NHS Lothian

Meeting:	**Healthcare Governance Committee**
Meeting date:	**23 September 2025**
Title:	**Midlothian HSCP Annual Report to healthcare Governance Committee**
Responsible Executive:	**Morag Barrow, Joint Director**
Report Author:	**Fiona Stratton, Chief Nurse**

1 Purpose

This report is presented for:

Assurance	☒	Decision	☐
Discussion	☐	Awareness	☐

This report relates to:

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

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

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

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

Safe	☒	Effective	☒
Person-Centred	☒		

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

2 Report summary

2.1 Situation

The purpose of this report is to provide the committee with an assessment of the safety, effectiveness and person centredness of care provided in Midlothian Health and Social Care Partnership (MHSCP) and to advise of work being undertaken to address risks and improve quality and safety.

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

2.2 Background

The Midlothian Health and Social Care Partnership (MHSCP) oversees delegated community health and social care services in Midlothian, as well as two pan-Lothian hosted services: Dietetics and the Adults with Complex and Exceptional Needs Service (ACENS). Details are in Appendix 1.

Services provided by independent contractors (GPs, dentists, optometrists, pharmacies) and commissioned external providers (e.g. private care homes, home care) are excluded from this report.

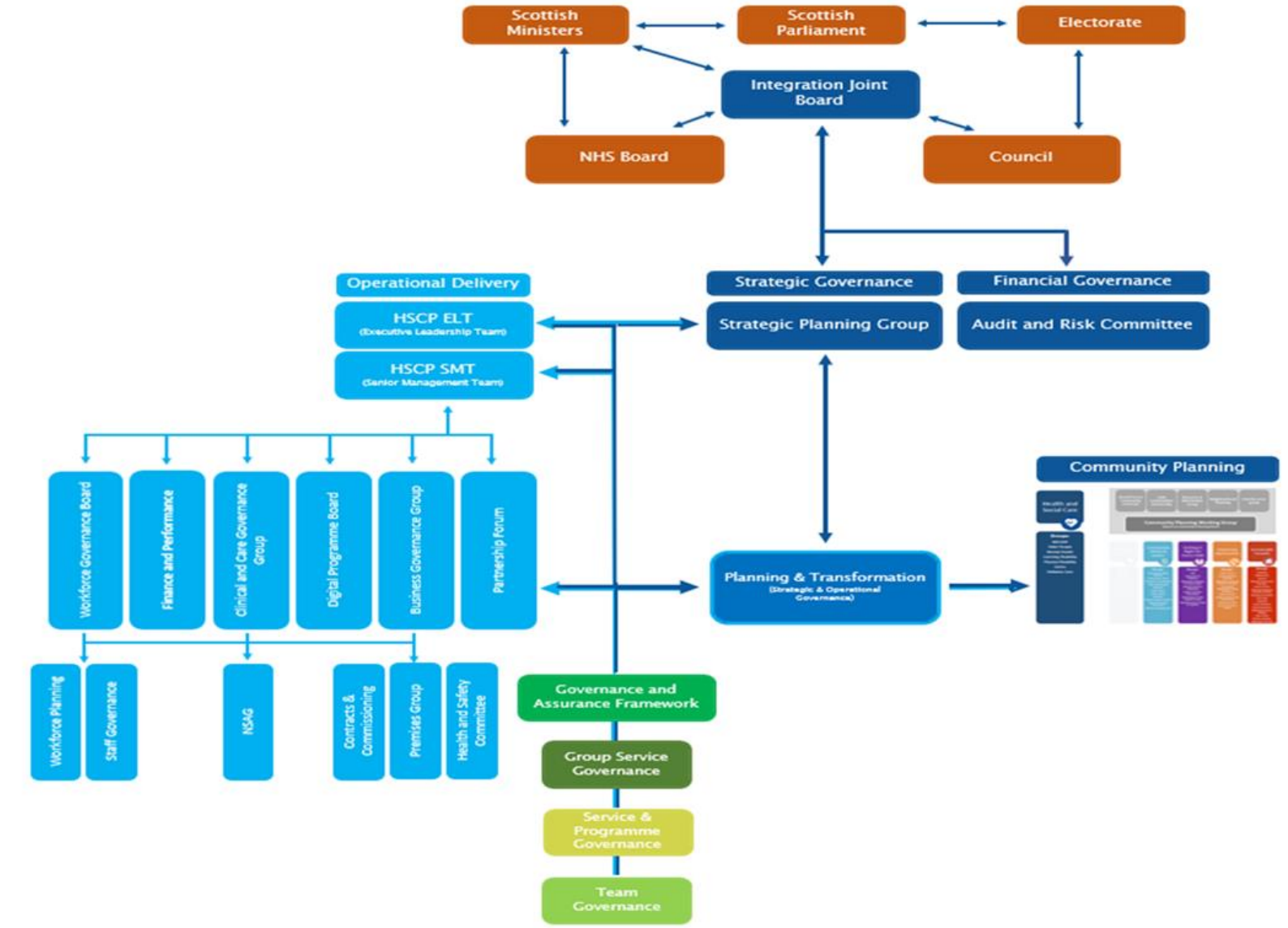
2.3 Assessment

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

Midlothian HSCP has a clear governance framework overseeing the safety, effectiveness, and person-centredness of care across its clinical services.

Governance is maintained through key meetings that provide oversight and documentation, as shown in Figure 1. While Workforce Planning and Staff Governance meetings are paused due to capacity issues, their functions continue via the Workforce Governance Board and Executive Leadership Team.

Figure 1: Midlothian HSCP Governance Structure



Management and Governance Processes

Governance structures and data review processes are outlined below and summarised in the Service Assurance Mapping Table (Appendix 2).

Senior Management & Executive Leadership Teams

The Senior Management Team (SMT) and Executive Leadership Team (ELT) meet monthly to oversee clinical and care strategic and operational workstreams. Urgent issues can be escalated informally at any time. Agendas ensure regular reporting on safety, performance, and quality. Meetings are minuted and actions tracked.

Clinical and Care Governance Support Groups

A range of groups with remits for specific issues relating to clinical and care governance support the SMT and ELT to deliver oversight of clinical and care quality and are described below.

- **Midlothian Safety and Experience Action Group (MSEAG)**

Chaired by the Chief Nurse/Clinical Director, MSEAG meets fortnightly to oversee the management of Significant Adverse Events (where moderate and major harm death are reported), complaints, and Duty of Candour decisions. It commissions reviews and tracks improvement actions, and analyses data on common harms and complaints. Operational leads can raise emerging issues. Meetings are minuted. MSEAG also reviews service-level safety activities including complaints, adverse events, safety huddles, inspections, and specific harms (e.g. falls, pressure ulcers, medication errors, infections).

- **Quality Management Groups (QMGs)**

QMGs, chaired by Integrated Service Managers, meet quarterly to assess safety, effectiveness, and person-centred care. They complete a standard report (Appendix 3) and review it with Heads of Service before submission. QMGs also oversee inspections of commissioned services, monitor improvement action plans for inspections, update risk registers, and escalate concerns as needed. The GP Cluster Quality Network also submits quarterly reports to the CCGG.

- **Clinical and Care Governance Group (CCGG)**

Meeting quarterly, the CCGG provides biannual assurance to the Integration Joint Board (IJB). Chaired by the Chief Nurse, it includes senior clinical and operational staff. Services must submit quarterly QMG reports and present a summary annually. Verbal updates on risks and actions are provided, by exception. CCGG reports inform the Healthcare Governance Committee annual report and IJB integrated assurance report. Meetings are minuted.

- **Oversight of Common Harms**

Working groups at Midlothian Community Hospital focus on Medicines Management, Falls, Nutrition, and Infection Control. Infection Control is a standing item at the Senior Charge Nurse meeting and links are maintained, with the specialist Infection

Prevention and Control Nurses. Pressure ulcer reviews are conducted separately to recommend improvements (discussed in detail later in this report, on pages 10-11).

- **Governance and Assurance Framework (GAF)**

The GAF is a quarterly digital reporting tool assessing services under Safe, Effective, Person Centred, and Regulatory domains to support the measurement of assurance. It also supports risk assessment and action planning. Recently upgraded to a dot.net platform, it offers improved functionality for submission and reporting, as well as enhanced security. Tableau provides oversight of GAF status across the HSCP (Quarter 1 report is shown in Appendix 3a). Service Managers track action plans, and meetings support shared learning. GAF completion rates reveal operational gaps, with actions underway to improve engagement and confidence in reported assurance levels.

- **NHS Lothian Accreditation and Care Assurance Standards (LACAS)**

LACAS provides a framework to ensure consistent delivery of person-centred nursing care across NHS Lothian hospitals. It supports quality assurance and improvement aligned with NHS Lothian's strategy. At Midlothian Community Hospital (MCH), LACAS cycles are integrated into the Quality Management Group (QMG) assurance reporting, with recent findings detailed in this report on page 14.

- **MCH Morbidity & Mortality (M&M) Group**

Senior medical staff conduct monthly reviews of all inpatient deaths at MCH. Unexpected deaths with learning potential are escalated via the MCH QMG. Psychiatry of Old Age and Hospital at Home teams now also contribute, promoting cross-specialty learning. Meetings are minuted and overseen by the Clinical Care Governance Group (CCGG).

- **Care Home Rundown**

The weekly rundown supports care homes in meeting clinical and the professional standards via the Healthcare Framework for Care Homes. Chaired by the Chief Nurse, it reviews staffing, training, infection control (using data provided by NHS Lothian Health Protection Team), and adverse events. The Care Home Support Team (CHST) has advanced training delivery, including the rollout of the digital tool Restore 2 for early detection of deterioration and management aligned to residents' Future Care Plans. CHST also leads competency assessments for third-party providers, improving care in areas like catheterisation, syringe driver use, and recognition of the deteriorating patient.

Escalation Processes

The regular meetings within the governance structure described above enable reporting and analysis of care quality. Midlothian HSCP values integration relationships and fosters both formal and informal escalation methods through both management and professional lines. An MS Teams channel allows urgent Executive Leadership Team meetings and debriefs following resilience events to support shared learning and improvement.

2.3.1 Service Quality and Safety Assessment

Safe Care

In Midlothian HSCP, safe care focuses on:

- Deploying appropriately appropriate numbers of appropriately skilled staff where they most needed
- Identifying, assessing, recording, and managing key risks (e.g. TRAK, patient-specific assessments, public protection, person-centred care plans, Infection Prevention & Control, falls prevention)
- Recognising and responding to (acute) deterioration across settings, including care homes, and listening and addressing family concerns when they are voiced
- Supporting adherence to medicines management guidelines and pharmaceutical care policies
- Promoting Realistic Medicine and increasing coverage and communication of Future Care Planning (e.g. DNACPR, eKIS)
- Learning from adverse events and complaints to minimise or mitigate against avoidable harm
- Taking proactive and assertive outreach approaches with individuals at high risk of harm from substance use.

Governance groups (described in section 2.3) use the safety indicators outlined in the Assurance Mapping Document (Appendix 2).

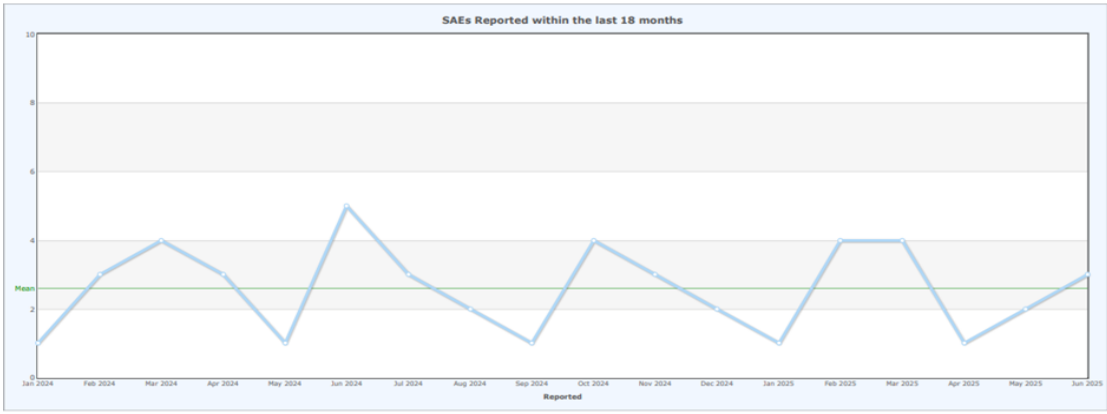
Current evidence about safety

Significant Adverse Events (SAEs)

Figure 1 shows data from Datix on reported SAEs over the past 18 months. Monthly figures remain stable, with normal variation around a consistent median. This data is reviewed quarterly at MSEAG, with fortnightly updates on new SAERs.

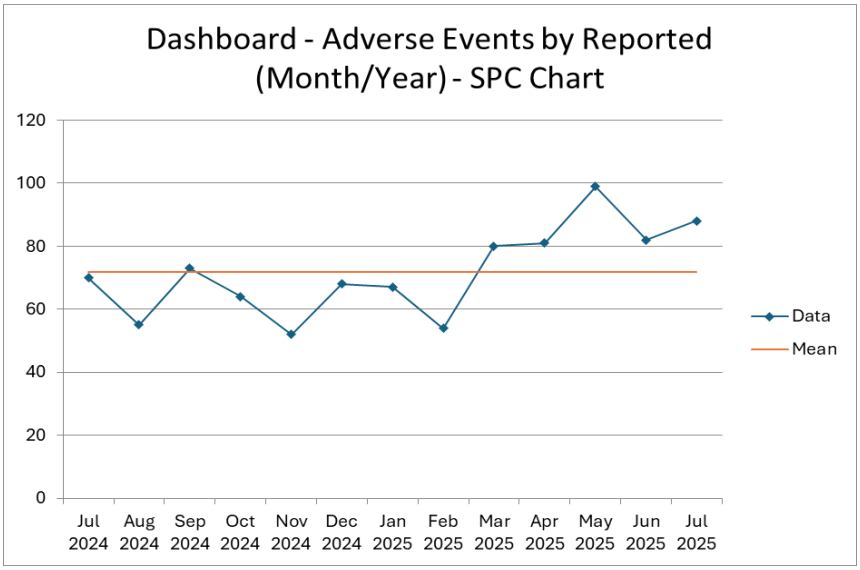
Figure 1:

Figure 1: Midlothian HSCP
SAEs by Reported month/year within the last 18 months 22/07/2025



In June 2025, an increase in overall adverse events was noted (Figure 2). Further analysis found no rise in SAEs (moderate and major harm or death), but more falls without harm at Midlothian Community Hospital and increased reporting of pressure ulcers and staffing concerns in District Nursing, were thought to be contributing to the overall increase. (Further details are provided in Appendix 2a).

Figure 2:



SAER numbers in mental health, substance use, and other services remain static. Updated figures on drug-related deaths were unavailable at the time of writing. The HSCP and MELDAP continue prioritising engagement and harm reduction for people who use substances.

Major harm and death events in Mental Health and Substance Use Services are reported separately to highlight trends and distinguish them from other services.

As shown in Appendix 2a, Indicators 5–8, Midlothian HSCP maintains strong performance on SAE review completion KPIs. Most breaches are beyond the control of HSCP processes. Complaints handling performance (Indicator 10) also remains steady. The HSCP prioritises investigation quality over meeting completion deadlines alone, encouraging Service Managers to include information on risk assessments and safety mitigations in Local Case Reviews to support confident decisions on whether further review is needed.

Review Outcomes – Mental Health and Substance Use Services

Appendix 2a summarises the Quality Improvement Support Team (QIST) data on adverse event review outcomes (Indicators 5 & 6). One Level 1 review in the past year found care/service delivery issues contributed to the event. Two local reviews also identified care/service delivery issues but these were unlikely to have affected the outcome.

All harm-related events offer learning opportunities. Midlothian HSCP has implemented specific action plans based on review findings. Communication—both within teams and with families—is a recurring theme. This remains a focus, alongside maintaining patient confidentiality.

QIST prepares data for a Lothian-wide biannual meeting reviewing deaths of patients under NHS Lothian Mental Health (MH) and Substance Use (SU) Services at the time of or immediately preceding their death. The meeting includes managers and professional leads from the four HSCPs and REAS (Table 1).

Table 1: All Mental Health and Substanc Use Deaths reported 01/04/202 31/03/2025 - review type by HS	Local case Rev (Mental Health	Expanded Loca Case Review (Menta Health)	Level 1 Review	Total
Edinburgh HSCP	61	0	0	61
East Lothian HSCP	23	0	0	23
Midlothian HSCP	20	2	0	22
REAS	33	6	1	40
West Lothian HSCP	44	2	0	46
Total	177	10	1	192

In 2024, Midlothian HSCP commissioned more Level 1 Significant Adverse Event (SAE) reviews for MH & SU than other partnerships, but with all Local Case Reviews (LCRs) not requiring further investigation concluding appropriate care (Outcome 1). This year, no Level 1 reviews have been commissioned. Our focus remains on improving the quality of initial LCRs to identify care and service delivery issues early and inform appropriate commissioning of additional review only when it is necessary. In two cases with Outcome 2, where learning points were identified, actions were identified, implemented, and completed. Comparison with other partnerships and REAS (Table 2) confirms that Midlothian applies a suitably sensitive threshold for commissioning Expanded LCRs.

Table 2: Review outcome by HSCP

Table 2: Review Outcome LCRs/Expanded LCRs closed 01/04/2024 – 31/03/2025	1	2	3	Total
Edinburgh HSCP	87	5	0	92
East Lothian HSCP	15	9	0	24
Midlothian HSCP	15	4	0	19
REAS	29	7	0	36
West Lothian HSCP	39	8	1	48
Total	185	33	1	219

Evidence about safety - External inspections – Midlothian Community Hospital

Midlothian Community Hospital has not been subject to any external inspections since the 2024 annual report to the Healthcare Governance Committee. The last unannounced visit by Healthcare Improvement Scotland was in September 2020, with all follow-up actions were completed.

Evidence about Safety - Joint Inspections – Midlothian HSCP

MHSCP services are subject to external inspections by statutory bodies including Healthcare Improvement Scotland, the Mental Welfare Commission, and the Care Inspectorate. Reports are reviewed at SMT, with action plans monitored through QMGs, CCGG, East & Midlothian Public Protection Committee, and the Social Work Assurance Group (SWAG). Where concerns arise, immediate action is taken to address standards of care. Service Managers lead implementation, supported by operational and governance structures, to ensure sustainable improvements.

A Social Work Governance Review was carried out under Section 53 of the Public Services Reform (Scotland) Act 2010 by the Care Inspectorate and was completed in May 2025, followed by feedback sessions. The review concluded that statutory duties are met safely and effectively, and that social work staff are generally well supported. Discussions with Social Work Scotland on follow-up actions are ongoing. Points about the Social Work role within Health and Social Care Partnerships were also raised.

Service Improvement Work to Address Safety Issues

In addition to specific learning from individual adverse events and known risks, improvement work is undertaken to address the most common reported harms.

Common Reported Harms

Since 2021, pressure ulcers have consistently been the most common cause of moderate or major patient harm and death (Table 3). In Mental Health and Substance Use Services, unexpected deaths and self-harm remain the leading cause. In-patient falls and medication errors are discussed later, while Violence and Aggression events are managed through NHS Lothian's Health and Safety systems. Appendix 2a, Indicator 9, provides a more detailed analysis of MHSCP's common reported serious harms.

Table 3: Top 5 Common Harms, 2021-2025:

Top 5 common harms	2021-2024	2023-24	2024-25
1	Pressure ulcer	Pressure ulcer	Pressure Ulcer
2	Patient fall	Unexpected death (MH/SU services)	Unexpected death
3	Unexpected death	Patient falls (MCH)	Patient fall (MCH)
4	Violence/ aggression/ abuse/ harassment	Violence/ aggression/ abuse/ harassment	Medication error
5	Medication error	Self-harm	Violence/aggression/ harassment

Pressure Ulcers

Pressure ulcers are the most commonly reported healthcare-associated harm in Midlothian HSCP, as reported for the rest of Scotland by Healthcare Improvement Scotland. Locally, they occur more frequently in people's own homes than in hospitals or care homes. Reporting on avoidable harm remains a challenge for NHS Lothian but Appendix 2a (Indicator 13) provides current data on incidence and severity.

NHS Lothian's updated Pressure Ulcer Policy (currently under consultation) mandates systematic patient assessment and the implementation of effective preventative strategies to reduce the risk of skin breakdown and facilitate healing of tissue damaged by pressure, shear, friction and moisture. Incidents are recorded via Datix, with revised pathways aimed at improving data quality.

The Tissue Viability Service (TVS) offers specialist support and education. Progress has been made in enabling digital image sharing for wound monitoring in community hospitals, pending information governance approval of a nationally developed app, although some progress has been made but IT software changes that support the use of NHS mobile devices. Traditional support remains available for MCH in-patients.

The Tissue Viability Lead Nurse reviews all major harm cases, which are mostly reported by District Nursing Teams (Appendix 2a, Indicator 13). Independent assessment of major pressure ulcers, provision of support, and identification of learning remains a priority. The team supports grading and validation through E-clinic and Datix, with additional training enabling quality improvement projects.

As reported to the Committee elsewhere, NHS Lothian received notification of two Scottish Public Service Ombudsman (SPSO) complaints which were upheld in the past year, highlighting deficiencies in the delivery of pressure ulcer care by the District Nursing Service. One specifically involved a Midlothian patient in 2022 and is discussed later in this report. The SPSO highlighted the need for improvement in the prevention, identification, grading and management of pressure ulcers across NHS Lothian.

In response, the Pressure Ulcer and Management Policy has been updated and training has been refreshed. Work is progressing to ensure all staff within the District Nursing Service have undertaken training in Waterlow Risk Assessment and in the identification, grading and management of pressure ulcers. A Short Life Working Group has been

formed to address the SPSO recommendations, with oversight by the Nursing and Midwifery Care Assurance Board.

A Pan-Lothian Pressure Ulcer Collaborative and a Midlothian Oversight Group (Appendix 4) has also been established. Despite regular fortnightly review meetings to quality-assure pressure ulcer adverse event reviews and share learning, data evidence to support assurance of the implementation of the NHS Lothian policy remains limited. The Collaborative (Appendix 4) aims to improve reporting, grading, and communication across settings, supporting a data-informed approach to to the prevention, identification and management of healthcare acquired pressure ulcers. There is intention that these refreshed structures, the profile and the visibility of this work will support whole system improvement and learning and deliver and improved quality of care and outcomes, and assurance about the systems and processes in place to deliver safe and effective care.

Unexpected Deaths in Mental Health and Substance Use Services

The National annual drug-related death figures were unavailable at the time of reporting. But Appendix 2a, Indicators 2 & 3, detail unexpected deaths in Mental Health and Substance Use Services. Locally led T chart and run chart analyses indicate a stable position.

In-patient Falls

Midlothian Community Hospital (MCH) has one rehabilitation ward, one NHS Lothian step-down ward, one palliative/continuing care ward, and two older adult mental health wards. Most patients are assessed as high fall risk on admission. Relevant data are in Appendix 2a Indicator 15.

Data-driven improvements across all wards, led by the Lead Nurse for Quality and aligned with Lothian Accreditation and Care Assurance Standards (LACAS), have resulted in sustained reductions in fall rates, including falls with harm.

The MCH Falls Prevention and Safer Mobility Group, chaired by a Senior Charge Nurse, meets bi-monthly with representation from all wards. Data is provided by the Lead Nurse QI & Standards and shared with the Pan-Lothian Adult Inpatient Falls Delivery Group. The project follows the Scottish Patient Safety Programme (SPSP), using measures to:

- Identify system/process variation
- Assess impact of changes
- Communicate improvement progress.

Staff promote patient activity—even for those at high fall risk—to support recovery of strength, balance, confidence, and mobility. Fall risk is balanced against inactivity risk to support rehabilitation objectives.

The Driver Diagram outlines ongoing drivers and change ideas:

Midlothian Community Hospital - Falls Prevention

Based on Improvement Methodology, small scale tests of change and includes all 6 dimensions of Quality (Safe, Effective, Efficient, Equitable, Person Centred and Timely).

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To reduce falls by 20% within Mid-Lothian Community Hospital by January 2026 To reduce falls with harm by 20% within Mid-Lothian Community Hospital by January 2026	Person centred Care	• Timely Falls Risk Assessments • Individualised Falls Risk Interventions • Patient and Family inclusion, WMTY conversations • Regular review	- Outstanding Falls Risk assessments highlighted at patient handover using prompts - Commence PCAT 4 - Conversations with patient / family/ carer about falls history. - Speak to patient about their risk of falling whilst in Hospital. - Daily review of Person-centred care planning documentation. - Risk based care rounding - Appendix A completed after every patient fall - Test decaffeinated coffee for patients. - Improve bone health – supplemental calcium / dietary intake - Hip protector pants – for patients who are highest risk of injury
	Promote mobilisation	• Maintain a safe environment • Meaningful activity • Family / Carer involvement.	- Introduction of activity co-ordinator - Structure activities according to needs of ward - Group based exercise programmes - Seats placed around ward for patients to rest. - Personal mobility outcome discussions – focusing on what the patient "can do" - Use of volunteers - Breakfast clubs - All patients provided with properly fitting slippers if unable to access their own
	Multidisciplinary Team Interventions and Communication	• Early Identification & Management of delirium • Multidisciplinary falls Risk Assessment & Intervention • Staff Wellbeing • Safe Staffing • System for learning	- Use of TIME Bundle - Quality Improvement and Data support - Structured reflective practice - Celebrating success - Standardised patient handover e.g SBAR - Safe care used effectively throughout MCH

The 12-month median falls rate at MCH is 10.08% (Appendix 2a Indicator 15). A downward shift was observed with 9 data points below the median, though falls spiked in March–May 2025. Following analysis and action planning, rates declined again in June and July, with July at 9.43%. The national benchmark for all falls is 4.7%.

This benchmark includes intentional falls, affecting data—particularly in mental health wards where patient behaviour contributes to high fall rates. National criteria for defining falls remain under review.

Falls with harm (FWH) are tracked monthly. While fewer patients are sustaining harm, this remains a key focus. Senior Charge Nurses meet monthly to review significant adverse events and share learning through the MSEAG-led review process.

MCH continues to prioritise falls prevention to improve patient outcomes.

Significant Adverse Events - Infections

No infection-related major harm events have been recorded in Midlothian Community Hospital in the year covered in this report.

MCH receives support from the Infection Prevention and Control Team, and infection control remains a standing item for discussion at the MCH Senior Charge Nurse meeting and a dimension of the LACAS framework for which a standard attainment averaging 89% was achieved across the hospital in the July 2025 cycle providing moderate assurance on the Infection Prevention and Control standard.

Medication Administration Errors

Medication errors again feature among the 5 most common harms reported in Midlothian. An analysis is provided in Appendix 2A Indicator 9.

In MCH in-patient areas, the Pharmacy team collaborates with the multi-disciplinary team to review medication errors, identify root causes, and implement learning actions. Senior Charge Nurses conduct peer reviews to support risk analysis and implement mitigations.

The absence of Hospital Electronic Prescribing and Medicines Administration (HEPMA) at MCH contributes to these errors and remains on Midlothian's risk register.

District Nursing reports the highest number of medication errors within NHS services in the HSCP. Each incident is investigated. As noted in Appendix 2A, Indicator 14, insulin dosing errors are most common, largely due to service demand and capacity issues. Time pressures are cited as a contributing cause in the majority of investigations. A rise in the number of older patients with Type 2 Diabetes on low-dose insulin has increased workload and risk, as well as increasing patients' risk of falls and delirium due to hypoglycaemia. Improvement opportunities have been proposed and the need for support to implement these has been escalated to the Executive Medical Director. This issue is Pan Lothian. District Nursing Clinical Nurse Managers, led by Edinburgh HSCP's Lead Nurse for Adults, are gathering data and reviewing clinical strategies and policies (including Realistic Medicine) to develop options that balance individual, organisational, and professional risks.

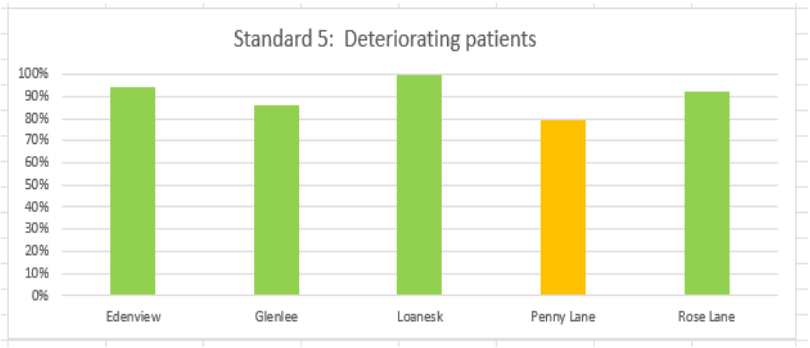
Recognition of the Deteriorating Patient

Early recognition and escalation of the deteriorating patient continues to be a key element of the work to address patient safety at Midlothian Community Hospital. In the July 2025 LACAS cycle, MCH achieved 90% compliance, indicating moderate assurance (Figure 3). The introduction of NEWS recording on TRAK has supported this through:

1. Complete observations – NEWS2 requires full data entry to generate a score.
2. Improved accuracy – Automated scoring reduces human error.
3. Timely monitoring – Alerts prompt timely or over-due observations.
4. Clear escalation documentation – The escalation tab auto-populates progress notes.
5. Enhanced oversight – Ward, clinician, and site-level tracking via floor plans and overview boards.
6. Better information sharing – NEWS graphs and boards are accessible remotely, aiding off-site teams (e.g., Hospital @ Night, Hospital @ Home). Note: Appropriate mitigations are in place to support Lothian Unscheduled Care GPs without TRAK access.

Figure 3 :LACAS Standard 5: Deteriorating patient July 2025

Healthcare Governance level of assura	GOLD



All HCSWs at MCH have been offered Vital Signs and NEWS 2 training and 71% of all HCSW have these competences at present. This figure is lower than reported last year due to changes in personnel. A further 6 HCSWs will shortly complete the training taking the compliance to 79%.

Management of safety and risk – Midlothian Community Hospital- Lothian Accreditation and Care Assurance Standards (LACAS)

The most recent cycle of LACAS was completed in July. All 5 in-patient areas at Midlothian Community Hospital submitted a completed LACAS self-assessment for this cycle. Awards are detailed in Table 4.

Table 4: Midlothian Community Hospital LACAS

Midlothian Community Hospital	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Cycle 7	Cycle 8	Cycle 9
Edenview	Bronze	Silver	Gold	Bronze	Silver	Gold	Gold	Gold	Gold
Glenlee		Bronze (C1)	Silver	Silver	Silver	Gold	Gold	Gold	Gold
Loanesk	Silver	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Rose Lane		Bronze (C1)	Silver	Bronze	Bronze	Silver	Gold	Silver	Silver
Penny Lane			Silver (C1)	Bronze	Bronze	Bronze	Silver	Bronze	Silver

The findings demonstrate quality care from bedside to Board. The summary report (18 August 2025) confirms a continued position of 'Moderate Assurance' for the LACAS Programme at Midlothian Community Hospital, indicating systems are in place to support delivery. It also maintains 'Moderate Assurance' for consistent, high-quality, person-centred care across all Adult Inpatient Areas, as reported in July 2024.

This review cycle continues to highlight good practice and areas for improvement, guiding ward and site-level quality priorities. Ward Observations again showed high standards of care. There is scope to share learning from teams meeting moderate assurance in specific standards. Each ward will develop an improvement plan based on LACAS results, supported by the Lead Nurse.

Management of Safety and Risk – Clinical and Care Governance Processes

Service Managers highlight recruitment, retention, and staff sickness as major risks to safe, effective care in quarterly QMG submissions. Ongoing risk assessment and escalation of staffing concerns remain essential under Health and Care Staffing legislation.

Population growth and ageing in Midlothian continue to outpace available resources, creating service demand pressures. In response, the HSCP is advancing Digital Strategy and Transformation Programmes. GPs cite rising activity, reduced revenue, and a freeze on capital spending as threats to sustainable General Medical Services. More widely, Service Managers report that financial uncertainty and potential service redesign are also affecting staff morale.

The CCGG supports appropriate use of risk registers and escalation thresholds for issues beyond Service Managers' control.

Recent quarterly submissions highlight safety initiatives across services:

- **Pharmacy**: Medicines Reconciliation Hub fully implemented with visible performance metrics; implementation of high-risk medicines support continues.
- **Vaccination Service**: SOP developed for Adults with Incapacity, ensuring safe consent and service delivery for care home residents and housebound patients.
- **Dietetics**: Collaboration with Diabetic Specialist Nurses on Insulin Pump Titration Protocol (pending approval); inpatient e-referrals implemented.

Delivery of a Safe & Effective District Nursing Service – SPSO findings & improvement work

District Nursing in Midlothian has consistently reported ongoing demand and staffing pressures, most significantly since April 2025. Similar issues in 2023 led to a Joint Director and Executive Nurse Director commissioning a review, initially for Midlothian and later expanded across Lothian. Midlothian HSCP continues to engage in this Pan-Lothian review.

Increased demand and complexity led to a revised staffing model with a skill mix to provide care within the financial resource available. This was agreed in November 2024 by the Nursing and Midwifery Workforce Thematic Group and is now largely implemented and under evaluation. Productivity initiatives aim to free up time for care, guided by the principle of right person, right care, right time. A new referral system has improved consistency and decision tracking. Midlothian piloted a paper-lite approach, but this was paused by NHS Lothian due to safety concerns around ward-to-community information transfer, pending a wider pan-Lothian review and results from a further pilot in West Lothian. Education for staff has improved, although service pressures often disrupt study leave. Underpinning all this, work continues to reach a final recommendation on skill mix and future-proofed workforce planning.

On 27 July 2025, NHS Lothian received a Scottish Public Service Ombudsman (SPSO) report upholding a complaint related to shortcomings in the care provided to a Midlothian resident in 2022 by the District Nursing service and the Royal Infirmary of Edinburgh. The report found the District Nursing care and treatment documents to be unreasonable, citing failures to:

1. Complete timely assessments
2. Reassess patients within a reasonable timescale
3. Conduct Waterlow (pressure ulcer risk) assessments correctly

4. Create person-centred care plans
5. Plan two-person visits for basic care, particularly skin checks
6. Avoid reliance on patient self-reporting when inappropriate.

Midlothian HSCP began addressing these findings immediately upon receiving the draft report in May 2025. The HSCP acknowledges the service fell short of the standards expected and is committed to making sustainable improvements and providing robust quality assurance. Data for monitoring and assurance remains underdeveloped and is part of the ongoing Pan-Lothian community nursing review.

An apology has been issued to the complainant (the patient's daughter), and actions to address the SPSO recommendations are included in Midlothian's local District Nursing improvement plan (Appendix 5). Following the draft report and SPSO recommendations, an independent audit of documentation for a sample of Midlothian District Nursing wound care patients was conducted in June 2025. The independent auditor acknowledged progress but highlighted the need for further sustainable improvements. These efforts are ongoing amid staffing pressures and rising demand, with staff wellbeing measures in place. The Pressure Ulcer Collaborative is also supportiing SPSO-related improvements across NHS Lothian.

A new weekly oversight group in Midlothian, attended by the Joint Director, Head of Service, Chief Nurse, Service Manager and Clinical Nurse Manager, monitors 'safe' staffing levels, predicted and actual workload, absence, and prioritisation decisions. Collaboration with the Sustainability and Value team is underway to analyse staffing rotas and develop a staffing dashboard.

Both the SPSO report and independent audit identified shortcomings in documentation. Findings have been shared with teams, with improvements framed around patient safety, care quality, and the Nursing and Midwifery Council (NMC) Code. Regular casenote audits have resumed, and training has been provided, including examples of good documentation. Improvement efforts include better risk identification in relation to pressure ulcers, training, wellbeing support, and recruitment, including six newly qualified nurses (NQRNs). Induction planning is underway with support from Clinical Education, and staff engagement events are scheduled. Progress will be tracked via the Service Improvement Plan and governance frameworks.

The Executive Nurse Director noted similar themes in two other SPSO reports on nursing care. A Short Life Working Group has been formed to oversee SPSO-related improvements, reporting to the Nursing and Midwifery Care Assurance Board.

At the Lothian level, the Community Nursing Review continues to provide scrutiny, support and assurance of improvements in electronic records and documentation. A new care assurance system is being developed to mirror LACAS. A risk with District Nursing using Adult Person-Centred Care Plans (PCCPs) on TRAK led to their suspension, prompting development of new care plans better tailored to District Nursing. These are being mapped to TRAK with eHealth support and will be tested on paper before full rollout. Until then, care assurance remains informal and audit-dependent.

A weekly Pan-Lothian District Nursing huddle has been established to address system-wide pressures, support risk management, and coordinate actions across the four HSCPs. Priority areas include insulin administration for older adults with Type 2 diabetes, IT infrastructure, care assurance systems, education delivery, and recruitment and retention.

Effective Care

Midlothian HSCP's Clinical and Care Governance Framework, in place since July 2023, supports evidence-based care delivery. The Partnership continues to improve the quality of evidence provided by shifting from descriptive narratives to data on activity and impact.

Key challenges reported include demand exceeding capacity, leading to waiting lists and service pressures. Action plans are in place for Weight Management (Dietetics), Adult ADHD Diagnosis, and Musculoskeletal Physiotherapy.

QMG templates enable services to document and demonstrate improvements in care effectiveness.

Developments in Mental Health and Substance Use Services - Joint Group interventions

Group interventions are a vital part of mental health treatment, offering individuals a supportive environment for person-centred recovery. Evidence shows they enhance self-awareness, confidence, and overall well-being. A key benefit is reducing isolation by fostering a sense of community and belonging. Shared experiences help participants develop coping strategies and interpersonal skills, empowering them to manage their mental health and build relationships.

Midlothian Mental Health and Substance Use Services offer a range of group interventions tailored to individual needs, including:

- Creative Group – Encourages self-expression, belonging, and understanding of mental well-being.
- Decider Group – Focuses on developing 12 core life skills.
- Cooking Group – Builds skills in healthy eating and meal preparation, promoting independence.
- Gym Group – Supports holistic care and positive mental health through physical activity.

Participant feedback is essential for evaluating outcomes, improving services, and ensuring groups meet the needs of target individuals.

Falls – a public health Issue

Falls are a leading cause of injury, hospitalisation, and death among older adults. Midlothian HSCP, led by the Chief AHP, is prioritising prevention and early intervention to reduce falls.

Community Appointment Days are being tested to support falls prevention, frailty, and bone health. These events shift from consultation to conversation, offering a non-medicalised space where individuals can access professionals, third sector partners, and resources to support self-management. Aligned with National Falls Prevention Week, this initiative enhances the existing multi-disciplinary pathway and integrates the Frailty Scale at every intervention. The target group is older adults, with a person-centred approach tailored to individual needs. A full evaluation report is expected in early 2026.

The NHS Lothian Falls Prevention and Management Framework (2025–2028) outlines commitments to reduce falls risk across the health and care system. It is built on pillars of prevention, collaboration, person-centred care, education, and data. A system-wide implementation group supports delivery and local ownership, including a measurement framework to track impact and outcomes.

MHSCP has broadened its multi-disciplinary approach, increasing professional input, and supporting inclusive self-management. Development of the falls responder role through the Home First service includes training in the abbreviated multi-factorial falls assessment to identify risks and prevent recurrence.

Functional Fitness MOTs, delivered via Midlothian Active Choices, promote proactive fall prevention and awareness.

The NHS Lothian Falls Dashboard provides HSCP-level oversight of A&E and falls-related activity (Figure 4) and Falls-related activity trends (Figure 5). Further work is underway to analyse costs and inpatient trends.

Figure 4: Falls related activity trends, MHSCP 2024-25

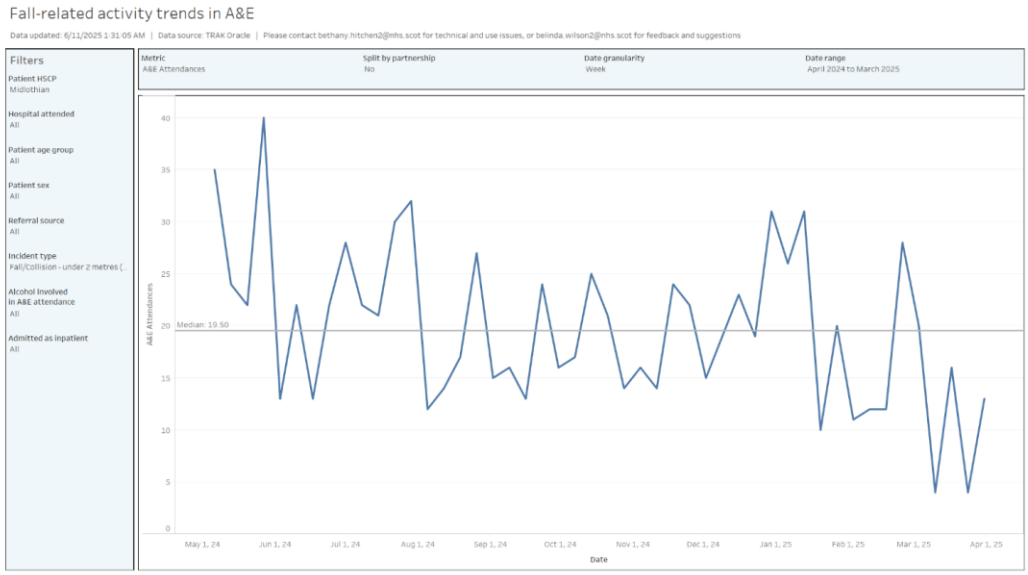


Figure 5: Recurrent falls seen in A&E, MHSCP 2024-25

Frailty

During 2024/5 the Professional Leads have continued to drive a system-wide focus on Frailty, grounded in Realistic Medicine. Using a Quality Management approach, we've worked with stakeholders to identify barriers to safe care and change. Ecosystem mapping and engagement helped co-create a shared vision.

Midlothian promotes a whole-life approach to ageing well, with prevention and early intervention enabling recognition of Frailty risk and access to coordinated support. Key focus areas include:

1. **Functional Frailty Scale**
    - Identifies individuals at risk of or living with Frailty
    - Aligns services to frailty stage, not age
    - Enables tailored access to resources, with weighting towards prevention, supported self-management and early intervention
    - Supports communication and planning across care settings (as this is the same assessment scale as used in the Acute site Frailty Units and in-patient areas)
2. **Deep Generalism**
    - Agile, inclusive services with no wrong door
    - Optimal use of professionals and resources
    - Linked to Community Nursing and Social Work reviews
    - Exploring collaborative, best-value models
3. **Public Engagement**
    - Outreach via clinics, community engagement events, and social spaces
    - Promotes Future Care Planning and Power of Attorney

- Proposed annual birthday communications to raise awareness and support self-management (not yet implemented)

4. **Digital Support**
    - Tech support for older/frail individuals
    - Tools for self-management and monitoring
    - Proposed development of a universal Frailty Passport to link scores with personalised resources (not yet implemented)

Other examples of Effective Care

The most recent quarterly CCGG templates provide some examples of the work being undertaken across services in Midlothian HSCP to deliver improving and effective services:

- **Disabilities:** Continued development of transition pathway and Positive Behavioural Support Service.
- **Homefirst:** Service model review includes scheduling, risk threshold review, MDT opportunities, and links to bed-based care review.
- **Vaccinations:** Adjusted scheduling for care home and housebound patients; process mapping of unscheduled vaccinations to support digital planning and Trak use.
- **Health Visiting:** Using Child Health Assessment data to improve the proportion of assessments deemed 'meaningful' in scope and depth.
- **Physiotherapy:** Chronic pain pathway introduced with wellbeing team; falls bundle implemented for Advanced Physiotherapy Practitioners.
- **Dietetics:** Updated care home referral pathway to improve quality and support first-line actions; enhanced enteral feeding approaches in REAS.

Person Centred Care

Complaints

All Midlothian HSCP services follow a formal complaints procedure, available on request, with standardised processes ensuring responses within set timescales. Oversight systems aim to meet Scottish Public Services Ombudsman (SPSO) targets, with performance data in Appendix 2a (Indicators 10–12).

Independent contractors (e.g. GP practices) manage their own complaints, and those submitted via Midlothian Council are not included in NHS Lothian data.

The Director and Chief Nurse receive weekly updates on complaint handling. Delays are addressed promptly, and SMT reviews performance at each meeting. MSEAG provides quarterly overviews to SMT and ELT.

Following a rise in complaints in 2023–24, the median has stabilised at five complaints per month. Themes remain consistent: treatment, staff behaviour, and communication. Ongoing concerns include ADHD diagnosis/treatment in Mental Health Services and access to weight management medications in Dietetics—both

of which are acknowledged to be influenced by media coverage. A new issue has emerged around written communication of discharge from Consultant Psychiatrist care, with actions now in place to improve this. The escalation of one complaint to the Scottish Public Service Ombudsman (SPSO) about the refusal of a second opinion for mental health diagnosis and/or treatment has led to the development of a Lothian-wide policy. An analysis of complaints handling performance data is provided in Appendix 2a Indicators 10, 11 and 12. An upheld SPSO report in relation to Midlothian District Nursing is discussed earlier in this report.

Staff behaviour complaints are addressed individually. Work is underway to refresh 'The Midway', supporting staff through supervision, development planning, and wellbeing initiatives to improve both staff and patient experience.

Person centred approaches in Midlothian – examples:

Service Managers continue to report initiatives aimed at improving patient experience and promoting person-centred care via their quarterly QMG templates.

Mental Health & Substance Use Services
Midlothian funds the Mental Health Lived Experience Panel, in partnership with the Community Advocacy Project (CAP), to ensure service planning reflects the voices of those with lived experience and their families.
Peer workers from Health in Mind support individuals during appointments and throughout their recovery journey. They are co-located with health and social care teams.

Musculoskeletal Physiotherapy Services
PREM data is collected via JISC surveys to inform service delivery. Key findings from 2024–25 include:

- 99% felt involved in care decisions
- 99% felt listened to
- 89% felt care was well-coordinated
- 89% received lifestyle advice (e.g. exercise, smoking cessation, diet, alcohol, mental wellbeing)

Areas for improvement include access and booking processes, with 12% reporting difficulty arranging appointments.

GP Quality Cluster
Since April 1, 2025, 1,118 eKIS Future Care Plans have been created or updated for moderately to severely frail patients under the GP Frailty LES.

2.3.2 Workforce

Oversight of Staffing

Having the right number and mix of clinical and care staff, along with staff wellbeing, is essential for safe, effective, person-centred care.

Midlothian Community Hospital (MCH) holds daily safety huddles led by the Coordinating Charge Nurse to assess staffing across the multi-disciplinary team. This informs the Safecare tool, linked to Healthroster, with compliance consistently above 90%. Safecare supports the common staffing method and is monitored by the nursing team and reported to the Chief Nurse.

Other service areas lack real-time staffing tools, but community teams use methods like Prepstat to monitor staffing and demand. The District Nursing Service uses RAG ratings and workload measures each shift.

Health and Care (Staffing) (Scotland) Act 2019

Midlothian HSCP continues to develop workforce plans to ensure safe staffing across all directly provided services.

Reduced Working Week

Implementation for Agenda for Change staff is ongoing, following NHS Lothian guidance.

TURAS Appraisals

MHSCP is committed to improving appraisal quality to boost engagement, satisfaction, and retention. Completion rates rose to 71.7% in July 2025, with a target of 80%. Monthly reports are reviewed by the Executive Leadership Team.

Sickness Absence

Absence levels are closely monitored. A spike in early 2025 stabilised within four weeks, though rates remain higher than last year. Specialist training was delivered Jan–July 2025, and a multi-level absence panel approach will launch by Nov 2025.

Staff Wellbeing

In 2025, MHSCP merged wellbeing and engagement strategies into a 3-year plan focused on four drivers: meaningful work, healthy environments, leadership opportunities, and staff voice. These are supported by the five pillars of 'The Midway': wellbeing, equity, learning, leadership, and communication.

Tailored wellbeing support is offered to individuals, teams, and services. Initiatives include Soup Stops, wellbeing spaces, and peer support. Over the past year, 25 staff received personalised coaching (avg. 3 sessions each), mainly for psychological distress (58%) and relational issues (15%).

Six mental wellbeing workshops were held, with 68 attendees and 95% content usability. Next steps include evaluating long-term impact and offering team support and top-up sessions.

Listening to Feedback

Staff involvement is supported through team meetings, service visits, iMatter, and 'stay' questionnaires, offering both formal and informal ways to shape services and influence direction. NHS Lothian and Midlothian Council staff representatives continue to contribute to the Senior Management Team. In 2025, Partnership Forums were

unified across organisations to align focus on staff experience. The updated Staff Experience, Engagement, and Wellbeing strategy was approved in March and backed by the new Midlothian Joint Partnership Forum in July.

Reflection, both formal and informal, is a recognised method of listening. While integral to some roles, its benefits may not be fully accessible to all. MHSCP is working with the Spiritual Care Team and project leads to expand Reflective Practice and Values-Based Reflective Practice across relevant areas.

Communication and Engagement

Staff remain our greatest asset. Their dedication enables us to deliver services to thousands across Midlothian, despite rising demand, complex needs, and financial pressures. Supporting staff requires honest, validating, and inclusive communication from leadership.

Communication preferences vary, so our approach is flexible—offering verbal, written, in-person, and remote options to share views. MHSCP continues to explore new engagement methods, including community chat boards, feedback books, and formal tools like iMatter. The July 2024 iMatter survey showed a score of 78, with improved response rates.

Last year, the Senior Leadership Team committed to fostering psychological safety, encouraging open dialogue and partnership. In 2024, following guidance from the National Office for Whistleblowing, MHSCP trialled the validated Edmonson Psychological Safety Questionnaire during Speak Up Week, receiving 150 responses. This initiative sparked meaningful conversations and led to the development of local guidance to embed psychological safety in daily practice.

2.3.3 Financial

There are no financial impacts arising from this report, however the committee should note the challenging financial position related to budget allocation, demand and demography in Midlothian, and the subsequent anticipated impact on performance and delivery.

2.3.4 Risk Assessment/Management

Midlothian Health and Social Care Partnership (HSCP) has a robust risk management process, with regular oversight by the Senior Management Team and Executive Leadership Team. This ensures risks are identified appropriately and senior managers maintain a clear view of significant risks. Risk mitigation is aligned with NHS Lothian's corporate risk register for a coordinated approach.

No local risks have been escalated to NHS Lothian's Corporate Risk Register this year. Operational risks are recorded in the Midlothian Partnership Risk Register, which is routinely updated. High-level risks are escalated when necessary.

One new high-level risk was identified this year, but due to effective local mitigation, it was not escalated:

Risk 3612: HSCP may not achieve financial balance

Midlothian HSCP risks missing financial targets due to underperforming recovery plans and unexpected pressures, especially in Prescribing. This could negatively impact services and patient care. Mitigations are in place, and controls are currently rated satisfactory.

The financial position of the Midlothian IJB remains critical, with a projected £3 million overspend for 2025/26. Key overspends are in Hosted (£0.5m) and Set Aside services (£1.1m). The absence of general reserves limits flexibility to manage in-year pressures, reinforcing the need for robust recovery plans and service transformation to maintain sustainability and high quality of care.

Recovery planning is ongoing, but rising demand requires further actions. All plans are assessed for impact on staff, patients, and service delivery, with mitigation strategies developed to minimise disruption.

HSCP mitigation plans also continue to contribute to the following ongoing risks on the NHS Lothian Corporate Risk Register:

Risk 5186 – Emergency Access

Midlothian HSCP has implemented strategic and operational measures to reduce access delays. The Flow App provides real-time oversight of all Midlothian residents in Emergency Departments or hospital beds. Actions are coordinated to ensure care is delivered in the most appropriate setting, as close to home as possible, with local efforts supporting emergency access across the system.

Risk 5187 – Hospital Bed Occupancy (Previously Timely Discharge of Inpatients)

Midlothian continues to invest in infrastructure supporting ‘Home First’ pathways, promoting care close to home and reducing inappropriate hospital bed use. The area remains committed to NHS Lothian’s Unscheduled Care programme, delivered through integrated, multiagency collaboration including third sector and carer support.

The Flow App has strengthened the MHSCP Flow Team’s ability to track acute admissions and support timely progression through care pathways. This includes identifying patients suitable for treatment at home (D2A, H@H), or in local facilities like Midlothian Community Hospital or Highbank Intermediate Care.

The Discharge Without Delay (DWD) workstream is active in Midlothian Community Hospital, with daily MDT rundowns and discharge planning boards facilitating timely discharge. A continuous improvement approach supports ongoing service development, with effective communication and expectation-setting for patients and families contributing to reduced length of stay.

Midlothian's progress aligns with national targets set by the Collaborative Response and Assurance Group (CRAG).

Risk 3829 – Sustainability of General Practice Model

A detailed review of the sustainability of General Practice in Midlothian has been completed under the Integrated Joint Board's oversight. The Primary Care Improvement Plan (PCIP) is also overseen by NHS Lothian's Director of Primary Care and the GP Subcommittee of the LMC.

The latest PCIP revision was reviewed earlier this year, with funding aligned to Scottish Government priorities in MOU2. Vaccinations have been fully transferred to the HSCP. All 11 practices now access the Midlothian Pharmacy Hub, with over 95% of hospital discharge letters processed within 48 hours, improving patient safety. All practices also benefit from CTAC and phlebotomy services, subject to staffing availability. Following a medication-related incident, a CTAC service review is underway and progress against the improvement plan is being monitored by HSCP leads via MSEAG and CCGG.

Although MSK-APPs are not a government priority, HSCP continues commit funding due to their evidenced value to both patients and GP teams—93% of cases are resolved without further GP input. PCIP funding (60% supplemented by Action-15) supports a Mental Health Nurse in each practice, enabling direct patient access for assessment and triage, alongside Wellbeing Workers commissioned via Thistle Foundation.

Midlothian's population growth and aging profile exceed national averages, posing long-term demand-capacity challenges. An operational plan and sustainability risk matrix (factoring list size, aging, deprivation, workforce, and premises) guide support and additional resource allocation, including GMS-funded LEGUP grants. A premises impact assessment focussing on Shawfair and South Bonnyrigg/Rosewell, is addressing the current pause in capital funding. A standardised business continuity plan has been developed to ensure consistent support to practices and safe patient access during premises or other disruptions.

Primary Care sustainability remains a key risk on the Midlothian HSCP register due to rising demand from population growth, age, and frailty.

Two moderate, unresolved risks remain at Midlothian Community Hospital (MCH):

- **5652 – No HEPMA**
- **5430 – OOH medical cover**

MCH is the only NHS Lothian community hospital without the Hospital Electronic Prescribing Management Administration (HEPMA) system, due to lack of central funding. This creates a risk of medication errors during transcription from HEPMA to paper kardexes when patients transfer from acute sites, or if no kardex is provided. Staff are briefed and encouraged to double-check, but this control is not fully reliable, as evidenced by reported errors.

Daytime/evening out-of-hours (OOH) cover is provided by LUCS GPs, and overnight by the Hospital At Night (HAN) service. LUCS GPs may not be on site, lack access to TRAK records, and may not be able to deliver certain treatments, risking delays for

deteriorating patients. To mitigate this, admission criteria based on LUCS competencies are now used by the Midlothian Flow Hub to manage and limit patient acuity for MCH transfers.

All other key risks have been reviewed in the past year and have appropriate mitigations and governance in place.

2.3.5 Equality and Diversity, including health inequalities

There are no new actions arising from this report which would require the completion of an impact assessment.

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement, and consultation

There are no changes proposed within this paper which would have a negative impact upon people who use our services. The committee should take assurance that the HSCP maintains an active dialogue with key stakeholders and consult on service changes as required.

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.

- Midlothian HSCP Core Management Team 27th August 2025
- The Executive Leadership Team reviewed this paper ahead of submission but meeting cycles did not support full discussion ahead of the deadline.

2.4 Recommendation

Assurance – The Committee is asked to accept **moderate** assurance that MHSCP has systems in place to deliver safe, effective, person-centred care. Based on the evidence, key controls are generally well-designed and applied. Some residual risk remains, with clear actions and plans in place to address areas requiring further attention. In some cases, residual risk exceeds “insignificant.”