commitment to affordability for this project. A detailed medium term financial planning exercise is necessary to underpin the regional financial plan – an approach supported by regional finance representatives - and will also provide the basis of a detailed affordability assessment at OBC.

The high level cost estimate above is based on extrapolation of the cost of current service models. The OBC will describe in detail the anticipated benefits from:

- economies of scale from delivering expanded service in a fit for purpose facility;
- significant expansion in clinical trials, allowing more patients to access innovative treatments, improving patient outcomes and increasing circa £1m costs currently funded through trials;
- benefit of recruitment and retention by supporting sustainable workforce models, in a fit for purpose facility. Currently the Edinburgh Cancer Centre has 5% vacancies and spends c. £2m pa on supplementary staffing;
- efficient delivery of forecast increase in activity, offsetting expensive requirement for activity outwith core capacity through Waiting List funding; and
- reduce requirement for reactive or lifecycle maintenance on aged estate.

## 1.8.3 Economic Assessment

The Strategic Case details a thorough process in identification of benefits, noting initial assessment of impact and ability to measure. The potential benefits are extensive, reflecting the impact of the project, and include the economic impact of:

- reduction in health inequalities;
- improving patient outcomes through enabling precision medicine, data driven innovation and research and development, working with academia and industry;
- skilled job opportunities;
- positive impact on sustainability; and
- economic benefit from construction activity.

The benefits identified have been aligned with the Scottish Government Performance Framework and Strategic Priorities. While initial engagement with Scottish Government has taken place, support is necessary to ensure the focus of benefits realisation work can evidence and quantify delivery against national priorities.

## 1.9 Readiness to Proceed

The Board's preferred procurement strategy is that of a capital-funded project utilising the established Health Facilities Scotland Framework (HFS3). This should facilitate the earliest start on site. However, the Board acknowledges that, should the funding arrangement be of a revenue nature, a form of private/ public finance initiative would be employed.

Professional services could likewise be procured via the HFS3 Framework for all lead appointments and for more specialist services such as clerk of works and validating engineers indirectly via lead appointments. It is the Board's view that provision of independent assurance via NHS National Services Scotland (NSS) is essential and that NSS may consider the need to outsource some, or all, of this assurance via a shadow design team who would be able to scrutinise, in sufficient depth, the design and execution of that design during construction and commissioning. Further work will be required to determine the cost and programme impact of these additional assurance requirements.

The current estimate for service migration, based on an approved IA in 2022, is late 2032.

Learning from recent projects, a clear distinction between those delivering and providing the facility (the project team) and those who will use the facility (project sponsor and project owner) is seen as essential to ensure the level of governance and assurance necessary. In addition, independent assurance that all current and relevant HFS and HPS requirements are being met, should be given to the Board and to Scottish Government by NHS Assure.

The project team delivery model proposed includes internal NHS Lothian advice from Infection Prevention and Control (IPCT), Fire, Health and Safety, eHealth and Estates and Facilities, amongst others, as the project develops. Continuity of staff over the proposed timeline will be prioritised to ensure knowledge transfer through the various phases from specification through design and construction to commissioning and final completion.

## 1.10 Conclusion

The reprovision of the Edinburgh Cancer Centre presents the opportunity to transform pathways for adult cancer patients across the South East region by developing a robust, sustainable regional service delivery model to respond to the rising demand for cancer services across the region.

Ongoing collaborative regional service transformation work is critical to deliver sustainable services under pressure in the short to medium term. Furthermore, the SCAN members will collaborate through regional planning forum to deliver the transformed clinical service model for 2032 and beyond.

The proposed clinical transformation will have a significant positive impact on the health and outlook of patients. Furthermore, this reprovision will facilitate Scottish Government's aims to reduce health inequalities and barriers to access cutting edge therapies, as set out in the *Build Back Fairer*<sup>9</sup> report.

The reprovision will demonstrate commitment to the recruitment, development and retention of the best possible staff, addressing and stabilising current workforce pressures.

It will address key strategic aims as outlined in the 2020 refresh of the Scottish Government Cancer Policy *Beating Cancer, Ambition and Action Strategy (2016)* and the 2020 *Recovery and Redesign: Cancer Services – Action plan*.

Through employment, procurement and investment the project will contribute to the local communities as well as the wider economy, and through responsible, sustainable design it will support delivery of net zero carbon.

Delivery of the reprovision programme in a reasonable timeframe is essential to ensure that the articulated needs for change are addressed and associated benefits realised, whilst mitigating against ongoing risks connected with current service delivery as demand continues to grow.

### BUILDING FOR THE FUTURE

“When we think of the new cancer centre, what we'd be looking for is something that is a world leading centre, providing gold standard care, in an environment that's fit for purpose, that is fit for the 21st century”

Moray Kyle, Clinical Director for Oncology

Watch our case for change  
<https://vimeo.com/742990495/b8528df79a>

<sup>9</sup> [Build Back Fairer: The COVID-19 Marmot Review](#); The Health Foundation and Institute of Health Equity, December 2020

## Appendix 2

### Edinburgh Cancer Centre Advanced Demolitions and Decant

#### Initial Agreement

#### 1 Executive Summary

The Western General Hospital (WGH) Strategic Development Masterplan provides the vision for a site wide clinical service and estate development/ improvement model. It is based on predicted clinical service demands and physical estate and servicing requirements over the next 25 years. It seeks to transform the hospital into a suitable efficient and safe 21<sup>st</sup> century healthcare campus.

In terms of scale, the most significant development phase of the masterplan is the future redevelopment of the Edinburgh Cancer Centre (ECC). Facilities in the current ECC have previously been recognised as critically overcrowded and not meeting modern-day standards. Full re-provision is therefore required to have a facility that meets healthcare needs and standards whilst achieving the vision of transformed pathways and improved cancer services for adult cancer patients across the Southeast of Scotland.

An Initial Agreement for the re-provision of the Edinburgh Cancer Centre was prepared and submitted to Scottish Government Capital Investment Group (CIG) in November 2020. An updated IA will be submitted to CIG in September 2022. It is anticipated that construction work will commence in 2026-27 with completion achieved by 2029-30. Should an enabling phase of demolitions and decant not take place ahead of the ECC construction, it is likely the ECC delivery timeline will need to be extended to accommodate this additional scope.

The proposed location for the replacement ECC has been allocated to the southwest corner of the WGH site in the location between the former Department of Clinical Neurosciences, Theatre Block, PECT Teaching Block and D Block. Based on the current masterplan, twenty-one existing buildings will be demolished to provide site space for the construction of the new ECC.

The key site constraints of all demolitions within the curtilage of the ECC demolition site and surrounding WGH zone are as follows:

- The demolition site comprises of buildings with varying structures and constructions within proximity to live clinical services and adjacent residential properties.
- The demolition site has restricted access and egress around the buildings and is within proximity to a primary blue light route around the site.
- The buildings within the demolition site vary in age and construction, and asbestos containing materials are likely to be prevalent. Demolition is likely to bring about Infection Control risks.
- The demolition area and surrounding context is a habitat for protected species of birds, bats and mammals, which contributes to biodiversity.
- The demolition area is protected by statutory legislation and consents will be required for any future demolition or alteration.

Following a detailed review of the demolition impacts to the wider WGH site, a phased demolition plan has been selected as the safest method of deconstructing the buildings and removing material from the demolition site. Five stages of demolition have been proposed, with particular focus on the removal of specific buildings within each phase, offering the following benefits:



- Due to the constrained space around buildings, phased demolitions will ensure that suitable working zones are established and that works can be carried out in a safe and secure manner without risk to adjacent structures, operatives, staff, patients and/ or members of the public.
- Due to the varying age and constructions, phased demolition techniques will control dust, noise and vibration risks to occupied clinical space and neighbouring residential properties in close proximity. This will also control the risk of HAI infection throughout the duration of the work.
- Due to the complex infrastructure routes and mains service arrangements across the site and between the existing buildings, phased demolition will ensure that diversions are undertaken ahead of works and mains services are uninterrupted throughout.
- Due to the proximity of buildings to service roads, phased demolition will ensure preservation of all existing access and blue light routes during the works and ensure unrestricted access and egress for emergency services.
- Phased demolition will enable mitigation strategies to be implemented ahead of works, ensuring protection of ecology within the wider context.

The loss of buildings within the ECC demolition zone necessitates additional accommodation within or near to the WGH to decant staff and equipment during the demolition activity and the subsequent construction of ECC. Following an assessment of the space utilisation, a phased decant strategy has been prepared setting out moves to temporary accommodation through to 2030.

A demolition and decant timeline have been prepared setting out the timelines for each element of work. It is estimated that both activities would last 36 months from approval of FBC through to completion of the demolition.

The construction of the ECC is anticipated to commence by end of 2026 and complete by end of 2029. These dates are based on having a cleared site by the date of commencement. Given the complexity of the demolition and the risk of delays due to statutory consents, there is significant benefit in advancing the demolition of the ECC zone as a separate workstream to that of the ECC reprovision.

Specifically, the purpose of the Initial Agreement is to seek approval from the Scottish Government Capital Investment Group (CIG) to develop an Outline Business Case (OBC) for the WGH ECC Pathway – Advanced Demolitions and Decant with a capital cost estimated at £16.5m.

**ANCHOR INSTITUTION PROGRAMME BOARD UPDATE**

**1 Purpose of the Report**

- 1.1 The purpose of this report is to update the Board on the Anchor Institution work programme with specific reference to the successful application for Living Wage accreditation, procurement activity and the award of new funding for NHS Lothian income maximisation services.

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

**2 Recommendations**

- 2.1 The Board should note NHS Lothian's accreditation as a Living Wage employer. The Board is asked to support a strategy for communicating effectively its commitment to the principles of the Living Wage and its benefits.
- 2.2 The Board should note NHS Lothian's engagement with the NSS community benefits portal and the inception of a programme of engagement with local businesses focusing on procurement.
- 2.3 The Board is asked to note the new arrangements for income maximisation services at acute and community hospitals provided with financial support from the NHS Lothian Charity.

**3 Discussion of Key Issues**

- 3.1 This paper reports on Anchor Institution Programme Board activity relating to Living Wage accreditation, procurement activity and the award of new funding for NHS Lothian income maximisation services. Each of these programmes aligns with the Board's Anchor Institution aim of being a good neighbour, a good consumer and a good employer.

3.2 Living Wage Accreditation

Formal Living Wage accreditation was secured in August 2022. Living Wage accreditation is commensurate with NHS Lothian's stated values and culture as well as its Anchor Institution aspirations. Staff from Procurement, Public Health and Human Resources liaised with The Poverty Alliance Scotland to ensure compliance. NHS Lothian pays all directly employed staff above the current Living Wage rate of £9.90 per hour but key to accreditation is ensuring that sub-contractors and suppliers of services to the Board are also paying this rate or have plans to do so. There are a range of benefits associated with being an accredited Living Wage Employer (See Appendix 1). NHS Lothian corporate documents can now incorporate the Living Wage Employer Mark, and our commitment to fair pay and fair work will be an important message to communicate to a wider audience. A strategy is being developed to promote Living Wage accreditation internally to staff as well as externally to contractors, suppliers, stakeholders and to the public in general.

3.3 Critically, Living Wage Accreditation means that NHS Lothian has made a visible and public commitment of its belief in fair pay and fair work. This is a relatively small but important statement within the context of the current cost of living crisis. It fits with the Board's commitment to be an exemplar public sector organisation.

### 3.4 Community Benefits Portal

Throughout 2022, NSS has been rolling out the use of a national community benefits portal to increase uptake of these benefits by local charities and community organisations. NHS Lothian staff from Public Health and Procurement have worked with the four Lothian Third Sector Interfaces to implement local arrangements requested by NSS to increase use of the portal. This work is the start of a wider engagement about procurement that will extend to involve social enterprises, co-operatives, and small and medium sized businesses. There should be benefits to NHS Lothian in terms of supply chain resilience as well as a contribution to community wealth building programmes that are now underway in each Lothian local authority area.

### 3.5 Income Maximisation

A review of income maximisation services at Lothian hospitals identified that services:

- secured financial gains for patients of approximately £1,600 per patient at the Royal Hospital for Children and Young People, and £1,800 per patient at the Edinburgh adult acute hospitals. For every £1 invested in NHS Lothian services, more than £11 was recouped for patients;
- released clinical staff from supporting patients to navigate financial issues; and
- improved patients' wellbeing by reducing the levels of chronic stress associated with financial hardship.

But it was also clear that funding for these services was insecure, reliant on departmental underspends and other non-sustainable funding sources.

The NHS Lothian Charity has provided support and funding worth £200,000 for five years (contracts to be reviewed in year three before continuation) for hospital-based income maximisation services. This increased funding has enabled expansion of services beyond acute hospitals to include community hospitals in Midlothian and East Lothian. Existing services at the Western General Hospital, the Royal Infirmary and Royal Hospital for Children campus, and St John's Hospital will have secure funding to expand their provision. Contracts were offered in mid-September to provide services in Edinburgh, Midlothian and West Lothian. It is anticipated that the final contract in East Lothian will be awarded in October. The service is aimed primarily at patients but there is capacity for staff who face financial hardship too.

## 4 **Key Risks**

4.1 The level of the Living Wage is reviewed and increased annually, normally during Living Wage week in November each year. This year's recommended rate was announced on 22 September 2022 in recognition of the challenges of the cost-of-living crisis. It recommends an increase to £10.90 per hour. NHS pay is set at national level by the Scottish Government and if any uplift for the lowest paid staff fails to match the level of the Living Wage then the accreditation would be jeopardised. This, however, would affect the Living Wage accreditation of a number of other health boards as well as other public bodies such as local authorities and would be in opposition to the Scottish Government's own stated commitment to fair work practices in Scotland.

4.2 NHS Lothian Charity funding for income maximisation services has been secured for a five-year period. But this funding is non-recurring so an alternative source of funding for these services will be required from 2027.

## **5 Risk Register**

5.1 No risks for NHS Lothian Risk Register identified.

## **6 Impact on Inequality, including Health Inequalities**

6.1 An impact assessment will be carried out as part of the commissioning of the new income maximisation services to ensure population needs are clearly identified as part of service provision.

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

7.1 It will be important to include information about Living Wage accreditation within NHS Lothian corporate communications and recruitment material. The community benefits work is based on engagement with Lothian community and voluntary sector organisations, and the income maximisation services are a key plank of NHS Lothian's evolving plans to support staff to cope with the challenges of this winter's cost-of-living crisis. A communication strategy is being developed to ensure staff and patients have accurate and timely support.

## **8 Resource Implications**

8.1 Anchor Institution work is being delivered by staff across NHS Lothian. The main resource implications are staff time from Public Health, Finance, Communications and HR departments.

John Brennan  
Population Health Project Manager  
john.brennan@nhslothian.scot.nhs.uk  
September 2022

Martin Higgins  
Head of Partnership and Place, Public Health  
martin.higgins@nhslothian.scot.nhs.uk

## List of Appendices

### Appendix 1: **About the Living Wage and its benefits**

#### **Background**

The real Living Wage is the only UK wage rate that is voluntarily paid by UK businesses who believe their staff deserve a wage that meets everyday needs. It is independently calculated to identify the minimum income necessary for a worker to meet their basic needs. Needs are defined to include food, housing, fuel and other essential needs such as clothing. The calculation is overseen by the Living Wage Commission, an independent body drawn from leading Living Wage employers, trade unions, civil society and academics. The calculation is conducted by leading think tank The Resolution Foundation, and the methodology is based on the best available data and evidence on living standards in the UK. The goal of a living wage is to allow a worker to afford a basic but decent standard of living without having to access means-tested in-work benefits/tax credits.

In order to achieve accreditation all relevant workers must be paid at or above the level set annually by The Living Wage Foundation. This includes both directly employed and regularly contracted staff. The current rate is £9.90 per hour with a recommendation that this increases to £10.90 for 2023. Contracted workers do not need to be on the real Living Wage at the point of accreditation provided there is a plan in place to uplift these workers to the real Living Wage rate within an agreed timescale.

In order for NHS Lothian to achieve the accreditation, verification of compliance was carried out for directly employed staff as well as those who work for external businesses that carry out work on the organisation's behalf on a regular basis. All of our directly employed staff were found to meet the criteria as do those of our contractors. A small number of contractors failed to respond to our enquiries, though through a close working knowledge of these contractors our procurement officers were able to verify that this represented a small number of staff who are skilled professionals who would be paid significantly above the level required for accreditation.

The level of the Real Living Wage is reviewed and revised annually and the new level is generally announced during Living Wage Week in November. This year however, due to the current cost of living crisis, the new rate will be announced on the 22<sup>nd</sup> September. Employers who are already accredited should implement the rise as soon as possible but by the latest, all employees should receive the new rate by 14th May 2023.

Accreditation provides an employer with the licensing rights to display the Living Wage employer mark, a recognised symbol of responsible business practice. The licence is renewed annually, for Public Sector organisations there is an annual fee of £480 (excluding VAT).

#### **Benefits to the organisation and its employees**

Studies have shown that paying the Living Wage has advantages to employers including: reduced employee turnover rates, associated cost savings related to recruitment and training, higher staff motivation and morale, reduced absenteeism, better employee relations, the ability to attract higher quality staff, and an enhanced reputation as a socially responsible employer<sup>1</sup>.

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<sup>1</sup> Heery, E., Nash, D. & Hann, D. (2017). The Living Wage – employer experience, Cardiff Business School, Cardiff

A review on behalf of the Living Wage Foundation by the European Association of Work and Organizational Psychology<sup>2</sup> highlights that by paying a living wage an organisation becomes “a more attractive employer, improving the skills and talent pool from which new workers can be selected”. Employee performance is likely to improve when they are paid enough to adequately support their family and pay their bills, which in turn improves mental and physical health and “ultimately positively influences job performance”.

### **Celebrating the Living Wage accreditation**

The Living Wage Foundation suggests that in order to ensure the organisation fully benefits from its status as a Living Wage employer it requires to effectively promote the accreditation to its own staff as well as ensuring the external visibility of Living Wage accreditation<sup>3</sup>.

“Living Wage employers will only benefit fully from their accreditation if they widely publicise their commitment, on company websites and leaflets, in email signatures, and so on. The Living Wage logo should be used in external communication so that prospective employees, customers, clients, local governments and the public at large recognise the company’s commitment to being a progressive and socially responsible employer.”

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<sup>2</sup> Searle, R. University of Glasgow, Mcwha-Hermann, I. University of Edinburgh. Coulson, A. University of Strathclyde (2020) Living Wages: Impact For Individuals. European Association of Work and Organizational Psychology.

<sup>3</sup> Werner, A. Middlesex University London (2020) A Checklist For HR Managers. European Association of Work and Organizational Psychology.

## AUGUST 2022 FINANCIAL POSITION

### 1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 5 for NHS Lothian.
- 1.2 This paper also sets out the financial impact from Covid-19 to date and provides an update on the SG allocation for this year.
- 1.3 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

### 2 Recommendations

- 2.1 The Board is recommended to:
  - **Note** the improved position from the Financial Plan with a revised year end forecast of a projected £19m overspend;
  - **Accept** that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.

### 3 Discussion of Key Issues

#### Financial Position as at August 2022

- 3.1 At Period 5, NHS Lothian reported a year to date overspend position of £11.2m against the Revenue Resource Limit. Detailed information is shown in Appendix 1 and by operational unit in Appendix 2.
- 3.2 The main pressures are principally driven by drugs spend beyond available budget and Medical and Dental pay costs, both of which were anticipated pressures in the Financial Plan.
- 3.3 £3.3m of reserves flexibility has also now been phased into the overall position. This equates to a pro-rata share of reserves flexibility identified as part of the Q1 review available to offset operational pressures.
- 3.4 The £11.2m overspend ytd excludes any financial consequences associated with Covid. The SG communicated to NHS Lothian on 1<sup>st</sup> of June that £47.2m of funding would be made available for non-delegated, board Covid costs. Given the low risk to receiving this funding it has been anticipated in lieu of the allocation being received and set against overall Covid cost pressures.

- 3.5 Funding of £22m has now been released to meet Covid costs incurred to date from both the anticipated Board allocation and also IJB Covid reserves. The breakdown of these Covid costs to date are shown in Table 1 below.

**Table 1: Summary Breakdown of Covid-19 Costs Incurred**

| Covid Costs                                       | YTD<br>£'000  | 22/23 Covid Expenditure           | YTD<br>£'000   |
|---|---------------|-----------------------------------|----------------|
| Covid-19 Vaccination                              | 5,964         | Board Covid Costs                 | £18,313        |
| Other Additional Staff Costs                      | 4,336         | Partnership NHS                   | £3,706         |
| Additional Bed Capacity/Change in Usage           | 2,429         | <b>Total Covid Costs Incurred</b> | <b>£22,019</b> |
| Other   | 2,144         |                                   |                |
| Additional FHS Prescribing                        | 1,632         | SG Anticipated Allocation         | £18,313        |
| Testing   | 1,620         | IJB Earmarked Reserves            | £3,706         |
| Contact Tracing                                   | 1,447         | <b>Total Covid Allocations</b>    | <b>£22,019</b> |
| Additional Infection Prevention and Control Costs | 792           |                                   |                |
| Loss of Income                                    | 705           |                                   |                |
| Scale up of Public Health Measures                | 556           |                                   |                |
| Payments to Third Parties                         | 261           |                                   |                |
| Additional Equipment and Maintenance              | 110           |                                   |                |
| Community Hubs                                    | 20            |                                   |                |
| Remobilisation -Digital & IT costs                | 2             |                                   |                |
| <b>Total</b>                                      | <b>22,019</b> |                                   |                |

- 3.6 The largest element of Covid spend to date relates to the ongoing Covid Vaccine programme, with £6m incurred for this financial year so far. Significant costs remain relating to additional staffing to support services with Covid pathways, and staff absence.
- 3.7 Managing these costs with a view to reducing them via the emerging Covid exit arrangements is part of the ongoing review work through the Financial Improvement Group (FIG).

## Efficiency & Productivity

- 3.8 A total of £24.5m of savings schemes have been identified for delivery in year. To date, £9.7m was estimated for delivery with £8.6m achieved so far, leaving a shortfall of £1.1m. Covid-19 continues to affect our ability to progress and deliver identified savings plans and schemes.

## 4 Quarter 1 Review

- 4.1 The Finance and Resources Committee of the 17<sup>th</sup> of August received details of the updated year end forecast following the Quarter 1 outturn review. The forecast core position (i.e. excluding Covid) is now a projected outturn of £19m, which represents an improvement of £9m from a circa £28m overspend in the Financial Plan. The improvement relates principally to an improved forecast operational position, with table 2 showing that movement. Appendix 3 shows the updated forecast position by business unit.



**Table 2: Forecast Outturn Position Latest Summary**

|                                  | <b>22/23<br/>Forecast<br/>£k</b> |
|----------------------------------|----------------------------------|
| 22/23 FP Outturn Forecast        | (28,432)                         |
| Q1 Updated Operational Positions | 14,015                           |
| Latest Reserves Position         | (5,190)                          |
| <b>Revised Outturn Position</b>  | <b>(19,607)</b>                  |

- 4.2 Quarter 1 meetings with the service teams have discussed forecast positions and ongoing work in relation to improving outturns at a business unit level, including the delivery of further efficiency savings. Work continues to progress the efficiency programme, assessing options to support the service to identify areas of review as well as thematic programmes looking at types of expenditure and ways to drive efficiencies.
- 4.3 Ongoing review of reserves and any in-year flexibility generated allows for additional resources to be allocated to support the operational position and that will also include a review of allocations anticipated. However, there are limited allocations received to date from SG and critical information is still awaited in terms of funding allocations. This further impacts on our ability to give assurance on delivering a break-even position and the delays to receiving confirmed allocations presents a key financial risk for the health board.
- 4.4 An updated NHS Covid Cost estimate of £65m has been submitted to the SG. The outturn position reported continues to assume Covid Costs incurred will be fully met by the Scottish Government Covid Allocations and IJB Covid Reserves.
- 4.5 The forecast Covid expenditure of £65m is broken down to £47m of Board Covid costs; a further £9m of costs relating to Testing and Test and Protect services and £9m of NHS Partnership covid costs. In addition to this, £26m of Local Authority costs is projected, notified by the IJBs.

## **5 Update on 2022/23 Baseline Allocation to NHS Lothian**

- 5.1 Within the £28m Financial Plan gap, approved at the beginning of this financial year, was additional uplift on baseline resources, equating to 2% as communication by the SG in Dec 2022, in lieu of final confirmation of the 22/23 agreement.
- 5.2 Since that time, the SG have offered a 5% pay award for Agenda for Change staff but this has not been accepted. A 4.5% increase agreed with Medical and Dental staff will be paid to Medical and Dental staff in September. It is still anticipated that any additional costs associated with increased pay agreements will be fully funded by the SG. Failure to receive this in full is a further risk to the board.
- 5.3 Overall, the challenge of delivering financial balance in the current year is adversely affected by a series of financial issues including:
- The challenge to balance the financial priorities with service delivery and operational challenges;
  - No additional resource available to support non-pay cost growth in a year of on-going and unpredictable inflationary pressure. There is significant additional spend forecast from medicines (particularly Cancer) and higher charges from contractual commitments such as PFIs;

- The legacy of a reduced recurring delivery in the efficiency programme in 21/22 has an ongoing impact in 22/23.

5.4 As well as those challenges in the current financial year, many of those issues identified are recurring in nature and will impact beyond 22/23. Understanding the extent of the recurring impact is a priority over the coming months as we plan for 23/24 and beyond. A risk register is provided in Appendix 4.

5.5 Work will continue to be progressed to understand ongoing risks and opportunities to deliver financial balance this year, including the quarterly discussions with Business Units.

## **6 Risk Register**

6.1 The corporate risk register includes the following risk:

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

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

## **7 Impact on Inequality, Including Health Inequalities**

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

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

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

## **9 Resource Implications**

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

Craig Marriott

Director of Finance

22nd September 2022

[craig.marriott@nhslothian.scot.nhs.uk](mailto:craig.marriott@nhslothian.scot.nhs.uk)

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31<sup>st</sup> August 2022

Appendix 2 - NHS Lothian Summary by Operational Unit to 31<sup>st</sup> August 2022

Appendix 3 - NHS Lothian Quarter 1 Forecast by Business Unit

Appendix 4 – NHS Lothian Risk Register

## Appendix 1 - Lothian Income & Expenditure Summary to 31<sup>st</sup> August 2022

| Description                     | Annual Budget (£k) | YTD Budget (£k)  | YTD Actuals (£k) | YTD Variance (£k) | Period Variance (£k) |
|---------------------------------|--------------------|------------------|------------------|-------------------|----------------------|
| Medical & Dental                | 309,491            | 129,603          | 135,061          | (5,458)           | (1,545)              |
| Nursing                         | 522,586            | 215,380          | 213,805          | 1,574             | 743                  |
| Administrative Services         | 147,786            | 57,566           | 59,433           | (1,867)           | (167)                |
| Allied Health Professionals     | 95,828             | 40,162           | 39,123           | 1,039             | 227                  |
| Health Science Services         | 45,607             | 19,280           | 20,464           | (1,184)           | (64)                 |
| Management                      | 8,206              | 3,354            | 3,152            | 203               | 30                   |
| Support Services                | 80,983             | 33,362           | 35,657           | (2,295)           | (627)                |
| Medical & Dental Support        | 15,232             | 6,680            | 6,860            | (180)             | (21)                 |
| Other Therapeutic               | 50,246             | 22,066           | 21,691           | 375               | 112                  |
| Personal & Social Care          | 2,867              | 1,129            | 1,026            | 103               | 18                   |
| Other Pay                       | (12,166)           | (12,445)         | (12,233)         | (212)             | 20                   |
| Emergency Services              | 0                  | 0                | 11               | (11)              | (2)                  |
| Vacancy Factor                  | (496)              | (207)            | 0                | (207)             | (41)                 |
| <b>Pay</b>                      | <b>1,266,170</b>   | <b>515,929</b>   | <b>524,049</b>   | <b>(8,120)</b>    | <b>(1,317)</b>       |
| Drugs                           | 115,952            | 43,380           | 55,035           | (11,655)          | (1,249)              |
| Medical Supplies                | 90,230             | 39,202           | 42,581           | (3,379)           | (1,090)              |
| Maintenance Costs               | 5,642              | 2,386            | 4,921            | (2,535)           | (1,103)              |
| Property Costs                  | 44,573             | 14,678           | 16,377           | (1,698)           | 566                  |
| Equipment Costs                 | 32,963             | 8,939            | 9,419            | (480)             | (1,212)              |
| Transport Costs                 | 8,554              | 3,257            | 4,175            | (918)             | (212)                |
| Administration Costs            | 225,044            | (39,331)         | (52,195)         | 12,864            | 2,756                |
| Ancillary Costs                 | 11,967             | 4,798            | 6,142            | (1,343)           | (379)                |
| Other                           | (19,466)           | (22,005)         | (22,274)         | 269               | 181                  |
| Service Agreement Patient Serv  | 34,350             | 17,579           | 17,902           | (323)             | (224)                |
| Savings Target Non-pay          | (364)              | (155)            | 0                | (155)             | (31)                 |
| Resource Trf + L/a Payments     | 111,362            | 55,785           | 56,633           | (847)             | (178)                |
| <b>Non-pay</b>                  | <b>660,809</b>     | <b>128,515</b>   | <b>138,715</b>   | <b>(10,201)</b>   | <b>(2,174)</b>       |
| Other Payments/reimbursements   | 0                  | 0                | (5)              | 5                 | 0                    |
| Gps Other Payments              | 0                  | 0                | 0                | 0                 | 0                    |
| Gms2 Expenditure                | 127,078            | 58,687           | 59,347           | (659)             | (202)                |
| Ncl Expenditure                 | (72)               | (30)             | 365              | (395)             | (82)                 |
| Other Primary Care Expenditure  | 87                 | 36               | 32               | 5                 | 1                    |
| Pharmaceuticals                 | 158,002            | 65,138           | 66,320           | (1,183)           | (1,164)              |
| <b>Primary Care</b>             | <b>285,094</b>     | <b>123,831</b>   | <b>126,059</b>   | <b>(2,228)</b>    | <b>(1,448)</b>       |
| Fhs Non Discret Allocation      | (1,338)            | (549)            | (527)            | (23)              | (5)                  |
| Bad Debts                       | 0                  | 0                | 482              | (482)             | (99)                 |
| <b>Other</b>                    | <b>(1,338)</b>     | <b>(549)</b>     | <b>(45)</b>      | <b>(505)</b>      | <b>(103)</b>         |
| Income                          | (326,457)          | (142,745)        | (149,288)        | 6,544             | 844                  |
| <b>Income</b>                   | <b>(326,457)</b>   | <b>(142,745)</b> | <b>(149,288)</b> | <b>6,544</b>      | <b>844</b>           |
| Profit/loss On Disposal         | 0                  | 0                | (3)              | 3                 | 0                    |
| <b>Extraordinary Items</b>      | <b>0</b>           | <b>0</b>         | <b>(3)</b>       | <b>3</b>          | <b>0</b>             |
| <b>CORE POSITION</b>            | <b>1,884,278</b>   | <b>624,980</b>   | <b>639,486</b>   | <b>(14,506)</b>   | <b>(4,197)</b>       |
| Additional Reserves Flexibility | 3,333              | 3,333            | 0                | 3,333             | 3,333                |
| <b>TOTAL</b>                    | <b>1,887,611</b>   | <b>628,313</b>   | <b>639,486</b>   | <b>(11,173)</b>   | <b>(864)</b>         |

## Appendix 2 - NHS Lothian Summary by Operational Unit to 31<sup>st</sup> August 2022

| Description                     | Acute Services Division (£k) | Reas (£k)      | Directorate Of Primary Care (£k) | East Lothian Partnership (£k) | Edinburgh Partnership (£k) | Midlothian Partnership (£k) | West Lothian Hsc Partnership (£k) | Facilities And Consort (£k) | Corporate Services (£k) | Strategic Services (£k) | Research + Teaching (£k) | Inc + Assoc Hithcare Purchases (£k) | Reserves (£k)  | Total (£k)       |
|---------------------------------|------------------------------|----------------|----------------------------------|-------------------------------|----------------------------|-----------------------------|-----------------------------------|-----------------------------|-------------------------|-------------------------|--------------------------|-------------------------------------|----------------|------------------|
| <b>Annual Budget</b>            | <b>824,383</b>               | <b>112,403</b> | <b>24,851</b>                    | <b>81,173</b>                 | <b>337,628</b>             | <b>72,937</b>               | <b>131,808</b>                    | <b>134,581</b>              | <b>189,453</b>          | <b>1,563</b>            | <b>(10,749)</b>          | <b>(148,972)</b>                    | <b>133,218</b> | <b>1,884,278</b> |
| Medical & Dental                | (4,520)                      | (70)           | (301)                            | (26)                          | (308)                      | (50)                        | (83)                              | 0                           | 225                     | (51)                    | (274)                    | 0                                   | 0              | (5,458)          |
| Nursing                         | (631)                        | 403            | (2,394)                          | 1,510                         | 2,851                      | 74                          | 515                               | (25)                        | (564)                   | (2)                     | (163)                    | 0                                   | 0              | 1,574            |
| Administrative Services         | 544                          | (27)           | (1,205)                          | 26                            | 294                        | 13                          | 57                                | 39                          | (959)                   | (419)                   | (230)                    | (0)                                 | 0              | (1,867)          |
| Allied Health Professionals     | (741)                        | (30)           | (25)                             | 262                           | 525                        | 620                         | 295                               | 22                          | 113                     | 0                       | (2)                      | 0                                   | 0              | 1,039            |
| Health Science Services         | (1,186)                      | (2)            | (34)                             | 0                             | 194                        | (1)                         | 6                                 | (4)                         | (200)                   | 0                       | 43                       | 0                                   | 0              | (1,184)          |
| Management                      | (116)                        | 4              | (8)                              | 3                             | 4                          | 9                           | 0                                 | (1)                         | 181                     | 122                     | 3                        | 0                                   | 0              | 203              |
| Support Services                | 84                           | 9              | (363)                            | (6)                           | (44)                       | 13                          | (1)                               | (1,878)                     | (133)                   | 5                       | 18                       | 0                                   | 0              | (2,295)          |
| Medical & Dental Support        | (507)                        | (3)            | 296                              | 22                            | (6)                        | (6)                         | (1)                               | 0                           | 26                      | 0                       | 0                        | 0                                   | 0              | (180)            |
| Other Therapeutic               | 13                           | 374            | (72)                             | (30)                          | 10                         | 77                          | 35                                | 0                           | (31)                    | 0                       | (1)                      | 0                                   | 0              | 375              |
| Personal & Social Care          | (13)                         | (6)            | 7                                | 5                             | 20                         | 0                           | 0                                 | 0                           | 91                      | 0                       | 0                        | 0                                   | 0              | 103              |
| Other Pay                       | 24                           | 8              | 21                               | 0                             | 12                         | 20                          | 2                                 | 33                          | (331)                   | 0                       | 0                        | 0                                   | 0              | (212)            |
| Emergency Services              | 0                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | (11)                        | 0                       | 0                       | 0                        | 0                                   | 0              | (11)             |
| Vacancy Factor                  | (10)                         | 0              | (13)                             | 0                             | (184)                      | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | (207)            |
| Savings Target Pay              | 0                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | 0                |
| <b>Pay</b>                      | <b>(7,060)</b>               | <b>661</b>     | <b>(4,091)</b>                   | <b>1,766</b>                  | <b>3,368</b>               | <b>768</b>                  | <b>826</b>                        | <b>(1,826)</b>              | <b>(1,583)</b>          | <b>(345)</b>            | <b>(605)</b>             | <b>(0)</b>                          | <b>0</b>       | <b>(8,120)</b>   |
| Drugs                           | (10,233)                     | (349)          | (296)                            | (145)                         | (321)                      | (78)                        | (122)                             | (8)                         | 65                      | (169)                   | 0                        | 0                                   | 0              | (11,655)         |
| Medical Supplies                | (2,058)                      | (36)           | (101)                            | (98)                          | (461)                      | (3)                         | (175)                             | (326)                       | (120)                   | (0)                     | (0)                      | 0                                   | 0              | (3,379)          |
| Maintenance Costs               | (279)                        | (78)           | (350)                            | (19)                          | (69)                       | (12)                        | (53)                              | (1,088)                     | (583)                   | (1)                     | (4)                      | 0                                   | 0              | (2,535)          |
| Property Costs                  | (24)                         | (28)           | (483)                            | (8)                           | 10                         | 80                          | 21                                | (1,271)                     | 5                       | 0                       | 0                        | 0                                   | 0              | (1,698)          |
| Equipment Costs                 | (2,156)                      | (243)          | 33                               | (288)                         | (284)                      | (129)                       | (254)                             | 283                         | (396)                   | 2,954                   | (0)                      | 1                                   | 0              | (480)            |
| Transport Costs                 | (361)                        | 1              | (148)                            | (65)                          | (17)                       | (45)                        | 16                                | (336)                       | 31                      | 9                       | (1)                      | (2)                                 | 0              | (918)            |
| Administration Costs            | (813)                        | (4)            | (33)                             | (9)                           | 576                        | (19)                        | 470                               | (166)                       | (1,876)                 | 14,643                  | 81                       | 12                                  | 0              | 12,864           |
| Ancillary Costs                 | (210)                        | 15             | (182)                            | (11)                          | 13                         | (1)                         | 5                                 | (649)                       | (323)                   | (0)                     | 0                        | 0                                   | 0              | (1,343)          |
| Other                           | 22                           | 2              | (0)                              | 0                             | 0                          | 0                           | (0)                               | 88                          | 158                     | 0                       | 0                        | 0                                   | 0              | 269              |
| Service Agreement Patient Serv  | (670)                        | 30             | (9)                              | 7                             | 121                        | 4                           | 53                                | 18                          | 30                      | (124)                   | (0)                      | 217                                 | 0              | (323)            |
| Savings Target Non-pay          | (176)                        | 0              | (0)                              | 0                             | 0                          | 0                           | 0                                 | 0                           | 21                      | (0)                     | 0                        | 0                                   | 0              | (155)            |
| Resource Trf + L/a Payments     | (42)                         | (7)            | 0                                | 1                             | (762)                      | (24)                        | (8)                               | 0                           | (5)                     | 0                       | 0                        | 0                                   | 0              | (847)            |
| <b>Non-pay</b>                  | <b>(17,000)</b>              | <b>(698)</b>   | <b>(1,569)</b>                   | <b>(636)</b>                  | <b>(1,193)</b>             | <b>(225)</b>                | <b>(46)</b>                       | <b>(3,456)</b>              | <b>(2,993)</b>          | <b>17,311</b>           | <b>76</b>                | <b>228</b>                          | <b>0</b>       | <b>(10,201)</b>  |
| Other Payments/reimbursements   | 5                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | 5                |
| Gps Other Payments              | 0                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | 0                |
| Gms2 Expenditure                | (1)                          | (5)            | 23                               | (214)                         | (126)                      | (271)                       | (61)                              | 7                           | (10)                    | 0                       | 0                        | 0                                   | 0              | (659)            |
| Ncl Expenditure                 | 0                            | 0              | (395)                            | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | (395)            |
| Other Primary Care Expenditure  | 5                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | 5                |
| Pharmaceuticals                 | 0                            | 0              | (51)                             | (340)                         | (383)                      | 123                         | (531)                             | 0                           | (0)                     | 0                       | 0                        | 0                                   | 0              | (1,183)          |
| <b>Primary Care</b>             | <b>8</b>                     | <b>(5)</b>     | <b>(424)</b>                     | <b>(555)</b>                  | <b>(510)</b>               | <b>(148)</b>                | <b>(592)</b>                      | <b>7</b>                    | <b>(10)</b>             | <b>0</b>                | <b>0</b>                 | <b>0</b>                            | <b>0</b>       | <b>(2,228)</b>   |
| Fhs Non Discret Allocation      | 0                            | 0              | 0                                | 0                             | (8)                        | 0                           | (15)                              | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | (23)             |
| Bad Debts                       | 1                            | 0              | (0)                              | 0                             | (0)                        | 0                           | (1)                               | (64)                        | (0)                     | 0                       | 0                        | (417)                               | 0              | (482)            |
| <b>Other</b>                    | <b>1</b>                     | <b>0</b>       | <b>(0)</b>                       | <b>0</b>                      | <b>(8)</b>                 | <b>0</b>                    | <b>(15)</b>                       | <b>(64)</b>                 | <b>(0)</b>              | <b>0</b>                | <b>0</b>                 | <b>(417)</b>                        | <b>0</b>       | <b>(505)</b>     |
| Income                          | 484                          | 6              | (20)                             | 0                             | (75)                       | 0                           | 34                                | 1,261                       | (118)                   | 361                     | 143                      | 4,467                               | 0              | 6,544            |
| <b>Income</b>                   | <b>484</b>                   | <b>6</b>       | <b>(20)</b>                      | <b>0</b>                      | <b>(75)</b>                | <b>0</b>                    | <b>34</b>                         | <b>1,261</b>                | <b>(118)</b>            | <b>361</b>              | <b>143</b>               | <b>4,467</b>                        | <b>0</b>       | <b>6,544</b>     |
| Profit/loss On Disposal         | 0                            | 0              | 0                                | 0                             | 0                          | 0                           | 0                                 | 0                           | 0                       | 3                       | 0                        | 0                                   | 0              | 3                |
| <b>Extraordinary Items</b>      | <b>0</b>                     | <b>0</b>       | <b>0</b>                         | <b>0</b>                      | <b>0</b>                   | <b>0</b>                    | <b>0</b>                          | <b>0</b>                    | <b>0</b>                | <b>3</b>                | <b>0</b>                 | <b>0</b>                            | <b>0</b>       | <b>3</b>         |
| <b>CORE POSITION</b>            | <b>(23,566)</b>              | <b>(36)</b>    | <b>(6,103)</b>                   | <b>575</b>                    | <b>1,583</b>               | <b>396</b>                  | <b>207</b>                        | <b>(4,078)</b>              | <b>(4,703)</b>          | <b>17,331</b>           | <b>(387)</b>             | <b>4,277</b>                        | <b>0</b>       | <b>(14,506)</b>  |
| Additional Reserves Flexibility | 0                            | 0              | 0                                | 3333                          | 0                          | 0                           | 0                                 | 0                           | 0                       | 0                       | 0                        | 0                                   | 0              | 3,333            |
| <b>TOTAL</b>                    | <b>(23,566)</b>              | <b>(36)</b>    | <b>(6,103)</b>                   | <b>3,908</b>                  | <b>1,583</b>               | <b>396</b>                  | <b>207</b>                        | <b>(4,078)</b>              | <b>(4,703)</b>          | <b>17,331</b>           | <b>(387)</b>             | <b>4,277</b>                        | <b>0</b>       | <b>(11,173)</b>  |

## Appendix 3 - NHS Lothian Quarter 1 Forecast by Business Unit

|                                  | 22/23 Financial Plan (excl. Covid) | Q1 Forecast Variance M03 (exc. Covid) | Movement from 22/23 Financial Plan |
|----------------------------------|------------------------------------|---------------------------------------|------------------------------------|
|                                  | £k                                 | £k                                    | £k                                 |
| Acute Divisional Management      | (2,589)                            | (150)                                 | 2,439                              |
| Diagnostics, A+T, Crit Care      | (2,053)                            | (1,399)                               | 654                                |
| Luhs Ahp Services                | (147)                              | (149)                                 | (2)                                |
| Outpatients And Assoc Services   | (1,987)                            | (2,113)                               | (126)                              |
| Royal Infirmary Edinburgh Site   | (5,033)                            | (5,910)                               | (877)                              |
| St Johns Hospital Site           | (5,094)                            | (6,804)                               | (1,710)                            |
| Western General Hospital Site    | (15,285)                           | (16,204)                              | (919)                              |
| Women + Children Services        | (4,117)                            | (2,411)                               | 1,706                              |
| <b>Acute Services Division</b>   | <b>(36,305)</b>                    | <b>(35,140)</b>                       | <b>1,165</b>                       |
| REAS                             | 520                                | 1,456                                 | 936                                |
| Edinburgh Partnership            | (2,215)                            | 5,025                                 | 7,239                              |
| East Lothian Partnership         | (773)                              | (321)                                 | 452                                |
| Directorate of Primary Care      | (189)                              | 68                                    | 257                                |
| Midlothian Partnership           | (1,398)                            | (229)                                 | 1,169                              |
| West Lothian Partnership         | 1,536                              | 1,067                                 | (469)                              |
| Facilities                       | (3,539)                            | (3,037)                               | 502                                |
| Chief Executive Management Cst   | (176)                              | (228)                                 | (52)                               |
| Covid Costs                      | (4)                                | 0                                     | 4                                  |
| Ehealth                          | (1,123)                            | (1,105)                               | 18                                 |
| Facilities PFI Contract          | (4,325)                            | (3,521)                               | 804                                |
| Finance                          | 488                                | 8                                     | (480)                              |
| Human Resources                  | 70                                 | 431                                   | 361                                |
| Medical Directors Office         | 571                                | 844                                   | 274                                |
| Nursing                          | (563)                              | (445)                                 | 119                                |
| Pharmacy                         | (58)                               | (16)                                  | 43                                 |
| Planning                         | 86                                 | 378                                   | 291                                |
| Public Health                    | 0                                  | 267                                   | 267                                |
| <b>Corporate Services</b>        | <b>(5,035)</b>                     | <b>(3,386)</b>                        | <b>1,649</b>                       |
| Inc + Assoc Hlthcare Purchases   | 5,740                              | 6,198                                 | 458                                |
| Research & Teaching              | (2,210)                            | (666)                                 | 1,544                              |
| Strategic Services               | (1,885)                            | (2,772)                               | (888)                              |
| <b>Operational Position</b>      | <b>(45,753)</b>                    | <b>(31,738)</b>                       | <b>14,015</b>                      |
| Reserves                         | 17,321                             | 12,131                                | (5,190)                            |
| <b>NHS Lothian Core Position</b> | <b>(28,432)</b>                    | <b>(19,607)</b>                       | <b>8,825</b>                       |

## Appendix 4 – Financial Outlook Risk Register

| Key Assumptions / Risks       | Risk rating | Impact   |
|-------------------------------|-------------|--|
| SGHD Allocations              | High Risk   | There is a high degree of uncertainty relating to SG allocations both core and covid related leaving services uncertain around ongoing funding for delivery plans and recruitment and also uncertainty over the availability to cover the additional costs of Covid.   |
| Covid Activity                | High Risk   | There is a high degree of uncertainty relating to the future activity levels of Covid. Therefore, the additional costs as identified are based on a set of assumptions around activity levels which may change.  |
| Pay Award                     | High Risk   | There is a risk that the pay settlement finally agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made within forecast are that pay awards will be fully funded.   |
| Energy                        | High Risk   | An assessment of an increase in the costs of energy has been made. However, energy costs have been volatile and there is a risk that costs may increase beyond that anticipated  |
| Access/Urgent Care            | High Risk   | There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance, without additional funding.  |
| Delayed Discharge             | High Risk   | There is a requirement to manage the volume of delayed discharges - the estimate for 22/23 does not consider any further deterioration in this area.   |
| Winter Costs                  | High Risk   | The costs of winter in 22/23 are expected to be within normal tolerance levels. There is a risk that the financial impact of winter exceeds that currently planned   |
| Efficiency Savings            | High Risk   | There is a very real risk that Directorate Management will not have the opportunity to provide sufficient focus to the Efficiency programme next year due to in year challenges around Covid   |
| Integration                   | Medium Risk | The forecast is based on the assumption that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource  |
| IJB Performance               | Medium Risk | As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.   |
| GP Prescribing                | Medium Risk | The financial forecast has been reviewed in line with current unit cost and activity, but these elements remain highly volatile with uncertainty over the delivery of  |
| Acute Medicines               | Medium Risk | There is a risk that the level of growth exceeds that estimated in the Forecast. The impact of any additional growth or additional spend on high cost drugs remains an issue.  |
| Availability of trained staff | Medium Risk | The availability of trained staff, particularly in light of guidance and regulations relating to the pandemic, has resulted in supply issues which has seen an increased use in agency staff and the associated costs. To maintain the current forecast the use of agency needs to be held static or reduce. |
| Backdated pay claims          | Low Risk    | NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.   |

**Meeting Name: Board**  
**Meeting date: 05 October 2022**

**Title: NHS Lothian Corporate Risk Register**

**Purpose of the Report:**

|            |  |          |   |           |  |
|------------|--|----------|---|-----------|--|
| DISCUSSION |  | DECISION | ✓ | AWARENESS |  |
|------------|--|----------|---|-----------|--|

The report sets out recommendations with respect to specific risks and new risk processes that require decisions by the Board.

**Recommendations:**

- 1.1. Review the approved CMT updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 1.2. Note the CMT are not recommending any changes to the current CRR.
- 1.3. Note that a schedule of risk assurance reporting to the Planning, Performance and Development Committee is in development.

**Author: Jo Bennett**  
**Date: 14/09/2022**

**Director: Tracey Gillies**  
**Date: 14/09/2022**

## **CORPORATE RISK REGISTER**

### **1. Purpose of the Report**

- 1.1. The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 1.2. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

### **2. Recommendations**

The Board is recommended to:

- 2.1. Review the approved CMT updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 2.2. Note the CMT are not recommending any changes to the current CRR.
- 2.3. Note that a schedule of risk assurance reporting to the Planning, Performance and Development Committee is in development.

### **3. Discussion of Key Issues**

#### 3.1. Role of the Corporate Management Team

- 3.1.1. It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper.
- 3.1.2. The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHS Lothian risk management system including our assurance system.



### 3.2. Escalation of Risks - Divisional Very High/High Risks

- 3.2.1. Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS and HSCP level were reviewed at the July 22 CMT for consideration.
- 3.2.2. There is an expectation 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.

## 4. **Key Risks**

- 4.1. The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

## 5. **Risk Register**

- 5.1. Will positively impact on the CRR and associated risk system.

## 6. **Impact on Inequality, Including Health Inequalities**

- 6.1. Not applicable.

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

- 7.1. This paper does not consider developing, planning, designing services and/or policies and strategies.

## 8. **Resource Implications**

- 8.1. The resource implications are directly related to the actions required against each risk.

Jo Bennett  
Associate Director for Quality Improvement & Safety  
14 September 2022  
[jo.bennett@nhslothian.scot.nhs.uk](mailto:jo.bennett@nhslothian.scot.nhs.uk)

## **List of Appendices**

Appendix 1: Risk Assurance Table

**Risk Assurance Table – Executive/Director Updates**

| Datix ID | Risk Title & Description   | Committee Assurance Review Date  |
|----------|--|--|
| 5360     | <p><b>Covid-19</b></p> <p>There is an ongoing significant risk to the health of the population, particularly those who are clinically vulnerable, if we are unable to protect the population through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, leading to increased morbidity and mortality.</p> <p>New public health risk added April 2022.</p> <p>Executive Lead: Dona Milne</p> | <p><u>Healthcare Governance &amp; Risk Committee (HCG)</u></p> <ul style="list-style-type: none"> <li>• May 2022 – Healthcare Governance – accepted moderate assurance.</li> <li>• July 2022 - Healthcare Governance – accepted moderate assurance.</li> </ul> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>National IMT now meets monthly, although PHS continue to provide weekly reports. NHS Lothian health protection team continues to monitor outbreaks in high-risk settings</b></li> <li>• <b>Test and protect has been stood down. The proposal to retain a team at local and national level to monitor variants of concern and responses is still to be finalised with SG. The plan has been agreed between Directors of Public Health and Public Health Scotland, confirmation of funding is overdue. This presents a risk to us if T&amp;P staff are all redeployed and then we are required to re-establish a variation of that function locally. We are managing this closely.</b></li> <li>• <b>HCG requested finance to be added to risk mitigation plan, as current funding from Scot Gov will end in September 2022.</b></li> <li>• <b>HCG accepted moderate level of assurance on the risk mitigation plan</b></li> <li>• <b>Vaccination rates remain high, but we are (at mid-June) beginning to see an increase in cases again and we are not sure what this will lead to.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>SG have provided funding and guidance for a VAM (Variants and Mutations) team to continue from Test and Protect. Work is underway to identify the staff that will be retained, and this new small team will be located within health protection and be part of a national response team.</b></li> </ul> |

| Datix ID    | Risk Title & Description  | Committee Assurance Review Date   |                          |
|-------------|---|---|--------------------------|
|             |   | <ul style="list-style-type: none"> <li>• HCG accepted moderate level of assurance on the risk mitigation plan at July meeting and requested that the SG plan be confirmed and implemented and that is underway</li> <li>• Continue to participate in the National IMT and to follow Scottish government guidance that emerges from this.</li> <li>• Cases have levelled off, but it is some time since some people have been vaccinated. The vaccination programme for priority groups begins again soon and that will provide added protection, however, we do not know if we will have the same level of uptake as before. It is likely we will see a new variant or another wave this winter.</li> </ul>   |                          |
|             | <b>Risk Grading:</b>  | <b>Board June 2022</b>  | <b>August 2022 Board</b> |
|             |   | High 15   | High 15                  |
| <b>3600</b> | <p><b>Finance</b></p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p> | <p><u>Finance &amp; Resources Committee</u></p> <ul style="list-style-type: none"> <li>• November 2020 – F&amp;R continued to accept limited assurance on the management of this risk.</li> <li>• March 2021 – significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22.</li> <li>• January 2022 – F&amp;R accepted limited assurance.</li> <li>• Paper submitted to the August F&amp;R Committee setting out the risk and risk mitigations plans- Limited Assurance accepted.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June\July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The extent of additional financial risks to the organisation has become increasingly material in nature since the last update. These risks are as follows: <ul style="list-style-type: none"> <li>➢ The legacy gap which is recognised in the financial plan of £28 m</li> </ul> </li> </ul> |                          |

| Datix ID    | Risk Title & Description   | Committee Assurance Review Date   |                          |
|-------------|--|---|--------------------------|
|             |  | <ul style="list-style-type: none"> <li>➤ The financial implications of the recovery plan</li> <li>➤ The COVID funding gap, which is now set at £33m for this year which will also have implications for 23/24</li> <li>➤ Non pay inflation</li> <li>➤ Pay inflation</li> <li>• These existing and new financial risks, many of which are out with the Board control, magnify this corporate risk and as such the Finance Director is going to recommend to the CMT that the risk be increased from 20 very high to 25 very high, as both the likely hood of financial pressure and impact on service delivery has increased despite the current mitigation plans in place which include COVID exit plans (to be in place by the end of June 22), service financial plans and the current efficiency programmes.</li> </ul> <p><b>August 2022 Update</b></p> <ul style="list-style-type: none"> <li>• Gap in acute prescribing reduced</li> <li>• Actively progressing with business units COVID exit plans</li> <li>• S&amp;V programme has identified SRO's to progress 1% efficiencies saving by December 22 across a range of thematic workstreams.</li> </ul> |                          |
|             | <b>Risk Grading:</b>   | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|             |  | Very High 20  | Very High 25             |
| <b>5186</b> | <p><b>4 Hours Emergency Access Target</b></p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> | <p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>• November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED</li> <li>• Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021</li> <li>• Scheduled for review as part of acute service report at November 2022 meeting.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• June 2021 – Board agreed downgrade of risk from Very High to High</li> <li>• December 2021 – Board agreed upgrading from High to Very High</li> </ul>   |                          |

| Datix ID | Risk Title & Description   | Committee Assurance Review Date  |
|----------|--|--|
|          | <p>New risk created from previous risks 3203 &amp; 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p> | <ul style="list-style-type: none"> <li>• Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>• To be considered for assurance in September 2022.</li> </ul> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Scottish Government have launched a new Urgent Unscheduled Care Collaborative with 8 High Impact Changes identified. NHS Lothian has self-assessed against the 8 High Impact Changes and identified 3 improvement priorities:</b> <ul style="list-style-type: none"> <li>○ <b>Discharge without Delay – Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in WGH</b></li> <li>○ <b>Discharge without Delay - Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in RIE</b></li> <li>○ <b>Redesign of Urgent Care Phase 2 - Professional to Professional Pathways - reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives</b></li> </ul> </li> <li>• <b>Trajectories are being developed for the priority improvements and these will be agreed at the Performance Support Oversight Board (PSOB) and reported through the USC Tactical Committee</b></li> <li>• <b>Data in the measurement framework are reported to the Performance Support Oversight Board, Unscheduled Care Tactical Committee and the Unscheduled Care Programme Board</b></li> <li>• <b>An RIE ED Executive Flow Improvement Group has been established to support delivery of safe and reliable processes within the ED. This group is chaired by the CEO and meets weekly</b></li> <li>• <b>Mitigation plans to be presented to PPDC September meeting for assurance.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Scottish Government Urgent and Unscheduled Care Collaborative launched in June 2022 with ambitious milestones. Improvement aims for the 3 priorities have been agreed by PSOB and Unscheduled Care Programme Board and presented to the strategic CMT meeting in August.</b> <ul style="list-style-type: none"> <li>○ <b>Targets which have been agreed:</b></li> </ul> </li> </ul> |

| Datix ID    | Risk Title & Description  | Committee Assurance Review Date  |                          |
|-------------|---|--|--------------------------|
|             |   | <ul style="list-style-type: none"> <li>○ Reduce rate of occupancy for EHSCP from 400 to 200 by March 2023 – equates to 38 beds per day freed up across NHS Lothian</li> <li>○ Urgent care – aim to reduce avoidable ED attendances by 10% by March 2023 – increased opportunities for flow centre to scheduled care</li> <li>○ Undertaken an evaluation of WGH SDEC model and report this to the Unscheduled Care Tactical Committee on 2 September.</li> <li>● Note increase in population, particularly over summer months which has been supported by creation of additional GP practice capacity.</li> <li>● The RIE Improvement Group has been paused with a number of site-specific actions/improvements progressed through the site Emergency Access Group which meets fortnightly.</li> <li>● Mitigation plans are to be presented to PPDC September meeting for assurance.</li> </ul>   |                          |
|             | <b>Risk Grading:</b>  | <b>Board June 2022</b>   | <b>Board August 2022</b> |
|             |   | Very High 20   | Very High 20             |
| <b>3726</b> | <p><b>Hospital Bed Occupancy</b></p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian’s capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p> | <p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> <li>● September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted.</li> <li>● November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.</li> <li>● Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021.</li> <li>● Scheduled for review as part of acute service report at November 2022 meeting.</li> <li>● HSCPs contribution to mitigation to be picked up as part of service report in September 2022.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>● June 2021 – Board agreed to downgrade risk from Very High to High</li> <li>● April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20)</li> </ul> |                          |

| Datix ID | Risk Title & Description | Committee Assurance Review Date  |
|----------|--------------------------|--|
|          |                          | <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The Scottish Government have launched a new Urgent Unscheduled Care Collaborative with 8 High Impact Changes identified. NHS Lothian has self-assessed against the 8 High Impact Changes and identified 3 improvement priorities:</li> <li>• Discharge without Delay – Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in WGH</li> <li>• Discharge without Delay - Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in RIE</li> <li>• Redesign of Urgent Care Phase 2 - Professional to Professional Pathways <ul style="list-style-type: none"> <li>- reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives</li> </ul> </li> <li>• Trajectories are being developed for the priority improvements and these will be agreed at the Performance Support Oversight Board (PSOB) and reported through the USC Tactical Committee.</li> <li>• Data in the measurement framework are reported to the Performance Support Oversight Board, Unscheduled Care Tactical Committee and the Unscheduled Care Programme Board.</li> <li>• An RIE ED Executive Flow Improvement Group has been established to support delivery of safe and reliable processes within the ED. This group is chaired by the CEO and meets weekly</li> <li>• Mitigation plans to be presented to PPDC September meeting for assurance.</li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The Scottish Government Urgent and Unscheduled Care Collaborative launched in June 2022 with ambitious milestones. Improvement aims for the 3 priorities have been agreed by PSOB and Unscheduled Care Programme Board and presented to the strategic CMT meeting in August.<br/>Targets which have been agreed: <ul style="list-style-type: none"> <li>○ Reduce the rate of occupancy for EHSCP from 400 to 200 by March 2023 – equates to 38 beds per day freed up across NHS Lothian</li> <li>○ Urgent care – aim to reduce avoidable ED attendances by 10% by March 2023 – increased opportunities for flow centre to scheduled care</li> </ul> </li> </ul> |

| Datix ID    | Risk Title & Description   | Committee Assurance Review Date  |                          |
|-------------|--|--|--------------------------|
|             |  | <ul style="list-style-type: none"> <li>○ Undertake an evaluation of WGH SDEC model and report this to the Unscheduled Care Tactical Committee on 2 September.</li> <li>• A detailed measurement plan has been developed for discharge without delay. We are currently collecting baseline data and mapping processes to identify priorities for improvement (Quality planning for priorities).</li> <li>• The group is looking at pathways through flow centre and plans progressing to undertake a 'day of care' audit.</li> <li>• Mitigation plans are to be presented to PPDC September meeting for assurance.</li> </ul>   |                          |
|             | <b>Risk Grading:</b>   | <b>Board June 2022</b>   | <b>Board August 2022</b> |
|             |  | Very High 20   | Very High 20             |
| <b>3829</b> | <p><b>Sustainability of Model of General Practice</b></p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p> | <p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> <li>• July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.</li> <li>• Update paper went to HCG May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position.</li> <li>• May 2022 – HCG accepted moderate assurance.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>NHSL Primary Care Strategic Initial agreement on target to reach LCIG in September 2022, prior to presentation to Capital Investment Group meeting in December 2022.</b></li> <li>• <b>PCIP trackers continue to be 'on track'.</b></li> <li>• <b>One practice has formally closed list</b></li> <li>• <b>Moderate assurance was accepted by HCG on 24 May 2022.</b></li> <li>• <b>Risk mitigation plan was accepted by HCG without requirement for further modifications.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> |                          |



| Datix ID    | Risk Title & Description   | Committee Assurance Review Date  |                          |
|-------------|--|--|--------------------------|
|             |  | <ul style="list-style-type: none"> <li>• Work on the NHSL Primary Care Strategic Initial agreement is progressing though timescales have slipped. The programme board meets monthly.</li> <li>• The contribution of HSCPs and LUCS to mitigate this risk will be included in their annual reports which will be presented to September HCG.</li> </ul>   |                          |
|             | <b>Risk Grading:</b>   | <b>Board June 2022</b>   | <b>Board August 2022</b> |
|             |  | High 12  | High 12                  |
|             |  |  |                          |
| <b>5185</b> | <p><b>Access to Treatment</b></p> <p>There is a significant risk that NHS Lothian will not achieve waiting time standards for 2021/22 and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients.</p> <p>New risk created from previous risks 3211 &amp; 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p> | <p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> <li>• November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan.</li> <li>• December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections &amp; Winter.</li> <li>• January 2021 – HCG discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months.</li> <li>• March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• October 2020 – Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections &amp; Winter.</li> <li>• September 2022 – paper is going to PPDC for assurance.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• A Scheduled Care Recovery Programme Options Appraisal was undertaken, and the outcome and recommendation has been submitted to the Scottish Government.</li> </ul> |                          |

| Datix ID | Risk Title & Description | Committee Assurance Review Date   |                          |
|----------|--------------------------|---|--------------------------|
|          |                          | <ul style="list-style-type: none"> <li>• A paper was also submitted to the Board in June 2022, with approval given on the Option Appraisal outcome and development of site SLWG. Risks have been detailed and accepted as part of scheduled care recovery plans and there is recognition of a phased approach based on staffing. Trajectories modelling the impact on long waits (by site) are to be submitted. There is a return to Routine, Urgent and USOC categorisation from the temporary categories; P2 (USoC &amp; Urgent); P3 (Soon) and P4 (Routine). These were introduced during the pandemic to have a consistent approach to clinical prioritisation.</li> <li>• OP activity has recovered to above pre-COVID levels. TTG activity is currently at 64% of pre COVID levels. There has been continued deterioration in TTG long wait patients. Focus remains on capacity for both cancer and urgent patients.</li> <li>• Mitigation plans to be presented to PPDC September meeting for assurance.</li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Annual Delivery Plan has been submitted to Scottish Government.</li> <li>• All routine (P3 and P4) Inpatients/Day cases are now being booked from longest wait first. This means P3 patients should now not be booked in advance of P4 longest wait patients.</li> <li>• Processes are being developed to return clinical priority classifications P2-4 back to Urgent/Routine on the Patient Administration System and guidance to clinical teams has been agreed.</li> <li>• Acute SMT continues to monitor progress against achieving long wait targets weekly.</li> <li>• Focusing available capacity on the longest waiting patients has reduced the number waiting over 104 weeks in Outpatients.</li> <li>• Continued deterioration in TTG long wait patients.</li> <li>• Mitigation plans are to be presented to PPDC September meeting for assurance within the context of the new long wait targets.</li> </ul> |                          |
|          | <b>Risk Grading:</b>     | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|          |                          | <b>Very High 20</b>   | <b>Very High 20</b>      |
|          |                          |   |                          |

| Datix ID | Risk Title & Description  | Committee Assurance Review Date  |                          |
|----------|---|--|--------------------------|
| 5388     | <p><b>HSDU Capacity (New Risk)</b></p> <p>There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk accepted onto CRR by June Board.</p> <p>Executive Lead: Calum Campbell</p> | <p><u>Finance and Resources Committee</u></p> <ul style="list-style-type: none"> <li>Will be presented to F&amp;R in October 2022 for assurance.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Risk mitigation plan in development and will be presented to F&amp;R in October for assurance.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Additional machine now up and running with a further machine to be installed and operational by December 2022 taking total number to 6.</b></li> <li><b>Work is being scoped to look at additional staff shift patterns, when all machines are operational (weekends) to increase productivity and maximise capacity of the unit to support any increase in IPDC procedures.</b></li> <li><b>A project has now commenced regarding a replacement HSDU facility within NHS Lothian. A Programme Board has been established and is currently going through the early stages of an IA.</b></li> <li><b>The capacity created by additional machine will be monitored and included in F&amp;R update.</b></li> <li><b>Mitigation plans are to be presented to October F&amp;R for assurance.</b></li> <li><b>Initial grading presented to Board v high 20 – will be re-visited as part of F&amp;R update in October. The recent shutdown of Unit due to a water leak emphasises the vulnerability and risks not solely related to staffing or machinery, but the physical infrastructure of the building and the single point of failure this creates for NHS Lothian.</b></li> </ul> |                          |
|          | <b>Risk Grading:</b>  | <b>Board June 2022</b>   | <b>Board August 2022</b> |
|          |   | <b>Very High 20</b>  | <b>Very High 20</b>      |
| 5187     | <p><b>Access to Psychological Therapies</b></p> <p>There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations,</p>   | <p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>New risk pertinent to HCG. Approved at June 2021 Board.</li> <li>Scheduled for review HCG in January 2023.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p>   |                          |

| Datix ID    | Risk Title & Description  | Committee Assurance Review Date   |                          |
|-------------|---|---|--------------------------|
|             | <p>impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>  | <ul style="list-style-type: none"> <li>• Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>• Risk mitigation plan to report in September 2022 PPDC.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Formal escalation remains in place, NHS Lothian continues to demonstrate improvements in performance in comparison to other Boards in Scotland.</b></li> <li>• <b>Recruitment of Psychologists remains a key challenge which are mirrored across Scotland.</b></li> <li>• <b>Capacity model in place and an effective workload allocation and monitoring system established.</b></li> <li>• <b>SG CBT funding allocation letter is awaited.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Positive meeting with the SG and currently refreshing the trajectory. Performance continues to improve.</b></li> <li>• <b>Recruitment remains a key challenge and the vacancy gap remains a risk to delivery.</b></li> <li>• <b>We continue to provide eCBT, funding allocation letter remains outstanding.</b></li> <li>• <b>Escalation status to be reviewed following Autumn meeting with SG.</b></li> </ul> |                          |
|             | <b>Risk Grading:</b>  | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|             |   | <b>Very High 20</b>   | <b>Very High 20</b>      |
| <b>5188</b> | <p><b>Access to CAMHS</b></p> <p>There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p> | <p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>• CAMHS Medical Workforce paper went to March 22 HCG and moderate assurance accepted. Paper also planned to go to the Staff Governance committee.</li> <li>• New risk pertinent to HCG. Approved at June 2021 June.</li> <li>• July 2021 HCG accepted limited assurance with respect to plans in place to improve access, acknowledging significant work is taking place to rectify the current position.</li> </ul>  |                          |

| Datix ID    | Risk Title & Description   | Committee Assurance Review Date   |                          |
|-------------|--|---|--------------------------|
|             | <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Calum Campbell</p>   | <ul style="list-style-type: none"> <li>• An assurance paper was considered in February 2022 moderate assurance accepted with respect to clinical workforce plan and implementation as sustainable service provision.</li> <li>• Scheduled for review HCG in January 2023.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>• To report on risk mitigation plans in September 2022</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Performance continues to improve and remains on trajectory. The risk grading will be reviewed following SG review at the end of the summer.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Performance continues to improve with successful recruitment to Consultant posts</b></li> <li>• <b>General workforce remains a challenge</b></li> <li>• <b>Escalation status to be reviewed following Autumn meeting with SG</b></li> </ul> |                          |
|             | <b>Risk Grading:</b>   | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|             |  | <b>Very High 20</b>   | <b>Very High 20</b>      |
| <b>3828</b> | <p><b>Nursing Workforce</b></p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p> | <p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>• July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce.</li> <li>• 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.</li> <li>• October 2020 – verbal update provided no new level of assurance agreed.</li> <li>• December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses</li> </ul>   |                          |

| Datix ID | Risk Title & Description       | Committee Assurance Review Date   |                                   |
|----------|--------------------------------|---|-----------------------------------|
|          | Executive Lead: Nurse Director | <p>across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation.</p> <ul style="list-style-type: none"> <li>• May 2021 – Staff Governance accepted grading reduced from Very High to High.</li> <li>• Paper went to Private Board August 2021 and agreed to increase grading from High to Very High. Follow up paper to go to September 2021 Board.</li> <li>• December 2021 – Staff Governance accepted Moderate Assurance.</li> <li>• March 2022 – Staff Governance accepted Moderate Assurance.</li> <li>• The June 2022 Staff Governance accepted moderate assurance.</li> </ul>  |                                   |
|          |                                | <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• There continues to be a robust plan in place to monitor, escalate and respond to nursing workforce issues across NHS Lothian. The plan will be further strengthened by the establishment of a Programme Board, chaired by the Executive Director of Nursing to oversee, co-ordinate and learn from the range of interventions to mitigate this risk such as access routes, skill mix opportunities, support for non-registered staff to progress their careers, to identify successful improvements for scale up and spread.</li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Nursing and Midwifery Programme Board is being established to bring together a range of work taking place to mitigate this risk across Lothian and will report to the Workforce Planning and Development Board. The first meeting is to take place in September.</li> <li>• Rolling out of Safe Care live which can be accessed through a range of devices. This will provide more timely, easily accessible data, to manage the service on a daily basis including escalation of issues and inform future planning.</li> </ul> |                                   |
|          | Risk Grading:                  | Board June 2022<br>Very High 20   | Board August 2022<br>Very High 20 |
|          |                                |   |                                   |

| Datix ID  | Risk Title & Description   | Committee Assurance Review Date   |                          |
|---|--|---|--------------------------|
| 5020  | <p><b>Water Safety and Quality</b></p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&amp;S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p> | <p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>October 2020 – limited assurance accepted.</li> <li>May 2021 - Limited assurance was agreed by the NHS Lothian H&amp;S committee in.</li> <li>March 2022 - Staff governance committee accepted limited assurance</li> </ul> |                          |
| <b><u>Outcome of Executive Lead Discussions</u></b>   |  |   |                          |
| <b><u>June/July 2022 Update</u></b>   |  |   |                          |
| <ul style="list-style-type: none"> <li><b>All buildings are back in use now.</b></li> <li><b>Requirement to re-consider residual risk.</b></li> <li><b>Actions still outstanding</b> <ul style="list-style-type: none"> <li><b>Review of SOP to capture actions if missed 3 consecutive days</b></li> <li><b>Still chasing water safety plans / risk assessments for 3<sup>rd</sup> party sites. Also 3<sup>rd</sup> party sites do not have clear processes in place to address any L+ results.</b></li> </ul> </li> <li><b>Verbal update to Staff Governance 1 June 2022</b></li> </ul> |  |   |                          |
| <b><u>August 2022 Update</u></b>  |  |   |                          |
| <ul style="list-style-type: none"> <li><b>Staff Governance committee 27 July 2022 accepted limited assurance and requested list of premises</b></li> <li><b>Letter to be issued to those occupying premises with 3<sup>rd</sup> party provider setting out responsibilities.</b></li> </ul>   |  |   |                          |
| <b>Risk Grading:</b>  |  | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|   |  | High 12   | High 12                  |
|   |  |   |                          |
| 5189  | <p><b>RIE Facilities</b></p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out</p>   | <p><u>Finance &amp; Resources Committee</u></p> <ul style="list-style-type: none"> <li>New risk approved by Board June 2021</li> <li>Paper due to go to F&amp;R August 2022</li> </ul>  |                          |

| Datix ID    | Risk Title & Description   | Committee Assurance Review Date  |                          |
|-------------|--|--|--------------------------|
|             | <p>required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> <li>• Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases)</li> <li>• Water quality and management of water systems (flushing, temperature control, periodic testing)</li> <li>• Window safety and maintenance</li> <li>• Wire Safety</li> </ul> <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Jim Crombie</p> | <p><b>Outcome of Executive Lead Discussions</b></p> <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> <li>• The outcome of hearing is expected on 8 July.</li> <li>• F&amp;R paper has been delayed to August 2022 meeting, pending DRP 2 outcome.</li> <li>• Executive Oversight Group meets fortnightly and the current focus remains on RIE.</li> <li>• Plans to progress work on electrical resilience are now in place with 2 groups established, chaired by the Director of Facilities: <ul style="list-style-type: none"> <li>○ SLWG to co-ordinate programme of inspection and potentially remediating distribution boards on site</li> <li>○ Power restoration and resilience group.</li> </ul> </li> </ul> <p><u>August 2022 Update</u></p> <ul style="list-style-type: none"> <li>• DRP 2 judgement has now been provided and the outcome is currently being considered by NHS Lothian in discussion with Scottish Government. The next steps are to be agreed.</li> <li>• Consort are required to provide a detailed maintenance plan for agreement by NHS Lothian.</li> <li>• Additional plans are currently being developed to mitigate residual risk.</li> <li>• Window safety and maintenance issues have now been resolved and progress made on electrical safety.</li> <li>• Risk mitigation plan is now to be presented for assurance to October F&amp;R committee.</li> </ul> |                          |
|             | <b>Risk Grading:</b>   | <b>Board June 2022</b>   | <b>Board August 2022</b> |
|             |  | High 15  | High 15                  |
| <b>3455</b> | <p><b>Violence &amp; Aggression</b><br/>(Reported at H&amp;S Committee)</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and</p>   | <p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>• October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions.</li> <li>• December 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms.</li> </ul>   |                          |



| Datix ID | Risk Title & Description  | Committee Assurance Review Date   |                          |
|----------|---|---|--------------------------|
|          | <p>poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Nurse Director</p> | <ul style="list-style-type: none"> <li>• May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.</li> <li>• December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings.</li> <li>• March 2022 – verbal update provided to Staff Governance.</li> <li>• June 2022 - Staff Governance – accepted Moderate Assurance</li> </ul>  |                          |
|          |   | <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The Staff Governance Committee acknowledge, that the plans to put in place a robust infrastructure to improve the management of V&amp;A was progressing well, albeit at an early stage, for the infrastructure including policies, training, data, lone working, roles and responsibilities and revisions to the risk assessment processes underpinned by a communication plan that focuses on keeping people safe. A number of actions such as succession planning for the V&amp;A training team and the development of a framework to ensure the planning, maintaining, monitoring lone worker devices are being progressed with non-recurring resource however there are a number of actions that still need to be realised and these will be taken forward through the V&amp;A SLWG / CMT.</li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Programme Board has been established to develop a proportionate risk-based approach based on harms for the management of V&amp;A underpinned by policy, procedures, training and data including clear roles and responsibilities. This is due to meet next on the 6<sup>th</sup> of September 2022.</li> <li>• Cohort one of the lone worker devises programmes is due to complete by the 31<sup>st</sup> of August. Findings from cohort one will be used to inform cohort two and this will be discussed at the September programme board.</li> </ul> |                          |
|          | <b>Risk Grading:</b>  | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|          |   | High 15   | High 15                  |
| 3328     | <b>Roadways/Traffic Management</b>  | <u>Staff Governance Committee</u>   |                          |

| Datix ID | Risk Title & Description   | Committee Assurance Review Date   |
|----------|--|---|
|          | <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p> | <ul style="list-style-type: none"> <li>• October 2020 – limited assurance accepted regarding safe traffic management at the acute sites.</li> <li>• December 2020 – limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.</li> <li>• June 2021 Board – Governance and Management remain the same as does grading and adequacy of controls</li> <li>• March 2022 -accepted following levels of assurance accepted: <ul style="list-style-type: none"> <li>○ Moderate – Astley Ainslie hospital, East and Midlothian premises</li> </ul> </li> <li>• Limited – Little France site, REH, WGH, St John's</li> <li>• <b>Staff governance committee accepted limited assurance at July meeting. Paper requested for every second meeting and a verbal update at alternate. Next paper due December 2022.</b></li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>There are ongoing challenges with high risk areas at both RIE and WGH sites which require further plans.</b></li> <li>• <b>A programme of work should be pulled together over the summer; however, this will be dependent on capital investment to reduce the risk.</b></li> <li>• <b>Verbal update was presented to 1 June Staff Governance committee</b></li> <li>• <b>Risk mitigation plan will be presented to the July Staff Governance Committee.</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>The risk mitigation plan addresses 3 key controls:</b> <ul style="list-style-type: none"> <li>○ <b>Site specific traffic management and the mitigation and control of risks</b></li> <li>○ <b>Assurance &amp; Compliance</b></li> <li>○ <b>Traffic Management Staffing and Competent Persons.</b></li> </ul> </li> <li>• <b>A number of projects are underway at WGH led by the capital planning team, estates team and the University. This has resulted in an increase in construction traffic on site.</b></li> <li>• <b>At the Little France Campus mitigation plans are being considered for the remaining risks but the risk remains high due to the layout of the roads, despite more controlled traffic due to the re-introduction of staff permits.</b></li> </ul> |

| Datix ID | Risk Title & Description  | Committee Assurance Review Date  |                   |
|----------|---|--|-------------------|
|          |   | Board June 2022  | Board August 2022 |
|          | <b>Risk Grading:</b>  | High 12  | High 12           |
| 1076     | <p><b>Healthcare Associated Infection</b></p> <p>There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures and the threat of emerging and novel pathogens including Covid-19 leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Tracey Gillies</p> | <p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> <li>January 2021 - Moderate assurance accepted. Standing item on HCG agenda.</li> <li>March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres.</li> <li>May 2021 – HCG accepted Moderate Assurance against plans in place to deliver the standards.</li> <li>July 2021 and January 22 – HCG accepted Moderate Assurance against plans in place to deliver the standards.</li> <li>August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report.</li> <li>March 2022 – HCG accepted moderate assurance with respect to plans to mitigate this risk.</li> <li>July 2022 – HCG accepted moderate assurance.</li> </ul> |                   |
|          |   | <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>Risk description in process of being re-drafted to ensure reflects residual risk and at what level it is being managed</li> <li>Specific risk mitigation plans to be developed thereafter and presented to HCG for assurance – timescales to be agreed.</li> <li>Annual Report will be submitted to July PLICC.</li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>Work to review risk description and development of specific risk mitigation plans progressing</li> <li>Timescale for presentation to HCG for assurance to be agreed.</li> </ul>   |                   |
|          | <b>Risk Grading:</b>  | High 16  | High 16           |

| Datix ID | Risk Title & Description   | Committee Assurance Review Date   |                          |
|----------|--|---|--------------------------|
| 5322     | <p><b>Cyber Security</b></p> <p><u>New risk approved by Board February 2022</u></p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p> <p>Executive Lead: Tracey Gillies</p> | <p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> <li>Paper now planned to go to F&amp;R May 2022 and a private Board May 2022.</li> <li>Paper presented to F&amp;R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed.</li> </ul>   |                          |
|          |  | <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>June/July 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Risk mitigation plans in place</b></li> <li><b>Plans on target with progress regularly reported and monitored through management and governance structures</b></li> <li><b>PPDC have requested update in 6 months on audit score against Network information systems (NIS) regulations (European legislation)</b></li> </ul> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Implementation of risk mitigation plans continue</b></li> <li><b>PPDC update due Jan 2023</b></li> </ul> |                          |
|          | <b>Risk Grading:</b>   | <b>Board June 2022</b>  | <b>Board August 2022</b> |
|          |  | High 12   | High 12                  |

### Corporate Risks Removed and Rationale 22/23

| Risk ID | Opened   | Risk Title  | Date of Board approval for Removal from the CRR | Summary of Rationale   |
|---------|----------|---|---|--|
| 4813    | 23/07/19 | Royal Hospital for Children & Young People/Dept of Clinical Neurosciences | 7 April 2021                                    | Services will be fully operational by the end of March 2021.   |
| 4694    | 04/04/19 | Waste Management  | 7 April 2021                                    | This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. |

| <b>Risk ID</b> | <b>Opened</b>     | <b>Risk Title</b>                 | <b>Date of Board approval for Removal from the CRR</b> | <b>Summary of Rationale</b>   |
|----------------|-------------------|-----------------------------------|--|---|
|                |                   |                                   |  | 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.   |
| <b>3527</b>    | <b>26/07/13</b>   | <b>Medical Workforce</b>          | <b>7 April 2021</b>                                    | Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.  |
| <b>4693</b>    | <b>04/04/19</b>   | <b>Brexit/EU exit</b>             | <b>1 December 2021</b>                                 | The potential risks have not materialised and will be kept under review nationally and locally.   |
| <b>5034</b>    | <b>29/06/2020</b> | <b>Care Homes</b>                 | <b>9 February 2022</b>                                 | January 2022 Healthcare Governance Committee accepted Moderate assurance with respect to management and oversight of quality in Nursing homes. The risk was placed on the corporate nursing register for regular review.  |
| <b>3454</b>    | <b>13/02/2013</b> | <b>Learning from Complaints</b>   | <b>6 April 2022</b>                                    | January 2022 Healthcare Governance Committee 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. The risk was placed on the corporate nursing register for regular review. Complaints management continues to be reported through HCG and performance through the PPDC. |
| <b>3189</b>    | <b>16/02/2012</b> | <b>Facilities Fit for Purpose</b> | <b>3 August 2022</b>                                   | F&R accepted moderate assurance at the 31 May 2022 meeting, as formal risk mitigation plan in place. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures.  |