REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Chief Officer

SUBJECT: Healthcare Governance Committee Report

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1 PURPOSE

1.1 The report is to update the IJB on the HSCP annual report provided to the NHS Lothian Healthcare Governance Committee.

2 RECOMMENDATIONS

2.1 The IJB is asked to note the content of this report which conforms with the standard reporting required to be presented to the IJB on an annual basis.

3 BACKGROUND

3.1 Our annual report provided at Appendix 1 was submitted to the NHS Lothian Healthcare Governance Committee for discussion on the 23 September. The aim of the report was to provide the committee with an assessment of the quality and safety of care provided across the ELHSCP services, and work being undertaken to address risks and improve quality and safety. The committee was recommended to accept moderate assurance that East Lothian HSCP has comprehensive systems in place to deliver safe, effective, and person-centred care. This was accepted by the committee. However, it was noted that due to ongoing improvement work across NHS Lothian from recent SPSO cases, limited assurance has been recognised across all the Partnerships for pressure ulcer wound care. Further detail of the improvement work that had already been commenced in East Lothian is described in the paper.

3.2 To note that assurance for care provided by our Social Work Service is reported through their Governance Framework and the ELHSCP Clinical

Care Governance Committee. This will be acknowledged in future Healthcare Governance reports.

4 ENGAGEMENT

4.1 N/A

5 POLICY IMPLICATIONS

5.1 N/A

6 INTEGRATED IMPACT ASSESSMENT

6.1 N/A

7 DIRECTIONS

7.1 There is no impact on Directions for this report

8 RESOURCE IMPLICATIONS

8.1 Governance is an integral part of clinical and professional roles. However, with increasing demands on our workforce, providing the data evidence for assurance through audits and visible leadership can be challenging at times. There may be a requirement for additional resource in the future.

9 BACKGROUND PAPERS

9.1 N/A

Appendix 1 - Healthcare Governance Committee Paper

AUTHOR'S NAME	Sarah Gossner
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DATE	26/09/2025

NHS Lothian

Meeting:	**Healthcare Governance Committee**
Meeting date:	**23rd September 2025**
Title:	**East Lothian Health and Social Care Partnership Healthcare Governance Arrangements**
Responsible Executive:	**Fiona Wilson, Director East Lothian HSCP**
Report Author:	**Fiona Wilson, Director East Lothian HSCP** **Sarah Gossner, Chief Nurse and Head of Quality**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☐

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

The purpose of this report is to provide the committee with an assessment of the quality and safety of care provided across East Lothian Health and Social Care Partnership (ELHSCP) services, and work being undertaken to address risks and improve quality and safety.

The committee is recommended to accept moderate assurance that East Lothian HSCP has comprehensive systems in place to deliver safe, effective, and person-centred care.

2.2 Background

East Lothian HSCP services continue to perform well, with performance against national indicators maintained or improved from the previous year and ahead of Scottish levels for most measures during 2024/25.

We continue to innovate and deliver change, focusing on what is important to people, and supporting them to be as active and independent as possible. Our ongoing Planning Older People's Services programme is an excellent example of how we have worked closely with communities to develop services that meet current need and are sustainable into the future.

Unscheduled Care

Towards the end of 2024, the Scottish Government committed additional investment to support initiatives aimed at reducing delayed discharge and easing pressure on acute hospital inpatient beds. East Lothian was successful in securing funding to support the recruitment of additional staff across Care at Home, Rehabilitation, and Social Work teams, providing additional capacity and allowing delivery over 7 days a week.

Recruitment to the new posts took place in the latter part of 2024/25, as did work to establish a new professional Single Point of Access (SPOA). The new SPOA simplifies referral routes for health and social care; reduces delays and duplication; and supports a timely, effective, multi-disciplinary response.

Referral volumes through the SPOA continue to rise, with 216 referrals recorded in July—approximately 50% of which were submitted via email. This method of referral enables clinicians to complete submissions more efficiently, supporting timely decision-making alongside their other clinical responsibilities.

(See 'Effective Care' section below for details of impact.)

Mental Health Inpatient Bed Use

Work continued throughout 2024/25 to reduce the number of East Lothian mental health inpatient bed days, with the ongoing ambition to work within our commissioned bed base of 8 acute adult beds, 1 adult IPCU bed and 6 adult rehabilitation beds at the Royal Edinburgh Hospital. Whilst East Lothian inpatient bed use continues to vary throughout the year, the trend was towards gradual decrease in the average use of acute mental health beds.

Alongside the three times weekly local mental health "Activity Huddle", East Lothian teams participate in daily flow huddles within ELHSCP and REAS, to support hospital flow by reducing unnecessary admission and ensuring timely hospital discharge. The key focus is upon PDD and collaboration across services (for example, ICAT, Housing and Adult Social Work).

East Lothian Mental Health Single Point of Contact

As part of our work to improve access and patient pathways, a new Mental Health Single Point of Contact (SPOC) was launched in May 2025.

The East Lothian SPOC model provides a clear approach to triage and referral decisions, helping to achieve the best possible outcomes for people asking for help from mental health services. It enables same day assessment, allowing a number of requests to be met at the point of referral through self-management approaches.

The model takes a whole system approach to patient flow beyond 'bed-management' and 'risk assessment'. It efficiently manages patient flow and ensures patients receive the most appropriate level of care from the outset, reducing unnecessary escalation and hospital admission.

The position at end of August 2025 is that the pathway is working as planned and there have been over 600 calls received. The majority of people have been reassured, redirected and signposted to the Distress Brief Intervention (DBI) and CWIC Mental Health services. Monitoring and evaluation of performance and impact will be ongoing, informing further development and improvement activity.

ADHD and ASD Assessment Pathways

The ADHD pathway doubled its capacity for assessments during 2024/25 by assigning a full-time nurse in addition to the already established part time nurse assessors. It is anticipated that this additional capacity will result in an estimated 200 assessments being completed in the coming year. However, the current waiting list sits at around 1,200 patients, with 449 further patients added over the year. The pathway remains consultant led, with ongoing training to build a nurse led model over time. This service is continuously being reviewed through the Local and Pan Lothian working groups.

A Provision of ASD assessment was incorporated into Adult Mental Health a number of years ago without any additional resources being identified. Assessment leading to diagnosis is completed by Consultant Psychiatrist. Due to an establishment gap in East Lothian General Adult Psychiatry over the last 2 years (50% workforce), internal ASD assessments were paused so that mental health consultants could focus resource on critical aspects of service such as Mental Health Act work including detentions.

The waiting list has grown to 552 patients however another Consultant has recently been appointed, and the team continue to review plans for increasing activity. In the meantime, we continue to accept referrals for ASD assessment and have maintained a SLA with No6 for drop-in support for East Lothian patients with ASD.

Substance Use Service

The latest Drug Misuse Deaths figures were published in September 2025 for the 2024 year. In total there were 21 Drug Misuse Deaths (DMD) an increase of 1 from the 2023 figure. The deaths involved 16 males and 5 females. Like the national rate the highest rate of deaths involved people aged 35-44 years. Most deaths involved poly-drug use with an average of 4 drugs being implicated in deaths. There has been the increasing presence of Nitazenes in DMD. These drugs, many times more potent than heroin are often hidden within other illicit drugs and counterfeit pills greatly increasing the risk of drug poisoning and overdose.

Midlothian and East Lothian Drug And Alcohol Partnership (MELDAP) and its partners continue to use a number of evidence led interventions including assertive outreach approaches to engage with people most at risk of harm, providing a range of harm reduction interventions, making it as easy as possible for people to access treatment services including same day start, choice of medication as part of the national 10 Medication Assisted Treatment (MAT) standards.

Services were assessed and awarded “Green” status by the MAT Implementation Support Team [MIST] on behalf of the Scottish Government. Improved access, choice in terms of prescribing and treatment along with rapid response to those experiencing a Near Fatal Overdoses is keeping more people safe and minimising risk. There has been real progress in delivering MAT 6 to 10, particularly around psychological, staff well-being and the strengthening of links between substance use and mental health services. The continuation of primary care work and advocacy is also key to the vital support of our group of vulnerable people.

Hosted Services

East Lothian HSCP took on management of a number of services on behalf of Lothian IJBs during 2023/24. Services now hosted by East Lothian include inpatient and outpatient rehabilitation services at Astley Ainslie Hospital; the Robert Ferguson Unit at REH; and Lothian Sexual and Reproductive Health Services (LSRHS) at the Chalmers Centre.

Taking on management responsibility for these services does bring additional work to the HSCP, including in terms of healthcare governance requirements. Issues in relation to gender identity services at Chalmers are highlighted below, and there is a more general

issue in relation to waiting times for some Chalmers services. The teams have worked closely together, and it has been recognised over the last 12 months that additional senior leadership is required within Chalmers to support service delivery. A CSM post has now been advertised and will be appointed in the coming weeks

Lothian Sexual and Reproductive Health Services (LSRHS)

Gender Services

Lothian Sexual and Reproductive Health Service (LSRHS), hosted by ELHSCP, operates the Chalmers GIC which provides care for people with gender incongruence in Lothian. The service also provides care for people on behalf of Fife and Borders Health Boards. Concerns about the sign-off process for out-of-area gender reassignment surgery referrals were escalated to NHS Lothian PSEAG in April 2024. Referrals were paused from 2nd May 2024 and from 31st July 2024 the service stopped offering surgical assessments at Chalmers Gender Identity Clinic (GIC) to avoid creating a backlog of referrals.

In parallel it was also recognised that additional considerations apply to people with more complex needs, in particular those who enter services below the age of 18, and these are addressed in Scotland by the DCMO report.

A short-life working group (SLWG) was convened and led by the NHS Lothian Executive Medical Director (Gender Services Review against Cass and DCMO Report SLWG) first met on 1st November 2024 to consider the requirement for children and young peoples' gender identity services in Lothian and follow through services for young people aged 17 to 25 years. In supporting the work of this group, Chalmers GIC undertook to review and refine the holistic assessment and surgical referral pathways for people with more complex needs within the existing service and to identify and implement improvements to ensure that the requirements of the DCMO report and the new 2024 NHS Scotland Gender Identity Healthcare Protocol which was published in September 2024 were met.

The service undertook rapid review of current individual and multidisciplinary team assessments, information sharing, referral processes, referral authorisations and governance procedures to ensure that they are sufficiently robust to meet the essential requirements of the Protocol and Standards.

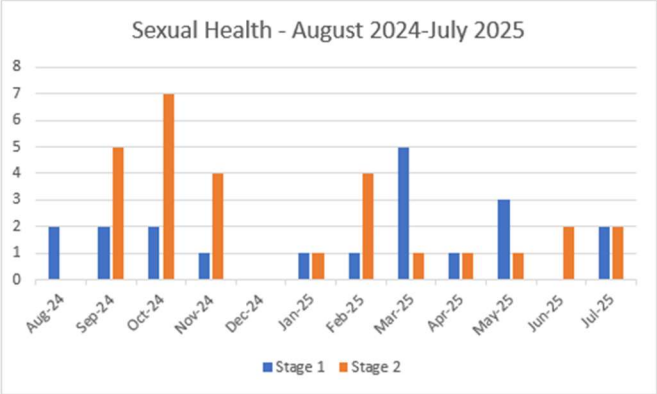
This review identified that a significant proportion of individuals accessing gender services, presenting at any age, have complex needs and other vulnerabilities, but particularly those who have transitioned from paediatric gender and other services. These individuals require more intensive assessment and support, extensive multidisciplinary input, careful liaison with clinicians in other services, and robust and clearly documented information provision combined with structured individualised discussion, to achieve holistic, person-centred, flexible, 'wrap-around' care that prioritises individual physical and mental well-being and balances risks with benefits. The review confirmed that Chalmers GIC provides this individualised 'wrap around' care and that this is well recorded in individual clinical records, but that improvements could be made in the formal documentation of patient pathways, the

recording of governance processes, including multi-disciplinary team meetings, and formalising the interaction and consultation with other clinical services in NHS Lothian and other Boards.

As a result of the review and SLWG, a paper detailing the Chalmers GIC clinical, and referrals sign-off pathways was approved by NHS Lothian CMT on 8th October 2024 and referrals for those aged 25 and over restarted from 17th October 2024 with Assessment appointments for those over aged 25 recommencing in November 2024.

The pause in Surgical referral lasted longer than initial anticipated and this undoubtedly added to concerns from patients, patient support groups and the clinical teams. As a result, a meeting was help with Gender Stakeholder organisations involving Senior Management Team from ELHSCP, NHS Lothian Equality and Diversity Lead and Clinical Lead from LSRHS to give them more background on the work and listen to their concerns. A further session with the Gender Clinical staff was held by the Chief Officer to seek their feedback, reflect on the pause and any learning.

The impact of the pause was seen through an increase in the number of complaints received as shown in the diagram below. In addition to this, staff were dealing with high volumes of calls from patients impacted by the pause.



Astley Ainslie Hospital

East Lothian Health and Social Care Partnership took over the hosting arrangements from Edinburgh HSCP in April 2024. Early assessment highlighted challenges around environment and condition of the buildings. In way of background AAH originally provided 65 rehabilitation beds across neuro, amputee, and orthopaedic specialties. In June 2022, the closure of the Charles Bell Pavilion due to fire safety issues reduced this number to 48. Further bed reductions occurred in November 2024, because of the failing heating system within the AAH coupled with extreme cold weather. This led to a temporary reduction to 35 beds to maintain patient comfort and safety. The service continues to operate with this reduced capacity, managing patient flow through the flexible allocation of beds based on demand.

The ELHSCP Management Team have submitted several reports on AAH and their findings to CMT. At the meeting held on 25th February, it was agreed in principle that the inpatient beds would move to East Lothian, final approval would be granted on completion of the IIA.

A fire safety audit took place in May 2024 which raised significant concerns, adding to the existing identified risks to the long-term viability of the physical environment at AAH to deliver in-patient services. A further fire safety audit was carried out in early June, which identified ongoing risk.

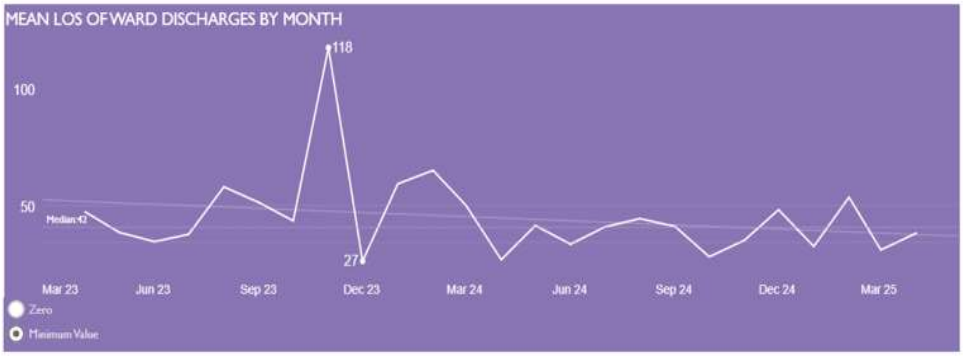
The initial IIA session was held on 31 March; however, it could not be completed as many of the participants had arrived prepared to discuss topics outside the defined and communicated scope. While these issues fell outside the formal scope of the IIA, their relevance was acknowledged, and it was agreed that they should be considered and addressed as part of the ongoing planning and development. The main concerns raised included the reduction in bed capacity, Scottish Ambulance Service (SAS) transfer times between ELCH and the Royal Infirmary Edinburgh (RIE) for deteriorating patients or critically ill patients, as well as the cost, duration and limited transport options to access East Lothian Community Hospital. A further IIA was conducted on 11th June with many of the original concerns discussed and mitigated against this. The IIA was signed off with the group reaching a general agreement that the proposed relocation of inpatient rehabilitation beds currently accommodated at the Astley Ainslie Hospital to ELCH was a viable option.

A paper was taken to NHS Lothian's Corporate Management team on 17th June where the IIA and transfer to a 24 bedded ward in ELCH was agreed.

Since the sign off at CMT the ELHSCP team have worked with HSCPs, NHS Boards and Acute colleagues to reduce the bed base in line with demand to 24 beds to support the transfer on 10th September 2025. This has resulted in daily flow meetings, Day of Care Audits both in acute and AAH to ensure length of stay is optimised. It is clear that while we are looking at developing alternative pathways to a bed base for discharge, the tightening on flow management has delivered improvements.

Delivery – Hosted Services – Astley Ainslie Hospital – Q4

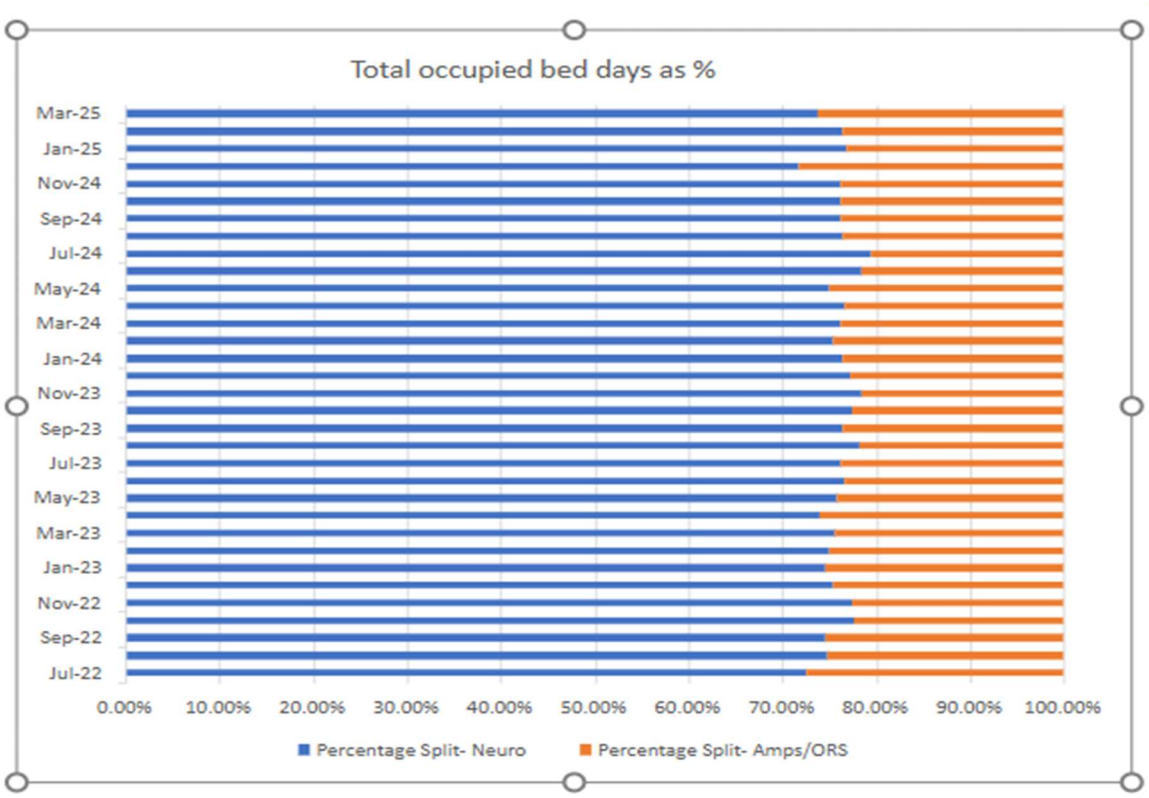
AAH – Average Length of Stay (Days) – All Wards – By Month



	Average LOS – AAH (all Wards)
March 24	52
April 24	28
May 24	42
June 24	34
July 24	42
Aug 24	45
Sept 24	42
Oct 24	29
Nov 24	36
Dec 24	49
Jan 25	33
Feb 25	54
March 25	32

(The mean (average) number of days patients spent in the selected wards by month. Based on the date patient discharged from the ward)

ACTIVITY TRENDS by WARD: OVERVIEW - Tableau Server (scot.nhs.uk)



Scope of Services

East Lothian HSCP delivers a range of health and social care services to an East Lothian population of around 112,300[1]. Health services provided by the HSCP include acute inpatient / outpatient services, community services, and some elements of primary care. The HSCP continues to expand the range and capacity of services delivered at East Lothian Community Hospital (ELCH) in Haddington.

East Lothian also has responsibility for hosting a number of additional services on behalf of Lothian IJBs and also continues to make provision for an Orthopaedic Rehabilitation Ward at ELCH.

(A detailed outline of ELHSCP services is provided at **Appendix 1**.)

2.3 Assessment

Structures and Processes for Management and Oversight of Safe, Effective and Person-centred Care

Management and Governance Structures

The HSCP has robust management and governance structures in place to oversee the delivery of person-centred, safe, and effective health and social care. Appendix 3 describes the main groups and structures involved, with diagram 1 illustrating how these relate to each other including in terms of how issues are escalated, and actions progressed by individual parts of the structure.

There is a commitment from the Core Management Team (CMT) through strong visible leadership, for example chairing the Complaints / SAE meeting and Huddles. In addition to this, a triumvirate structure has been adopted to ensure that professional leads are working closely with CMT colleagues and fostering a culture of joint working.

Multi-disciplinary monitoring and review of safety via daily / weekly operational groups and huddles are chaired by members of the CMT. There is a clear escalation route from these meetings as needed, to enable decisions to be made and action taken rapidly as required. Teams have individual escalation plans and ready access to senior leaders to provide guidance, support and to help monitor care.

[1] Population figure based on the 2022 Census.

Clinical and Care Governance Committee

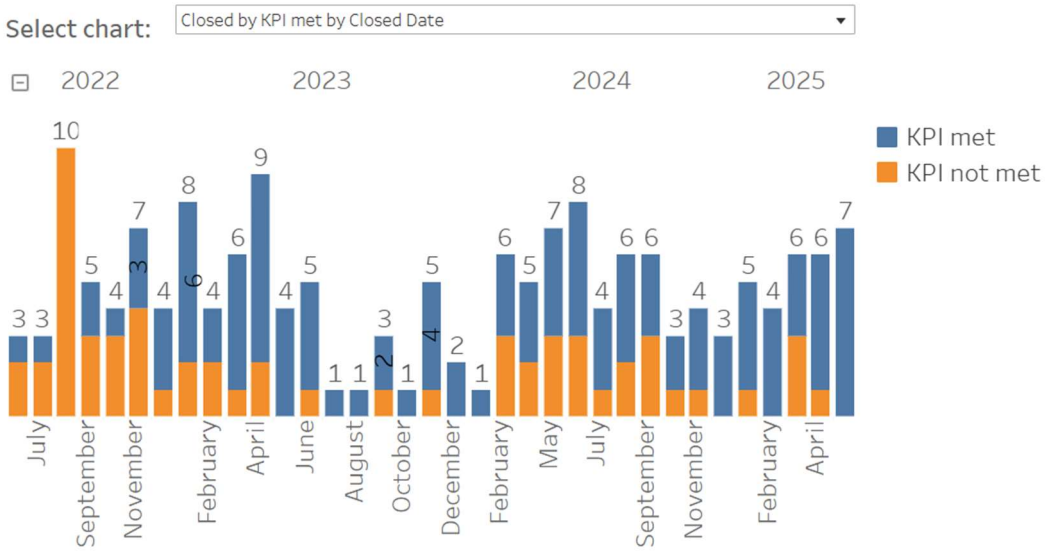
We have continued to review our Clinical and Care Governance Committee (CCGC) developing the format and engagement with the wider teams**.** New reporting templates have been introduced to improve consistency and support the use of data for monitoring and assurance. CCGC is chaired by the Chief Nurse and has responsibility for providing assurance on the safety and effectiveness of clinical care across the partnership. We have good representation from all health-based teams within the partnership. Social work has their own governance structure which also reports into the CCGC. The General Managers have established regular local clinical governance meetings for their teams, the output of which form the basis of reports required by the CCGC.

ELHSCP PSEAG

PSEAG is fortnightly and chaired by the Chief Nurse and Clinical Director and is key in the review of our Serious Adverse Events, associated risks and learning. Over the last year there has been a focus at PSEAG on culture and also engagement with teams to ensure that all teams are represented. Our approach to learning through PSEAG has been strengthened to ensure that this is shared with teams throughout the partnership via forums such as CCGC, Professional Governance and SMT. A review is in progress to look at how we log learning from complaints, ensuring that this learning is also shared in the relevant forums

A weekly PSEAG leads meeting brings together the Chief Nurse, Clinical Director and QI lead to provide an opportunity to discuss any issues requiring attention between the main meetings. In addition, this helps to ensure efficiency at the main meeting.

Our data, as shown below, demonstrates that there has been improvement over the last 6 months in meeting our compliance with the KPI for non-level 1 reviews. This has been due to the focus at PSEAG and the weekly oversight group but also expanding the capacity we have for staff to complete these reviews through education sessions and shadowing.



Our data shows that neither of our Level 1 reviews met the KPI of 140 days. This was due to the complexity of the situation but also impacted by the requirement for independent reviewers.

Weekly Complaints and SAE Oversight Group

The weekly Complaints and SAE Oversight Group is chaired by the Chief Officer / Head of Operations and attended by senior managers, as well representatives of the NHS Patient Experience Team and East Lothian Council Feedback Team. The purpose of the meeting is to provide weekly assurance that complaints and SAEs are being managed effectively within the HSCP. Complaints are reviewed and actions to ensure that complainants receive an appropriate and timely response. The meeting allows any investigation or remedial action to be agreed and ensures rapid escalation of any issues if required. Similarly, discussion of SAEs identifies action or investigation required, and allows for timely escalation as appropriate.

Our performance over the last 12 months for Stage 1 and Stage 2 complaints is shown below. The increase that can be seen in the number of Stage 2 complaints in September and November is attributable to the pause on gender referrals (see 2.2 above under 'Gender Services'). To note that further reference to data on complaints is documented under 'Safe Care' and Appendix 4.

Allied Health Professions Governance and Assurance Framework

We have introduced the framework in East Lothian and make use of the assurance and governance App to enable the AHP Directorate to maintain oversight and to support professional governance. The App provides assurance on 4 areas – Safe, Effective, Person Centred, and Regulatory. East Lothian Rehabilitation Service (ELRS) completes this on a quarterly basis for both Physiotherapy and Occupational Therapy, providing evidence and enabling identification of any emergent themes or trends.

LACAS Review Meetings

These bi-monthly meetings are led by the Chief Nurse and bring together the senior nursing teams for the areas using LACAS to review our triangulated data and ongoing improvement work. The Lead Nurse for Quality Improvement and Standards also attends to provide that expertise. Chief Nurse LACAS Walk rounds have been introduced and will continue following each LACAS cycle. Walk rounds provide the SCN and nursing team with an opportunity to share their LACAS journey, and to highlight current improvement work and challenges with the Chief Nurse and Lead Nurses for quality.

Care at Home Huddle

The introduction of a new Care at Home Huddle in June 2024 supports the efficient use of care at home resources to meet new and existing demand. The Huddle is multidisciplinary and chaired by a member of CMT. This further strengthens day to day oversight and management of resources and is in addition to existing Activity and Care Home Huddles.

Care Home Huddle

This weekly huddle is chaired by the Chief Nurse and consists of a structured agenda, supporting a multiagency approach to monitor Care Home quality and supporting improvement work. Over the last year, a quarterly assurance review has also been introduced in conjunction with the Care Home Huddle, to review the PPU risk indicator for the care homes in East Lothian.

Care Inspection grades across East Lothian care homes have improved over the course of 2024/25 with 8 out of 17 homes (47%) achieving grades of 5 or above in the Key Question - Wellbeing. Additionally, East Lothian now has 5 homes on the National Care Home Contract receiving the enhanced quality award where services not only receive grades of 5 in Wellbeing but also achieve at least one other 5 in any other area inspected. At present no homes are below a grade of 3 and there have been no large-scale investigations over the course of 2024/25.

Quality Improvement

We continue to embed a 'learning culture' whereby learning is captured and informs service delivery and development. Our approach to Quality Improvement ensures that issues identified are considered by colleagues with a strong grounding in Quality Improvement and that robust analysis of data and other evidence informs the development of improvement activity. Oversight of improvement activity by the appropriate QI group then enables impact to be monitored, feeding into a continuous improvement loop.

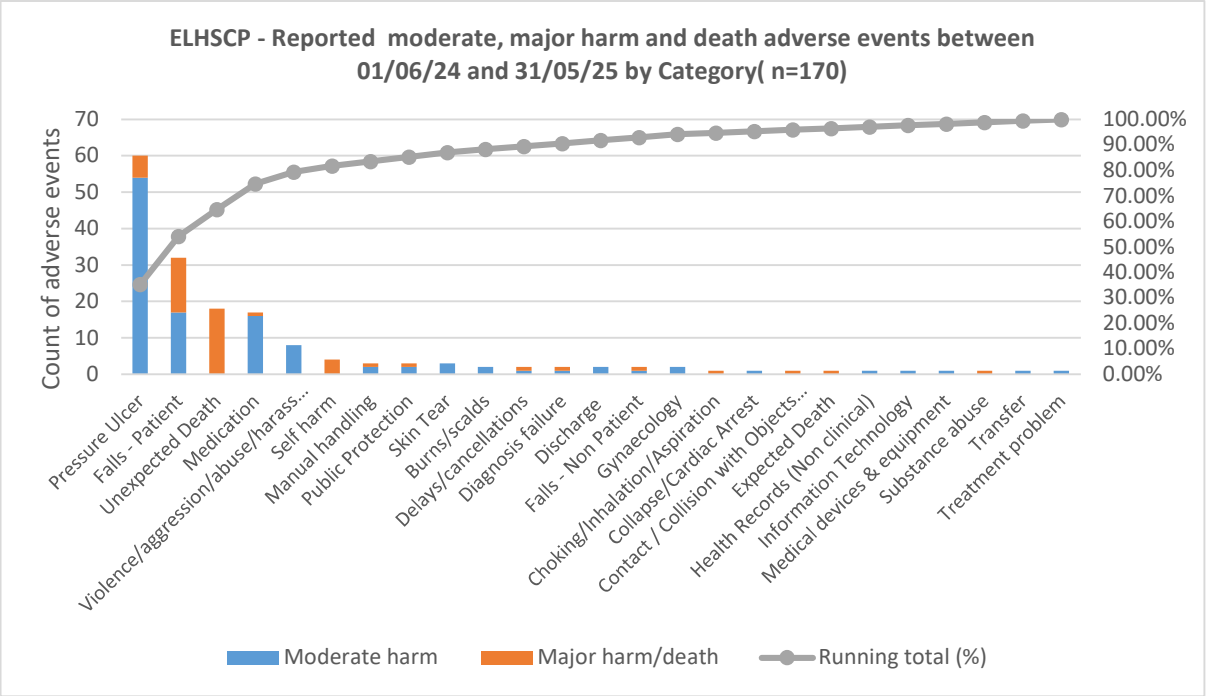
2.3.1 Service Quality and Safety Assessment

Safe Care

The ELHSCP PSEAG meets fortnightly and provides oversight of incidents resulting in major harm/death to monitor progress, improve compliance with KPIs and share the learning as required. In addition to this, moderate harm incidents requiring additional review will also be brought to PSEAG for discussion. Action plans for learning are discussed and updates provided on progress as required, including the presentation of audits.

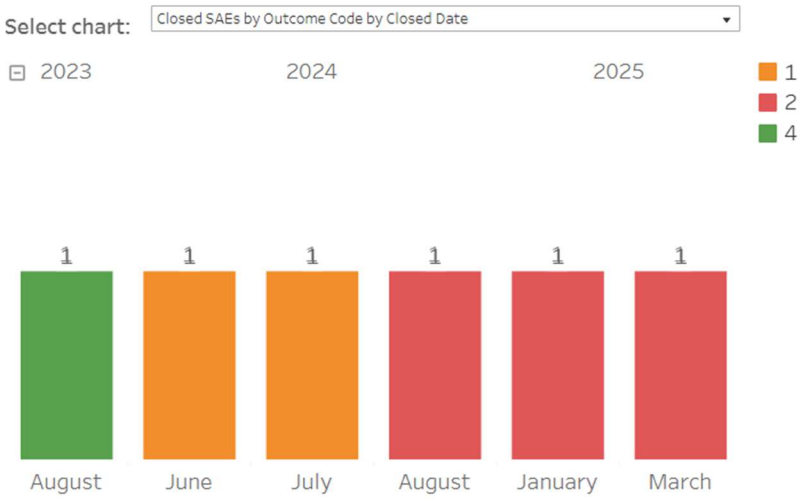
Datix is used well by teams to document incidents and concerns about safety. As demonstrated in Appendix 2a, our main categories reported with Serious Harm (Moderate/Major/Death) are Pressure Ulcers, Falls and Unexpected Deaths, a trend that has remained unchanged from previous cycles. As highlighted within this report, improvement work is being supported within these areas.

To note that we have seen an increase in Violence and Aggression with moderate harm compared to last year. This can be attributed to specific patient admissions to the Robert Ferguson Unit.



The review outcomes for all Level 1 reviews closed each month are shown below. Both reviews identified learning with 1 review with an outcome of 3.

The chart below illustrates the review outcomes for all LAER's closed each month with 1 which directly impacted on the outcome of the event.



Risk and learning identified from complaints is also discussed at PSEAG, CCGC and SMT. For the period of June 2024 to May 2025, we received 55 Stage 1 complaints (31% upheld; 18% partly upheld) and 75 Stage 2 complaints (34% upheld; 42% partly upheld). The main themes for complaints were around communication, access to appointments, treatment and delays. Appendix 4 shows the data in more detail.

As a partnership we are currently exploring where we record the learning outcomes on all complaints and how this information is collated and reviewed.

During this period, we have had two SPSO Decision Reports relating to complaints received in 2022 for our inpatient areas. Both cases involved learning around person centred care planning, the completion of risk assessments, including wound assessments and communication. Action plans were put in place and discussed at PSEAG, CCGC and our professional nursing meetings. There has been a focus on education for care planning and risk assessment and this is being monitored through our ELCH Education and Governance meeting. The Chief Nurse and CNM complete monthly PCATs together to review risk assessments and care planning and provide additional assurance.

The SPSO also advised that additional complaints training should be undertaken in the Partnership. As a result of this the Chief Nurse completed the SPSO training and PET have provided refresher training for our senior team down to band 7 level.

All of our inpatient wards and outpatient areas report hand hygiene and SICPS (Standard Infection Control Precautions) through MEG. These are discussed at relevant 1:1s and action plans monitored and updated. A quarterly infection control meeting has commenced within the Partnership, bringing together representatives from all teams with support from the infection control team. A focus of this group currently is the development of our peer infection control walk rounds.

Additional infection control reporting is through the quarterly Health and Social Care Partnerships Infection Control meeting which then reports into the Pan Lothian Infection Control Committee.

Feedback from external inspection / audit processes also help to guide improvement activity around safe and effective care. Over the last 12 months there has been a visit from Scottish Government to review our Sexual Health and Blood Borne Virus work.

We maintain close links with the Care Inspectorate, and they are also represented at the Care Home Huddle. Care inspectorate reports relating to our Care Homes are discussed at the Care Home Huddle.

Service Improvement Work to Address Safety Issues

Pressure Ulcer Improvement Work

The ELHSCP Pressure Ulcer Working Group (PUWG) was established in December 2024 in response to Grade 4 pressure ulcer reviews for two patients being cared for by our District Nurse Team. A review of the pressure ulcer data for the Partnership was undertaken in collaboration with the TVN lead and a Steering Group was formed to provide oversight, assurance, and strategic direction across associated workstreams. These workstreams; community, inpatient, and care homes operate collectively under the umbrella of the PUWG, which has convened monthly since January 2025.

As a priority, work has been undertaken to ensure that the reporting of pressure ulcers is as accurate and comprehensive as possible. In addition to this, the community improvement focus has been around education, review of documentation and ongoing audit. A safety cross system has been introduced across all our District Nurse Teams and all new pressure ulcers are reviewed through this. All Grade 4 and complex pressure ulcers are now discussed at PSEAG.

Between 1st Sept 2024 and 1st Sept 2025, ELHSCP recorded a total of 142 Pressure Ulcers; 107 reported by Community teams (including 5 Care Homes) and 35 reported within our inpatient wards

Community teams saw consistent monthly reporting, with Grade 2 ulcers being the most frequent. Often pressure ulcers seen by the District Nurses are a first presentation, referred by GPs and families. A more in-depth review of this data is needed but does highlight the need for wider education of prevention in the community.

The Chair of the ELHSCP PUWG has joined the Pressure Ulcer Collaborative that was commissioned by the NHS Lothian Care Assurance Oversight Board to support system wide improvements to the prevention, recording and management of pressure ulcers within hospital and community settings.

The need to establish a system wide response was further highlighted by the findings of recent SPSO reports within Lothian, where failings were found in the assessment and management of wounds and the assessment and prevention of pressure area damage.

The Pressure Ulcer Collaborative Board held a workshop with participants from across Lothian to identify key priorities and establish a driver diagram to guide improvement work. From this, local groups were asked to review their own process for the reporting and reviewing of pressure ulcers, to establish the understanding and knowledge of staff to recognise and accurately grade pressure ulcers and to establish the effectiveness of communication across teams particularly on transfer between Acute and Community settings.

Falls and Frailty Quality Improvement

The Falls and Frailty Improvement Project that was commenced in January 2024 continues to be supported by the multidisciplinary Falls Working Group. The aim of Cycle 1 was to reduce falls and falls with harm in ELCH wards by 25% by December 2024. This cycle focused on:

- Education for staff in Falls and Frailty.
- Fully completing Falls and Mobility Risk Assessments.
- Identifying Falls Champions and representation by each department at our monthly ELCH Falls Working Group.

By December 2024, a reduction of inpatient falls by 27% was achieved but although we saw a reduction in falls with harm, our overall aim for these was not achieved.

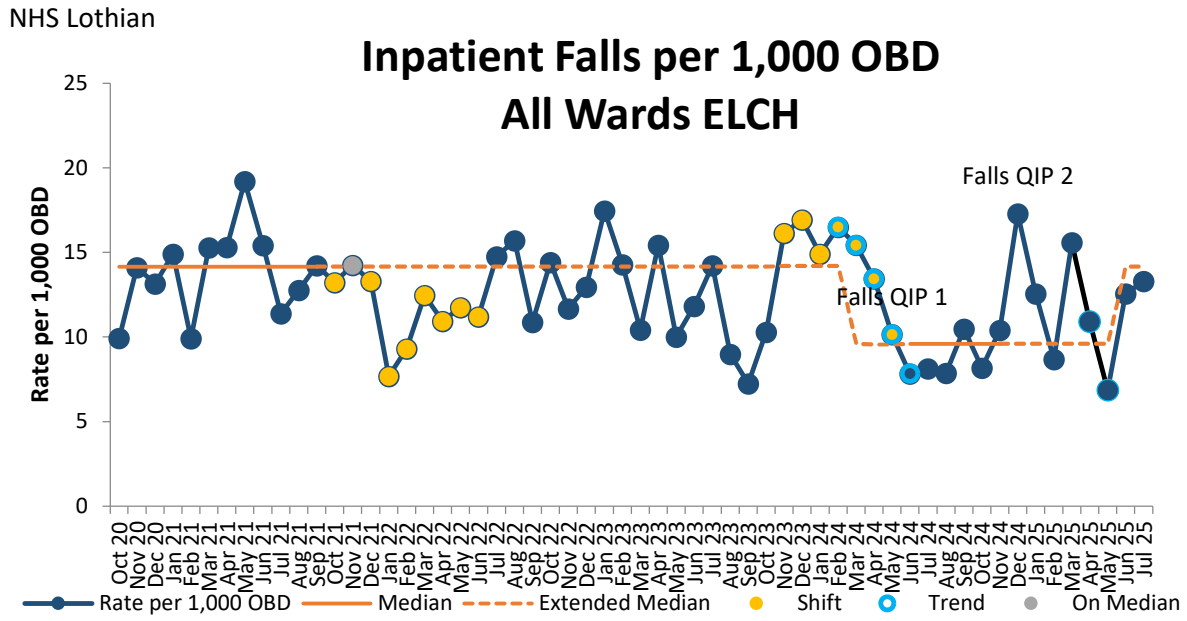
Cycle 2 was commenced with an aim to reduce our Falls and Falls with Harm by 10% by April 2025. This cycle continued to focus on education but with the additional aims of:

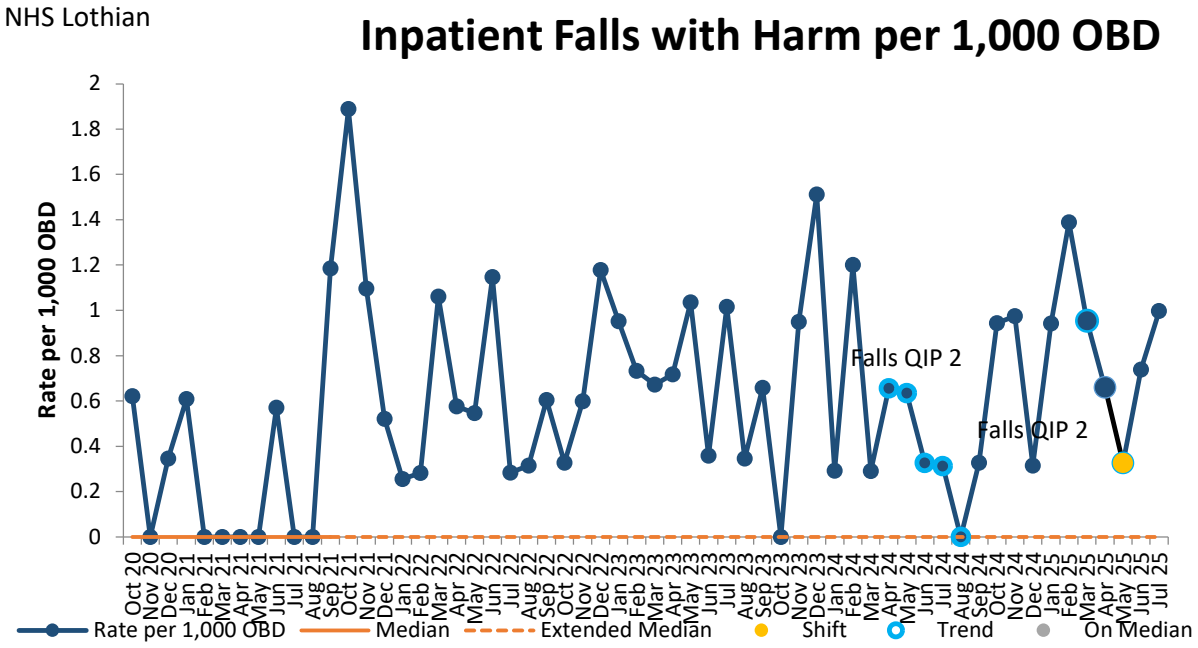
- Providing adequate footwear (slippers) for patients who required them.
- Design and provide Falls prompt cards for staff.
- 100% audits on Falls Risk assessments being completed with Person-centred at is core.

Despite achieving the prompt cards, and a significant improvement in the timely completion of the falls risk assessments and falls person centred care plan, we have not seen a reduction on falls with harm. It has also been challenging to release staff for education due to pressures on the wards.

The Falls Group continues to discuss all of the fall's reviews and has paused the next cycle of improvement to review the data. A review of frailty scores will be also completed to see if there is any correlation between this and our falls with harm. Anecdotally it is reported that the acuity in the wards is increasing.

The inpatient wards at AAH have been part of the falls group and will continue to be after the move to Ward 5. The data will be monitored closely to observe if moving from an open ward to side rooms will impact on the falls in this area.





Lothian District Nurse Review

East Lothian HSCP continues to play an active role in the Pan Lothian District Nursing Review. A number of productivities workstreams have been progressed with the aim of releasing more time to care and to support the delivery of the most effective care on the principle of right person, right care, right time.

A new referral system has been implemented and is supporting the recording of decisions around referrals and a more robust system to ensure referrals are managed in a consistent way. A test of paper lite was started but paused due to some concerns about safety arising from the pull through of ward-based information into community care plans. Work continues with colleagues from IT to resolve these issues.

Considerable progress has been made in developing and delivering updated education for District Nursing staff, although releasing staff for this remains challenging at times. Work continues to reach a final recommendation around skill mix and workforce planning for future needs.

Effective Care

MDT Operational Oversight and Delivery

East Lothian HSCP's approach to ensuring the delivery of effective care includes multi-disciplinary monitoring and review of service delivery via daily / weekly operational groups and huddles. There is a clear escalation route from these meetings as needed to enable decisions to be made and action taken rapidly as required.

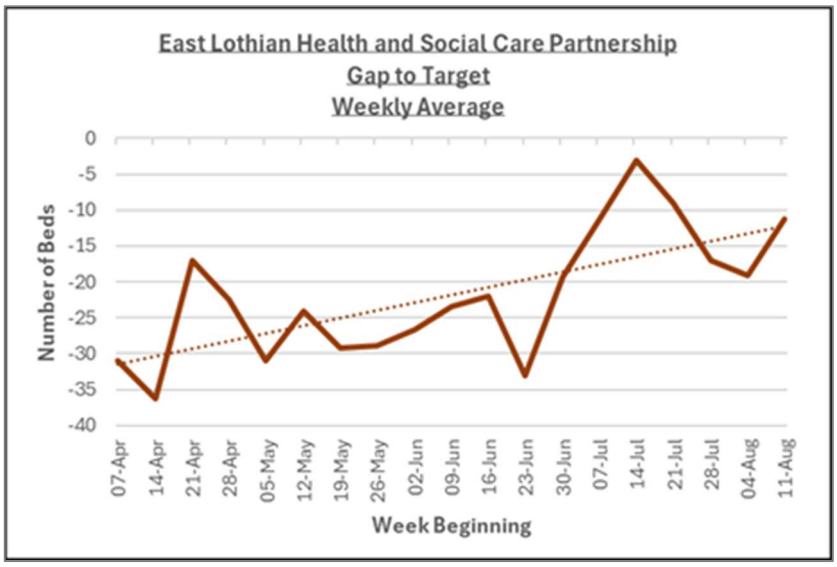
An example of this is in relation to the management of bed occupancy and patient flow to ensure that, as far as possible, patients are discharged when clinically ready. We closely monitor and manage East Lothian patients in hospitals via our daily Activity Huddle supported by FlowMap, a live patient tracking and communication platform that facilitates real-time updates and supports timely decision-making. The Activity Huddle brings together staff from HSCP services, along with HSCP managers, and colleagues from acute hospital sites. Meetings are held online and provide a daily opportunity to review East Lothian patients across all Lothian hospitals, helping to deliver a pro-active, multidisciplinary approach to tracking and monitoring patients and planning their discharge home.

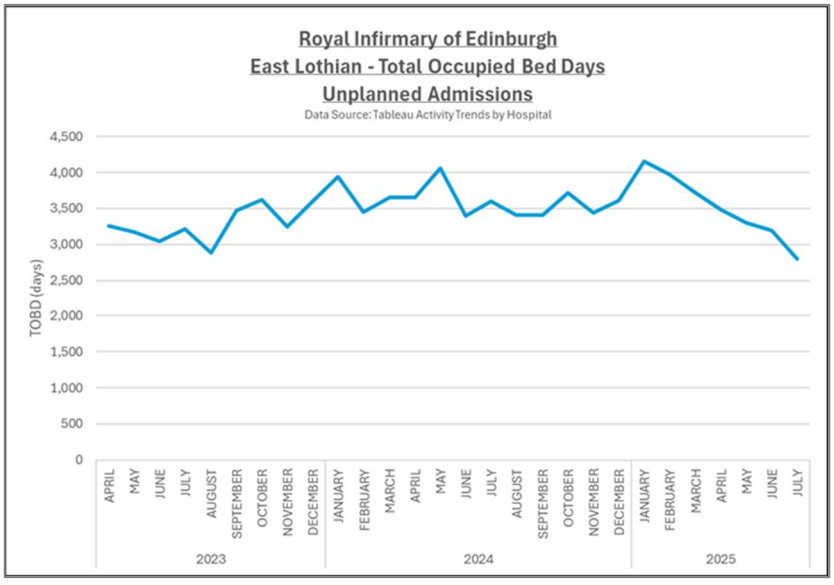
We also continued to deliver our Care Home Huddle and introduced a new Care at Home Huddle to ensure efficient use of available Care at Home resources. All of our Huddles are chaired by members of the Core Management Team on a rotational basis, providing strong leadership and supporting rapid decision making and escalation when required.

The use of additional Scottish Government USC funding to secure additional staffing and introduce a Single Point of Access (see 'Background' section above) further strengthened

our MDT approach. Following the phased implementation of the East Lothian USC improvement initiatives there has been a steady reduction in our gap to target for acute bed usage and achievement of the target in July. Furthermore, there has been a steady downward trend in Total Occupied Beds for unplanned admissions on the RIE site (as shown in the graphs below).

This has been supported by an increase in the number of new patients supported home under the Discharge to Assess pathway with reablement care where required. The reablement care is reviewed live during every interaction with a patient and the pathway has been able to successfully reduce daily care visits and hours of care delivered to allow these care hours to be recycled supporting more discharges. The carer workforce has doubled and the Internal Combined Care at Home team is now able to provide around 3,300 weekly hours of care.





CWIC

The Care When it Counts (CWIC) service supports GP practices by offering same-day appointments with a team of clinical professionals.

With a growing population and increasing demand for healthcare in East Lothian, improving patient access to services is a key priority. A new model, CWIC Direct, offering direct telephone access to the CWIC service, was initially piloted at Inveresk Medical Practice (IMP), and expanded in December 2024 to include Harbours Medical Practice (HMP), Tranent Medical Practice (TMP), and Riverside Medical Practice (RMP). Early data from the 12-week pilot suggest this model can improve access, reduce strain on GP practices, and enhance patient experience.

Over the 56-day pilot period a total number of 6,161 calls were received and 70% of these were answered in less than 5 minutes (44% answered in less than 1 minute). This resulted in 7631 appointments with 87% being carried out face to face and 13% by photo submissions or over the telephone. 26% of patients who called were signposted to other services (e.g. MSK, Mental Health, Pharmacy First, etc).

Practices raised concerns that patients in higher deprivation areas might face barriers travelling to Musselburgh. However, demographic data showed similar usage rates across deprivation quintiles, matching practice population profiles. This suggests CWIC Direct is accessible across socioeconomic group.

The overall sentiment of patient feedback was Positive (78%) with neutral/mixed (14%), and the main themes identified as speed of contact, staff care, and reliability driving strong endorsement.

The CWIC Direct pilot showed promising results. The service managed a significant call volume, with the majority of patients receiving timely responses and face-to-face appointments. Patient satisfaction was high, with strong support for the model to continue. The pilot suggested that CWIC Direct could be a sustainable and scalable model to improve patient access across East Lothian and may be used as a case study for wider implementation across NHS regions.

LACAS

We have also further developed our use of LACAS to help deliver improvements in relation to safety, effectiveness, and person-centred care. Regular LACAS meetings drive activity and monitor progress, and the LACAS ward walk rounds provides a further impetus to this area of activity.

At July 2025, ELCH had Gold LACAS accreditation for three of its In-Patient wards as well as for Endoscopy (4 Gold in total). One of the In-Patent Wards at ELCH achieved Silver accreditation, with Ward 4 achieving bronze.

Two wards at AAH achieved Gold LACAS accreditation and a further ward achieved Silver. The Robert Ferguson Unit achieved Gold compared to their bronze at the last cycle.

Our outpatients' areas, OPD1 ELCH and Chalmers both achieved Silver Accreditation during the last cycle in March 2025. The Infection Control and Prevention Standard had decreased for both areas, with only limited assurance being provided. Ongoing improvement work on the completion of IPC audits correctly is underway.

Additional data on LACAS is included in Appendix 4 and this shows the achievements within each Standard. It should be noted that there has been an improvement overall for Standard 1, Leading, Managing and Developing the Performance of a Team. However, it remains the lowest performing standard with limited assurance, therefore demonstrating the continued support that is needed by the SCN teams for further improvement.

As part of the work being led by the NHSL Nursing & Midwifery Care Assurance Oversight Board and in partnership with the Chief Nurses in the other HSCPs, the provision of assurance in areas not using LACAS is being explored, with a focus on community nursing.

Scottish Government Sexual Health and Blood Borne Virus Visit

On the 28th August 2025 the Scottish Government undertook a planned visit to NHS Lothian to discuss our Sexual Health and Blood Borne Virus Services. The visit was hosted by LSRHS at Chalmers Centre with teams across from across NHS Lothian and our Partners including Third Sector sharing information on Sexual Health, HIV care and Viral Hepatitis services.

The visit was an opportunity for the teams to share many of their successes in improving access and care on background of rising demand for many services, including:

- Long Acting Reversible Contraception (LARC) provision in LSRHS now exceeds pre-pandemic levels and establishment of LARC+ Drop in Services at Chalmers (2024) and Howden in West Lothian (2025) providing up to 55 appointments per week for same day LARC procedures all within existing resources.
- Choices Service – recognition of the ongoing significant pressures on Choices (abortion) service across NHS Lothian with demand increasing year on year and now 36% higher than in 2018. A pattern that is reflected nationally and leading to pressure on services that has been managed, to date, by simplification of the pathway including home use medical abortion and prioritisation of resources.

- Pre-exposure Prophylaxis (Prep), the team are now supporting in excess of 2000 patients on Prep with the number of new patients per annum almost double the number pre-pandemic. Throughout that time the team have managed to maintain waiting times on back on both increasing number of patients but also increasing complexity.
- Overall acknowledgement about increasing number of attendances through LSRSH which have almost doubled in the last 10 years and supported through series of redesigns, provision of enhanced and local services throughout NHS Lothian.

Feedback from the visit and recommendations are expected to be received by end of September 2025

Person Centred Care

Patient Feedback

The education sessions provided by PET also provided the opportunity to review how we approach obtaining patient feedback. Care Opinion is not freely available for use in the Partnership and although some teams have already set up feedback boards and questionnaires, these are not widely used. PET and our Partnership Communications Officer are now working with teams to explore how to obtain patient feedback for their specific service.

Getting to Know Me

Ward 2 (Oak Tree Ward) is an older peoples mental health ward, and they continue to successfully use the 'Getting to Know Me' Tree to promote person centred care. The 'Tree' is in sticker format within the patient's room. A 'Getting to Know Me' sheet is given to the patient and relatives and from this, information is written onto the leaves of the Tree. Photos and pictures can be added to the Tree and blank leaves are left for families / friends to add to during the hospital stay. The Tree helps staff as a point of conversation and helps build on positive relationships and trust.

On admission some patients do not want to engage with the Tree and therefore it is taken down from the wall but can be put up again if they so wish.

Development of the 'Tea and a Blether' Dementia Café

To promote Alzheimer's Scotland Dementia awareness week, 5 drop in cafes were held at ELCH with around 10-12 people attending every day. Those attending came from different areas, including inpatients, people with lived experience of dementia from the community, family members and staff from the hospital. There was positive feedback from all with some lovely examples on how this had a positive impact on patients. As a result of this, the 'Tea and a Blether' sessions are now being run twice weekly for our inpatient areas, with ongoing review of their impact. Some relatives are now starting to visit at the time of the session so that they can attend with the patient.

Provision of Inclusion Health Services

LSRH includes a variety of locality based, outreach and specialist clinics, allowing increased geographical access of clinics and targeted outreach of vulnerable groups.

LSRH offers inclusion health services for those living with severe and multiple social disadvantage. These include WISHES, a women inclusive sexual health extended service aimed at homeless women, those with addictions, those involved with the criminal justice system and those involved in prostitution. Third sector organisations attend the clinic to support women with other areas of their lives which may be their current priority. Over 300 women are seen annually, nearly all of whom are victims of gender-based violence, many involved in commercial sexual exploitation.

Outreach Inclusion Health is provided by a nurse who attends hostels, youth justice services, links with care experienced young people and visits saunas and sex entertainment venues in Lothian. Over the last year, additional inclusion health initiatives have commenced including a consultant gynaecologist holding a gynae/complex sexual health clinic within primary care facilities in areas of high demand e.g., Wester Hailes, Craigmillar and also Lothian and Edinburgh Abstinence Project. These clinics avoid patients having to travel to attend acute services and have a high attendance rate. Women who have been waiting some time to be seen at gynae or sexual health with complex issues are managed within a service which is familiar to them. An additional joint clinic has started with consultant staff from the Regional Infectious Diseases Unit and Sexual health providing sexual health screening, contraception, gynae assessment and infection screening for asylum seeking and refugee populations.

2.3.2 Workforce

Although we have been in an improved position over the last 12 months regarding the filling of nursing vacancies, there are still a number of areas where staffing shortfalls have been an issue.

Recruitment to mental health posts in East Lothian continues to be challenging. We have seen an improvement in the General Adult Psychiatry establishment so that we are currently operating with 3 of 4 posts permanently filled; work is ongoing to recruit to the remaining post. Similarly, whilst challenging we have successfully recruited to a number of CPN posts over the last year so that the capacity gap has reduced and waiting times are minimised. Older Adult Care Home provision has decreased over last 2 years due to vacancy. Current provision is supplied by Community Nurses and Consultant, but the stress and distress element require attention. A review of the model of delivery is currently underway and this will link closely with the Care Home Team.

Ensuring sufficient senior nursing and medical cover out of hours at ELCH and AAH has been identified as a key risk, particularly considering increasing workloads and case

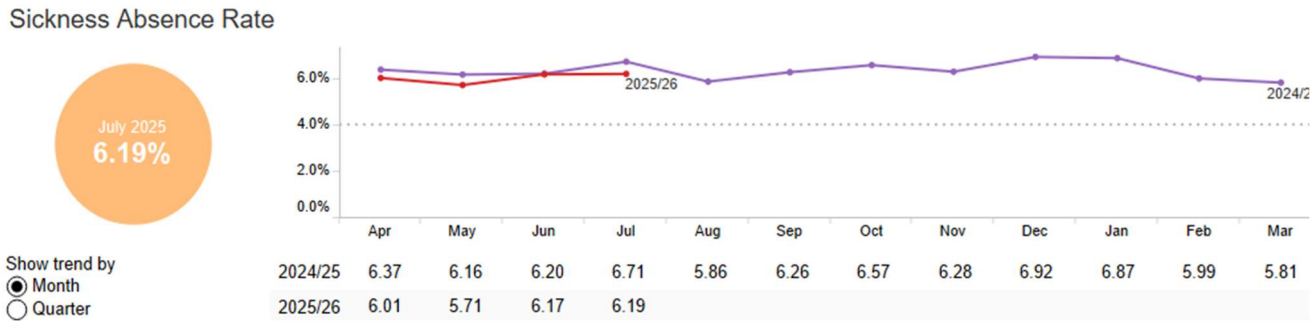
complexity. Following the move of AAH to ELCH, the NP/ANP model has been reviewed and is being further developed at ELCH to strengthen NP/ANP cover, with a particular focus on overnight and weekend periods. Additional funding has been approved for a second clinical fellow, and the medical staffing model is currently under priority review.

Staffing levels across services are closely monitored through discussion at a number of levels, both operationally on a day-to-day basis at huddles, as well as at a more strategic level via the Workforce Planning and Operational Steering Group. Safe Care is used by our inpatient areas, with community teams using a 'RAG' rating status as we wait for Safe Care to be adapted for their use.

As part of the nursing thematic work, a full health check was completed for our inpatient areas apart from Robert Fergusson Unit (RFU). It was agreed that RFU would focus on the establishment and skill mix review that has been commissioned as part of the 'Reset' process.

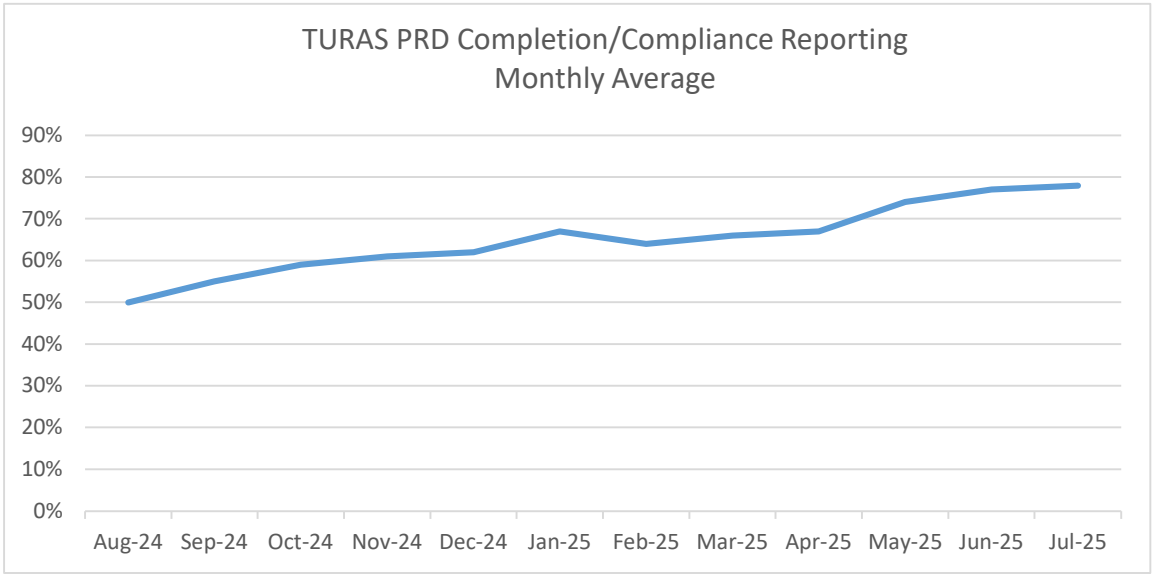
Robust Clinical Supervision arrangements are in place in relevant teams, for example, in Mental Health and Substance Use services. We are aware of the need to ensure that there are adequate Clinical Leaderships posts to provide the level of supervision required, and whilst challenging in some service areas, we continue to prioritise this.

Monthly Attendance Management Clinics continue to assist managers with supporting staff back to work. Managers are required to submit monthly report and teams with highest absences will attend clinics. Clinics involve Chief Officer, Employee Relations and Lothian Work Support Service and Partnership which aim to provide support and advice to managers re managing attendance and explore barriers in the return to and retaining people at work. East Lothian has led the way in this approach, with Directorates across Lothian coming to shadow the clinic and replicate in their areas. Our sickness data below shows some improvement and our senior staff report feeling more confident in managing attendance



A focus of the Clinics has also been ensuring that all staff have a meaningful conversation through their annual appraisal to support their development and wellbeing. We have seen

a gradual increase in the number of appraisals being completed, 50% in August 2024 to 78% in July 2025.



2.3.3 Financial

East Lothian IJB, in common with IJBs across the country, faces considerable challenges as a result of reductions in budgets and growing demand pressures. Significant time and effort were committed to developing financial recovery plans during 2023/24.

Good progress has been made in 2024/25 in terms of delivering these financial recovery plans, alongside further planning activity to deliver additional savings in the next financial year. Whilst East Lothian is currently managing to maintain performance levels, the cumulative effect of year on year budget reductions and ongoing growth in costs and service demand will make this increasingly challenging.

In December 2024, the Professional Leads – Clinical Director. Chief Nurse, Chief AHP and Chief Social Worker produced a joint paper highlighting the risks of budget reductions and the impact of care. This professional engagement influenced Partner budget offers going into 2025 due to the risks presented when making decisions to meet the budget gap.

2.3.4 Risk Assessment/Management

All ELHSCP services have their own individual Risk Register. Where a risk effects multiple services or has a high risk score, it is escalated and managed via the overall ELHSCP Risk Register. The overall risk register is reviewed quarterly by the CMT. Current very high / high risks are listed below.

Very High Risks

- Delivering financial balance

High Risks

- Commissioned transport
- Disruption of equipment supply to Community Equipment Loan Store (CELS)
- Drug related deaths
- Duty of Care
- ELHSCP Workforce Risk
- Gender surgery pause – staff welfare
- Lone Working
- PCIA
- Public Protection – risk of harm
- Safe storage of controlled drugs
- Service activity pressures
- Violence and Aggression Training

2.3.5 Equality and Diversity, including health inequalities

East Lothian Integration Joint Board (IJB) and Health and Social Care Partnership (ELHSCP) uses an Integrated Impact Assessment (IIA) system based on the Public Sector Equality and Fairer Scotland Duties. Children's Rights Assessments (CRAs) are used when applicable to the change or policy.

Completed IIAs/CRAs are published on our webpages in line with statutory requirements: https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/elhscp_integrated_impact_assessments

Where the decision has been taken that an IIA is not necessary, a record is kept (IIA Screener). These are available on request.

IIA forms a key part of our project, service change and policy development, having direct impacts on final decisions, directions and wording.

Drafts and proposals undergo IIA to ensure we have all identified positive equality and fairness impacts (and maximised them) and negative impacts (and minimised/mitigated them) before making a decision or moving towards implementation.
We carried out an IIA on the transfer of patients from Astley Anslie Hospital to East Lothian Community Hospital. The IIA helped identify areas where we could improve this process and ensure a safe and successful transfer of patients and staff.'

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement, and consultation

The purpose of this report is to provide assurance on healthcare governance processes and practice by East Lothian HSCP. In carrying out healthcare governance activities, the HSCP ensures statutory duties under the Public Sector Equality Duty / Fairer Scotland Duty are reflected. The subject of the report does not require an Integrated Impact Assessment to be completed.

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

2.3.8 Route to the Meeting

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

- East Lothian Clinical Care Governance Committee 31st July 2025
- LSRH SMT 19th August 2025

2.4 Recommendation

- **Assurance** – The Board/Committee is asked to agree and accept a moderate level of assurance on the matter, based on the evidence presented evidenced.

3 List of appendices

The following appendices are included with this report:

- Appendix 2 - Assurance Mapping Table
- Appendix 3 – East Lothian HSCP Groups and Structures

Appendix 2: Assurance Mapping Appendix Table – HSCP Services (East Lothian HSCP)

Please note this is a generic template, to be used as guidance and modified as considered appropriate by the service/group of services or acute site.

It is helpful to include 1 or 2 sentences that succinctly summarise what the measures tell you. For any any 'outliers', highlight the data and actions to address improvement in the main report.

Adverse Events						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Outcome measures						
1.1 Number of reported major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	Weekly	Quarterly	Fortnightly	SAEs are case managed through the PSEAG process (via 2-weekly meetings, as well as PSEAG Leads weekly meetings). They are also reviewed weekly at the Complaints / SAE Review Meeting. Issues are routinely discussed at fortnightly Core Management Team (CMT) meetings and may also go to the Senior Management Team (SMT) for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review. Reporting to the CCGC provides overview of SAEs and supports identification of any patterns / trends as well as assurance re the efficacy of SAE related processes. Review and identification of learning also takes place via the HSCP / REAS / SUS joint partnership meeting on a 6 monthly basis. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where patient experience, quality, and safety are standing items.
1.2 Number of all mental health reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.3 Number of all substance use reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.4 Number of adverse events with an outcome 3 or 4 reported	Annual	2 weekly	-	Quarterly	Fortnightly	
1.5 Categories Reported with Serious Harm (Mod/Major/Death)	Annual	2 weekly	Weekly	Quarterly	Fortnightly	

Process measures						
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Number of overdue adverse events reported with major harm and death	Annual	2 weekly	Weekly	Quarterly	Fortnightly	See 1.1 to 1.5 above.
Number of closed major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	-	Quarterly	Fortnightly	
Outcomes from LACAS cycles	-	-	-	Quarterly	Fortnightly	*** Other * -** Reviewed at monthly LACAS meeting and LACAS 6-monthly walk rounds. Presented at Professional Forums
Staffing related measures – vacancies, absence, mandatory training compliance, etc.	-	-	-	Quarterly	Fortnightly	***Other*-** the Workforce Planning and Organisational Development Steering Group reviews workforce issues in terms of risk, absences, vacancies, etc. The Group meets every 6 weeks. Discussion of workforce issues may also be escalated to CMT meetings as required, or to Senior Management Team (SMT) meetings. The Joint Partnership Forum also provides an opportunity for discussion. Reporting to the CCGC provides overview / assurance in relation to staffing. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where workforce is a standing item.

Morbidity Indicators						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**ELICM**	**PLICC**	**CCGC**		**Comments**
Outcome measures						
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI) in community hospitals	-	As required	As required	As required		Reporting and review of any Hospital Acquired Infection would take place at the local East Lothian Infection Control Meeting as well as at a Lothian level via the Pan Lothian Committee. Healthcare and Social Care Partnerships also meet to review. Further discussion takes place at CMT and SMT where appropriate. Monitoring and review also takes place in relation to the LACAS standard on infection control.
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI)/100k OBD in community hospitals	-	As required	As required	As required		
Total number of SAB patient episodes in community hospitals	-	As required	As required	As required		
Total number of SAB patient episodes/100k OBD in community hospitals	-	As required	As required	As required		
Number of Grade 2 or above pressure ulcers per 1,000 OBD in community hospitals	-	As required	As required	As required		Pressure Ulcers are reviewed at PSEAG if a related SAE has been submitted. They are also covered at LACAS meetings in relation to the relevant LACAS standard. Trends, learning and audit are discussed at PSEAG Pressure Ulcer Working Group will review data when it meets monthly

Process measures						
Evidence	**HCG**	**Operational Groups / Huddles / etc.**	**East Lothian IJB**	**CCGC**	**CMT**	**Comments**
Inpatient falls per 1,000 OBD in community hospitals	-	Weekly	Annually	Quarterly	Fortnightly	Inpatient falls reviewed through the East Lothian Falls Group / Lothian Community Falls Group / Strategic Falls Meeting as well as being looked at as part of regular operational meetings. SAEs in relation to falls are reviewed at PSEAG meetings and potentially at the CMT and Professional Governance meetings. Reporting of SAEs to the CCGC provides opportunity for further review. Data on fall is reported as part of the IJB Annual Performance Report and to East Lothian Council's performance review meeting.
Rate of readmissions to community hospitals	-	Weekly	Annually	-	Fortnightly	Discussed via regular operational meetings / huddles (daily / weekly) and at the GMs meeting as required. Review and oversight also comes via pan Lothian and national fora, for example, through the Lothian Unscheduled Care Board and CRAG. Performance in relation to a number of these measures is included in the reporting to the HSCP's NHS Lothian Quarterly Performance Review meeting and as part of the IJB Annual Performance Report.
Occupied bed rate	-	Daily	Annually	-	Fortnightly	
Rate of delayed discharges over 50 days	-	Weekly	Annually	-	Fortnightly	

Internal reports, external reports, inspections, national audits						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**CCGC**	**CMT**			**Comments**
Mental Welfare Commission inspection reports	-	Ad hoc	Ad hoc			Findings / recommendation from inspection reports are reviewed and actioned by an appropriate group / meeting if one is in place, or else a short life group is established to take forward any activity required. Inspection outputs will also be discussed at CMTs meetings and potentially the Professional Governance meeting and at SMT. Discussion also takes place via Professional Networks, for example, the Chief Nurse Network. Care Inspectorate reports will be discussed when relevant at the Care Home Huddle
Care Inspectorate inspection reports	-	Ad hoc	Ad hoc			

Measures of effectiveness of partnership						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Site CMG**	**Complaints / SAE Review Meeting**	**CMT**	**Comments**
List the Standards/Indicators/Targets/National clinical audits you currently use to measure to measure service effectiveness, e.g., internal, external (including college standards), local/national comparators. ***NB:*** *measures reported elsewhere e.g., under safe care that are also used to monitor effective care, do not need to be duplicated, however it should be noted in the 'comments' section where the reports are first detailed that they are used to monitor both.* *e.g., MAT Standards*						
Patient Reported Outcome Measures (PROMS)						

Person Centred Care Measures						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Number of stage 1 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 1 complaint (early resolution) Complaints are managed through the weekly Complaints / SAE Review Meeting chaired by the Chief Officer. Issues are routinely discussed at the CMT meetings and may also go to SMT meetings for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review.
Number of stage 2 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 2 complaint (investigation) As above
% Complaints closed within 20 working days			Weekly	Quarterly	Fortnightly	As above.
Themes identified from complaints	Annual		Weekly	Quarterly		Themes for learning are presented at the Professional Governance and SMT. Discussed at our professional forums and CNM meetings
Outcomes of complaints	Annual		Weekly	Quarterly		Data provided by PET and Partnership business team and presented at SMT and CCGC for learning Discussed at our professional forums and CNM meetings
Scottish Public Services Ombudsman (SPSO) Cases Not Taken Forward (NTF) Numbers	Annual		Weekly	Quarterly	Fortnightly	
SPSO Outcome reports	Annual	Fortnightly	Weekly	Quarterly	Fortnightly	Discussed at all governance meetings and local SCN/CNM/huddles for learning.

Acronyms

CCGC – Clinical and Care Governance Committee

CRAG – Collaborative Response & Assurance Group

ELICM – East Lothian Infection Control Meeting

CMT – Core Management Team (East Lothian HSCP)

HCG – Healthcare Governance Committee

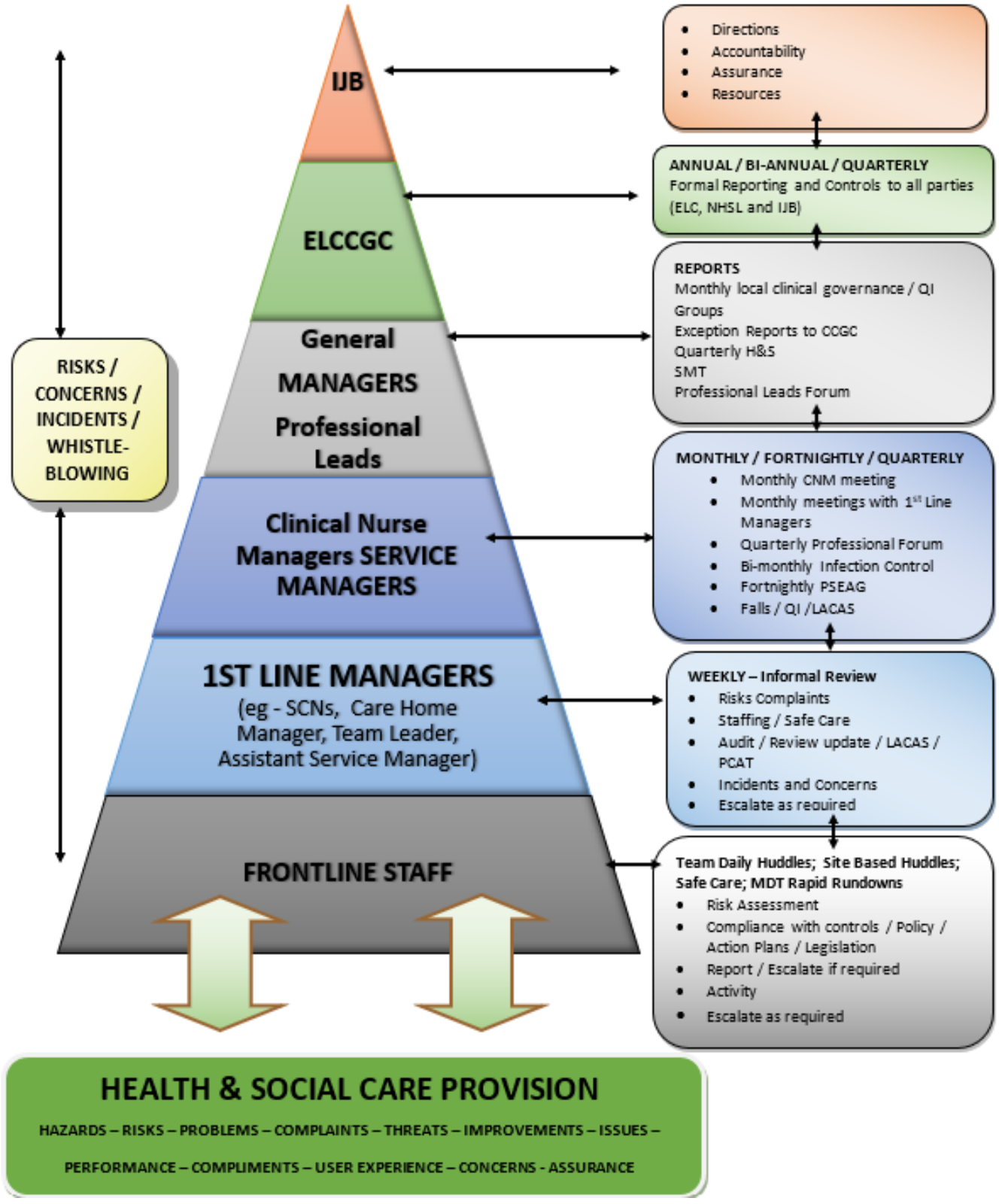
PLICC – Pan Lothian Infection Control Committee

PSEAG – Patient Safety & Experience Action Group

SMT Meeting – Senior Management Team Meeting (East Lothian HSCP)

APPENDIX 3

Diagram 1 - East Lothian HSCP Structure & Escalation



APPENDIX 3

East Lothian HSCP Groups and Structures – Summaries

- **Operational Groups and Huddles –** daily / weekly operational groups and huddles form the bedrock of the Partnerships overall management and governance structure. These are generally multi-disciplinary and chaired by a member of the CMT. The allow for early identification of any risks or issues and allow these to be actioned or escalated to other parts of the structure as appropriate. Examples include the Activity Huddle, Care at Home Huddle and Care Home Huddle.

- **ELHSCP Core Management Team (CMT) -** led by the Chief Officer with membership comprising of the Head of Operations, Chief Nurse, Clinical Director, and General Managers, with support from the Chief Financial Officer and planning and commissioning colleagues. CMT meets every 2 weeks and covers a range of operational matters. Situational updates on services are provided, and there are a number of standing items include DATIX / SAEs and Workforce.

- **East Lothian IJB Clinical and Care Governance Committee (CCGC)** – chaired by ELHSCP Chief Nurse with membership including Chief AHP, Clinical Director and Chief Social Worker. The CCGC meets quarterly and receives reports from General Managers on the quality and safety of services in their areas.

  Work has been ongoing over the last year to further develop the format and approach to CCGC meetings (see main report).

- **Patient Safety and Experience Action Group (PSEAG)** – meets fortnightly with a focus on the management of clinical safety and risk across all services. PSEAG is chaired by the Chief Nurse / Clinical Director and key staff from services attend to discuss SAEs and LCRs. A number of improvements have been made to the PSEAG approach over the last year (see main report). PSEAG Leads also meet weekly to ensure any issues requiring attention are addressed.

- **Professional Governance Meeting –** our Professional Leads (Chief Nurse, Chief AHP, Clinical Director, and Chief Social Work Officer), along with the Chief Officer and Head of Operations meet quarterly. Agenda items at this meeting include SAEs, Complaints, Compliments, DATX, and LSIs.

- **Weekly Complaints and SAE Oversight Group –**this meeting is chaired by the Chief Officer / Head of Operations and attended by senior managers, as well representatives of the NHS Patient Experience Team and East Lothian Council Feedback Team. The purpose of the meeting is to provide weekly assurance that complaints and SAEs are being managed effectively within the HSCP. Complaints are reviewed and actions to ensure that complainants receive an appropriate and

timely response. The meeting allows any investigation or remedial action to be agreed and ensures rapid escalation of any issues if required. Similarly, discussion of SAEs identifies action or investigation required, and allows for escalation as appropriate.

- **LACAS Meetings / Walk Rounds –** In addition to regular LACAS meetings, Chief Nurse LACAS walk rounds have been introduced in ELCH and will continue following each LACAS cycle. The walk round model already existed in AAH / RFU and this will continue on a 6 monthly basis. Walk rounds provide the SCN and nursing team with an opportunity to share their LACAS journey, and to highlight current improvement work and challenges with the Chief Nurse and Lead Nurses for quality. The regular LACAS meetings for each site (ELCH / AAH / RFU) will be combined going forward to support the sharing of data and learning between teams.

- **Mortality and Morbidity Meetings –** these meetings take place quarterly at ELCH for the Medical and Nurse Practitioner teams, including H@H as appropriate. There is a focus on shared learning.

- **Daily staffing resource management huddles –** our hospital based teams have daily huddles to ensure safe and effective staffing levels. These have been strengthened over the last year.

- **Workforce Planning and Operational Steering Group** - meets 6-weekly and provides oversight in relation to learning and development; recruitment; management of vacancies; and any other relevant workforce matters. The Group plays a key role in managing risk in relation to workforce and organisational development.

- **Allied Health Professions Governance and Assurance Framework –** use of this framework and associated assurance and governance App enable the AHP Directorate to maintain oversight and to support professional governance. The App is completed on a quarterly basis for both Physiotherapy and Occupational Therapy, providing evidence and enabling identification of any emergent themes or trends.

- **Rehab AAH/RFU Clinical Assurance and Learning Zones meetings –** each of these meetings is quarterly with a focus on clinical governance and associated learning.

- **East Lothian Community Hospital and Astley Ainslie Hospital Falls Working Group –** made up of members of both ELCH and AAH multi-disciplinary teams this group meets monthly and is chaired by the Lead Quality Improvement Nurse. Business includes identifying any ongoing issues in relation to in-patient falls and exploring reasons for falls. All Major SAEs relating to falls are reviewed by the group,

along with falls data. Group members provide falls support and advice in relation to individual patients and also feedback to the NHS Inpatient Falls Working Group and the East Lothian HSCP Falls Working Group (which covers falls across all services, including community). In addition, the group reviews and shapes the Inpatient Falls and Frailty Quality Improvement Project.

- **East Lothian Community Hospital and Astley Ainslie Hospital Quality Improvement Working Group –** made up of members of both ELCH and AAH multi-disciplinary teams this group meets monthly and is chaired by the Lead Quality Improvement Nurse. The purpose of the group is to improve clinical outcomes; maintain patient safety; enhance person-centred approaches to care; whilst making the best use of resources. The group identifies any trends in clinical risk through analysis of adverse events recorded on DATIX and develops Quality Improvement Projects to address these risks where appropriate. The group also oversees and supports QI projects in both hospitals.

- **East Lothian Infection Control Meeting –** these meetings will begin to take place bi-monthly from September 2024 and will provide an opportunity for discussion of infection control issues / risks and identify and action any learning.

- **Pan Lothian Groups & Networks –** the HSCP is also involved in a number of Pan-Lothian groups which have a focus on safe and effective patient care. Examples include the HSCP / REAS / SUS Joint Partnership Group, the Pan-Lothian Infection Control Committee, and the Chief Nurses Network.

- **East Lothian Professional Networks –** there are a number of East Lothian Professional Forums and Networks in place, including those for Nursing, Occupational Therapy and Physiotherapy.