

**Meeting:** Healthcare Governance Committee

**Meeting date:** 17 September 2024

**Title:** Midlothian Health and Social Care Partnership  
Annual Report to the NHS Lothian Healthcare  
Governance Committee

**Responsible Executive:** Morag Barrow, Joint Director

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## 1 Purpose

### This report is presented for:

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

### This report relates to:

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

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

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

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

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

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

## **2 Report summary**

### **2.1 Situation**

The purpose of this report is to provide the committee with an assessment of the quality and safety of care provided in Midlothian Health and Social Care Partnership (MHSCP) and 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**

#### Scope of Services

The Midlothian Health and Social Care Partnership (MHSCP) is responsible for the management and oversight of a range of delegated community-based health and social care services delivered within Midlothian and for two hosted pan Lothian services, Dietetics and the Adults with Complex and Exceptional Needs Service (ACENS).

Full details are provided in the service scope appendix (Appendix 1).]

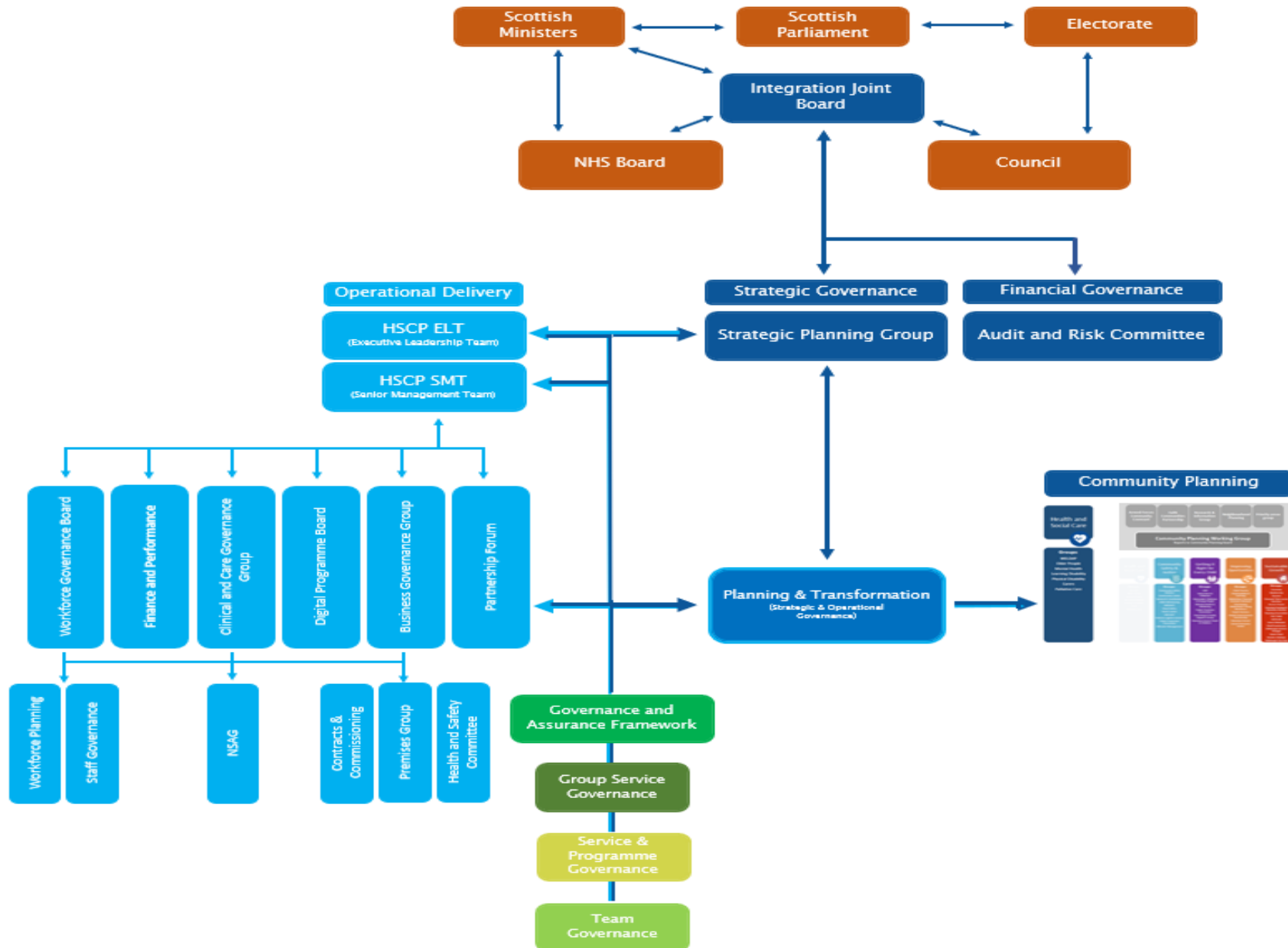
### **2.3 Assessment**

#### **Structures and Processes for Management and Oversight of Safety**

##### Management and governance structures

Midlothian HSCP's governance structure is composed of key meetings that deliver oversight of the governance processes within the MHSCP. These meetings and their inter-relationships are illustrated in Figure 1. The workforce planning and staff Governance meetings are currently paused due to capacity issues but key functions of these groups continue to be delivered by the Workforce Governance Board and the Executive Leadership team

**Figure 1: Midlothian HSCP Governance Structure**



## **Management and governance processes**

The fora in which data are reviewed and acted upon are described below. Detail is provided in the service assurance mapping table (Appendix 2).

### **Senior Management Team/Executive Leadership Team**

The Senior Management Team meets monthly and provides oversight of all clinical and care services within the HSCP. The Executive Leadership Team meets fortnightly meeting to maintain oversight of strategic and operational workstreams. Informal escalation mechanisms support the raising of any urgent issues or safety concerns through operational and professional reporting lines at any time. The agendas of the SMT and ELT ensure regular reporting is received about the safety, performance and quality of services provided across the partnership, and for any emerging concerns about safety and quality of care to be raised. All meetings are minuted and required actions are logged.

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**

MSEAG is chaired by the Chief Nurse and meets fortnightly on behalf of the SMT to support and oversee the management of Significant Adverse Events within MHSCP, i.e. those events where moderate and major harm or death are reported. The group make decisions on the type of review required, commission Level 1 and Local Management Reviews and provide governance and assurance around the completion of reviews and action plans. Organisational Duty of Candour Decisions are made by this group. Data regarding adverse event reporting, closures, common harms, complaints received, and complaint management performance are reviewed quarterly to identify themes and consider any actions required.

Attendance at MSEAG ensures that service level activities including the management of complaints and adverse events, safety huddles, inspection activity, and the local review of data around specific harms, including falls, pressure ulcers, medication errors, and healthcare associated infection provide key members of the Senior management Team with a regular overview of safety issues across the partnership.

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

The Clinical and Care Governance Group (CCGG) meets quarterly and reports to the Integration Joint Board (IJB) twice yearly. The CCGG is chaired by the Chief Nurse and is attended by the Clinical Director, Chief AHP, Heads of Service, Service Managers, and key staff with Quality Improvement, Risk Management and Performance roles. Services are required to convene a Quality Management Group, submit a quarterly template and deliver an annual summary presentation at a CCGG meeting. Verbal reporting of any concerns about new or changed key risks and progress against any outstanding relevant actions where low or medium assurance has been provided on care or clinical governance

indicators is provided. The reports received by the CCGG are the evidence of assurance for the annual report to the Healthcare Governance Committee and the reporting to the IJB.

### **Quality Management Groups (QMGs)**

Quality Management Groups (QMGs) organised at service level and are chaired by Integrated Service Managers. QMGs are required to meet at least four times per year to review activity, data and evidence of assurance around the safety, effectiveness, and person centredness of the services delivered. They complete a reporting template (Appendix 3) designed around Healthcare Improvement Scotland's healthcare quality inspection themes. There is an explicit expectation that Integrated Service Managers review their QMG report with their Head of Service. QMGs are required to maintain oversight of the inspections of commissioned services undertaken by regulatory bodies, and the monitoring of action plans for improvements associated with Healthcare Improvement Scotland inspections and Care Inspectorate Inspections of internally provided regulated services. The Primary Care Cluster Quality Network of the 11 Midlothian GP practices, chaired by the Cluster Quality Lead and attended by the Clinical Director, also provides a quarterly report of quality & safety activities to the CCGG.

### **Oversight and action on Common Harms**

Working groups are established to drive improvement work in relation to common healthcare-related harms. Midlothian Community Hospital (MCH) convenes groups focusing on Medicines Management, Falls, and Food, Fluid and Nutrition. Infection Control is a standing item on the monthly Senior Charge Nurse meeting chaired by the Integrated Service Manager and links are maintained between the MCH team and specialist Infection Prevention and Control Nurses. A group also meets to review any pressure ulcers reported to have been acquired by people in receipt of healthcare and to deliver recommendations on improvement actions required.

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

Clinical and Care Governance indicators are a component of the Midlothian HSCP Governance and Assurance Framework (GAF). The GAF is a quarterly reporting template completed on a web-based application developed in collaboration with the Digital Innovations Team. The GAF uses the domains Safe, Effective, Person Centred and Regulatory to support assessment of impact and provision of assurance levels to support measurement and governance across the local system.

The GAF was designed to enable all teams and services within Midlothian to use organisational data sources to facilitate discussion, assess risk and enable consensus and ownership of mitigation and associated action plans. Supported by the Digital Innovations Team, the digital application enables teams to submit their findings

Following implementation of the GAF last year, engagement continues to improve. Tableau provides digital oversight of GAF status across the HSCP (Appendix 3a) enabling the Executive Leadership Team to have oversight of the assurance levels across their areas of responsibility. Service Managers have responsibility to follow up the progress of their action plans through line management processes and meetings within the HSCP structure provide opportunity for good practice and learning to be shared.

### **The NHS Lothian Accreditation and Care Assurance Standards (LACAS)**

The NHS Lothian Accreditation and Care Assurance Standards (LACAS) provide a framework to give organisational and service-user assurance that quality person-centred care is being delivered consistently across all NHS Lothian's hospital services. The Framework has been developed to promote Quality Assurance activity which can be utilised to inform and drive improvement in line with NHS Lothian's objectives, Quality Strategy and Quality Management Approach. LACAS cycles are embedded within the Quality Management Approach within Midlothian Community Hospital (MCH), and evidence from the most recent cycle is reported in on pages 18-19 of this report.

### **MCH Morbidity & Mortality (M&M) group**

Senior medical staff have established a quarterly Morbidity & Mortality (M&M) group to review all in-patient deaths in Midlothian Community Hospital. Medical and Nursing Team members are encouraged to attend and share learning with the whole group. Meetings are minuted, with an action log, and are submitted for oversight at the Clinical Care Governance Group (CCGG). Scale-up has progressed and now includes Psychiatry of Old Age ward, and Hospital at Home as there are advantages to linking up the M&M discussions across specialties the Medicine of the Elderly wards, to detect any emerging themes, shared learning, and develop collaborative working across the site.

### **Care Home Rundown**

A weekly care home rundown is established with a focus on the delivery of the Healthcare Framework for Care Homes and the support needed and provide to care homes to deliver clinical and professional standards in care homes. The group is chaired by the Chief Nurse and reviews Care Home Support Team inputs and provides a locus for the discussion and escalation of any concerns around staffing, training, infection prevention and control and incidents (adverse events). Data is provided from the NHS Lothian Health Protection Team on infection outbreaks. Work is underway to agree how to measure the impact of Care Home Support teams. The Midlothian Care Home Support team is working to support the rollout of a digital tool (Restore 2) to support the early identification of deterioration and prompt appropriate management aligned to residents' Future Care Plans.

### **Escalation Processes**

The formal meetings within the structure described above provide regular opportunities for the reporting, discussion and analysis of quality-of-care issues. Midlothian HSCP places an emphasis on relationships being key to the work of integration and the size of the

partnership fosters appropriate early escalation through management and professional lines. Methods depend on urgency/severity, and include face to face and all electronic methods. An MS Teams channel is established to ensure that an urgent meeting of the Executive Leadership Team can be convened regardless of the location of the members.

As illustrated and described in Appendix 2a, Midlothian HSCP can evidence steady and continued improvement in performance against KPIs on SAE review completion, and a sustained position in complaints handling. Underpinning that high level data is a commitment to ensuring that the quality of investigations is not overridden by a focus on delivery to timescales alone – i.e. meeting the target but missing the opportunity to fully explore and identify learning. There has been a dedicated focus this year on encouraging Service Managers to include more information in Local Case Reviews, in particular risk assessments and documentation of safety mitigations, and this has been helpful in being able to make an informed and confident decision about whether to commission a level 1 review or close without further investigation.

### **2.3.1 Service Quality and Safety Assessment**

#### **Safe care in Midlothian HSCP**

In Midlothian HSCP safe care is focussed on:

- Deploying staff with the right skills in the right numbers to the place they are most needed
- Identifying, assessing, recording, and managing key risks (TRAK risk assessment, speciality and patient condition specific risk assessment, public protection activity, Person Centred Care Plans, Infection Prevention and Control, and falls prevention activity)
- Recognising, escalating, and managing (acute) deterioration appropriately across a range of settings, including care homes
- Supporting adherence to medicines management and clinical guidelines and policies to provide a high standard of pharmaceutical care
- Delivering Realistic Medicine and care, including the quality, coverage and communication of Future Care Planning (including DNACPR and eKIS)
- Learning from adverse events and complaints in order to minimise or mitigate against avoidable harm across our services
- Proactive and assertive approaches in working with people at most risk of harm from substance use

The groups that form the governance structure detailed in section 2.3 utilise data on indicators of safety as described in the Assurance Mapping Document in Appendix 2.

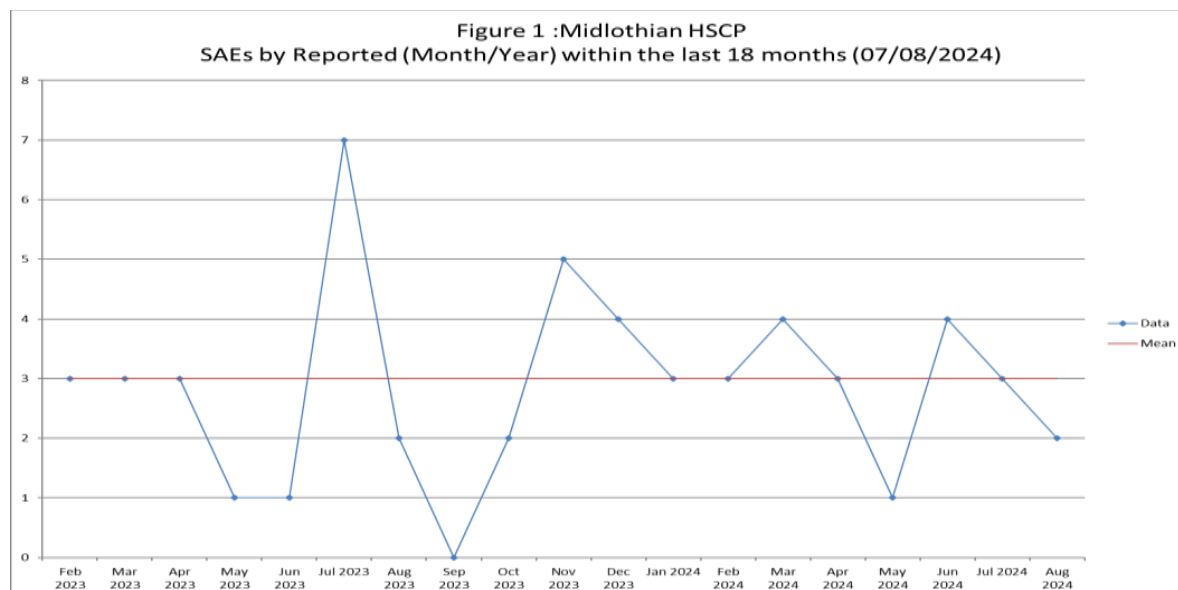
#### **Current evidence about safety**

##### **Significant Adverse Events (SAEs)**

The mean number of reported SAEs per month appears stable. Figure 1 illustrates data downloaded directly from Datix which shown all reported SAEs over the 18-month period

preceding the writing of this report. These data are presented and discussed quarterly at the MSEAG, and attendees are updated fortnightly on any new SAERs which have been reported. Data and analysis are provided in Appendix 2a.

**Figure 1**



Our analysis concludes that the numbers of reported SAERs within mental health, substance use, and all other services is static. However, we do note that annual data for 2023 ‘drug-related’ deaths published on 20<sup>th</sup> August 2024 shows a return to previous levels after a year of many fewer reported drug deaths in 2022 (Appendix 4). The role of the HSCP and the Mid and East Lothian Drug and Alcohol Partnership (MELDAP) in addressing this significant public health issue is recognised. Work to engage people who use substances with services to support them and reduce harm continues to be a priority for the HSCP and its partners.

Data on mental health and substance use major harm and death events have been separated out for the first time this year to enable an analysis of events affecting these patients to be illustrated and for any trends across all other services, including the community hospital to be more clearly identified.

**Review Outcomes**

Appendix 2 includes summary tables of Quality Improvement Support Team (QIST) data provided to the Partnership on the outcome codes for adverse event reviews at closure. This evidences the work undertaken by MSEAG to address a backlog of local reviews in 2021. Care and service delivery problems were pertinent to the outcome being identified in 5 out of 48 reviews over 3 years. Three reviews within the last calendar year have been closed with the finding that care or service delivery problems contributed to the adverse event.



All events involving harm to a patient provide an opportunity for learning, and Midlothian HSCP can evidence the implementation of specific action plans to address the learning from reviews with an outcome of 3 and 4. No common underlying themes or causes of avoidable harm have been identified in these three reviews.

Data is prepared and discussed on a 6- monthly basis to support a Lothian -wide discussion of the incidence, process of review and learning from deaths of patients who were receiving NHS Lothian Mental Health and Substance Use Services at the time of or immediately preceding their death.

**Table 1**

All Mental Health & Substance Misuse Deaths reported 01/10/2023 - 31/03/2024	Level 1 SAE Review	Extended LCR	Local Case Review (Mental Health)	Total
Edinburgh HSCP	0	0	46	46
East Lothian HSCP	0	0	11	11
Midlothian HSCP	3	0	8	11
Royal Edinburgh and Associated Services	1	5	21	27
West Lothian HSCP	0	0	22	22
<b>Total</b>	<b>4</b>	<b>5</b>	<b>108</b>	<b>117</b>

Table 1 illustrates that Midlothian HSCP commissioned a higher proportion of Level 1 SAE reviews than other partnerships but that all LCRs identified an review outcome of 1 (Table 4). This suggests that our focus on quality of initial Local Case reviews is effective in the early identification of care and service delivery problems impacting on the outcome, thereby supporting the appropriate commissioning of external reviews.

**Table 2**

	Review Outcome LCRs closed			LCRs still open as at 27/04/2024				
	1	2	Total	<70 working days	70 days-6 months	6-12 months	>12 months	Grand Total
Edinburgh HSCP	4	1	5	18	13	15	10	56
East Lothian HSCP	3	8	11	4	0	1	0	5
Midlothian HSCP	8	0	8	0	0	0	0	0
REAS	18	2	20	13	*2	*5	*1	21
West Lothian HSCP	17	3	20	6	0	*1	*2	9
<b>Total</b>	<b>50</b>	<b>14</b>	<b>64</b>	<b>41</b>	<b>15</b>	<b>22</b>	<b>13</b>	<b>91</b>

\*Cases that have been commissioned for extended LCR reviews

### **Evidence about safety - External inspections – Midlothian Community Hospital**

Midlothian Community Hospital has not been subject to any external inspections since the last annual report to the Healthcare Governance Committee in 2023.

The most recent unannounced Healthcare Improvement Scotland visit took place in September 2020, and all follow up actions were completed.

The most recent Mental Welfare Commission visit was undertaken in July 2022 and reported in March 2023. Actions identified to address recommendations following this inspection around communication with families and the use of section 47 certificates have been completed, but recommendations about the provision of NHS Lothian psychology input for patients in Penny Lane and Rose Lane wards remain outstanding due to additional funding being unavailable.

The HSCP Chief Nurses across the 4 Lothian Partnerships agreed with the Nurse Director for Primary and Community undertake a programme of unannounced supportive visits over 2023/24. These have initially focussed on bed-based areas, although it is recognised work should be progressed to deliver assurance in community teams also. The first iteration of these visits has enabled testing of readiness for an unannounced inspection and provided support to Senior Charge Nurses in identifying areas of strength and actions to improve in preparation for any formal inspection activity as it arises. Midlothian Community Hospital benefited from unannounced visits to two ward areas in January 2024, providing helpful feedback and assurance around MCH's preparedness for a formal unannounced inspection.

### **Evidence about Safety - Joint Inspections – Midlothian HSCP**

MHSCP services are subject to external inspections from statutory bodies. This includes Healthcare Improvement Scotland, the Mental Welfare Commission, and the Care Inspectorate. These reports are lodged at SMT and actions plans monitored operationally and reported through the QMGs, CCGG, The East and Midlothian Public Protection Committee, and the Social Work Assurance Group. Immediate action is taken when internal concerns or external inspections identify improvements which are required to address standards of care. Operational and professional leads have shared oversight of action plans. Implementation is led by Service Managers and progress monitored and supported through operational and care and clinical governance routes, ensuring the implementation of actions deliver sustainable improvement.

Since the last report to the Healthcare Governance Committee in 2023, Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of Adult Support and Protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland. The national inspection activity programme follows the phase one inspections that took place in 2017/2018. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it. The Midlothian Partnership were part of phase two joint inspections with an aim to provide national assurance about individual local partnership areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. The focus of this inspection was on whether adults at risk of harm in the Midlothian partnership area were safe, protected and supported. The joint inspection of the Midlothian partnership took place between January 2024 and July 2024.

The Inspection considered key processes and strategic leadership. The final report released on 11th July 2024 concluded that the Midlothian partnership delivered adult support and protection processes that protected and supported adults at risk of harm. There were some strong areas of practice, particularly management oversight of Council Officer practice, the risk assessment framework and the quality of chronologies and risk assessments when completed.

The inspection found that overall, strategic leaders ensured the delivery of competent and effective adult support and protection practice. Strategic leaders' vision for adult support and protection was strong and well understood by staff to ensure effective governance.

The Inspectors concluded the partnership's key processes and strategic leadership for adult support and protection were effective with areas for improvement. There were clear strengths in both domains supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

On the 15th July 2024 the Care Inspectorate notified Local Authorities and Health and Social Care Partnerships of their intention to undertake a review of social work governance and assurance arrangements. The review commenced in July 2024 and will conclude in December 2024. It is being carried out under Section 53 of the Public Services Reform (Scotland) Act 2010.

Through the review the Care Inspectorate will answer these questions.

How well do social work governance and assurance arrangements support leaders to:

- Ensure statutory duties are carried out safely and effectively?
- Enable social work staff to be supported, accountable and effective in their practice?
- Assist social work staff to uphold core social work values?

They will span all areas of statutory social work including adults, children and justice social work services and will cover all local authority areas in Scotland.

The review will include: a review of documents, a national staff survey, interviews with key leaders from across Scotland and a range of focus groups with middle and senior managers.

### **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**

Analysis of moderate, major harm and death events over the last year, compared to a similar analysis over a 3-year period (Table 3) shows pressure ulcers to be consistently identified as the most common cause of serious harm to our patients. Unexpected death

and self-harm are the most common cause of major harm or death in Mental Health and Substance Use Services. Violence and Aggression are addressed through NHS Lothian's Health and Safety systems and processes. The Pareto Chart, table and narrative in Appendix 2a provides a detailed breakdown of MHSCP's common reported serious harms.

Table 3: Top 5 Common Harms, 2021-24, compared to 2023-24:

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

### **Pressure Ulcers**

Pressure Ulcers are the most common healthcare-associated harm reported in Midlothian HSCP. Healthcare Improvement Scotland identify that Pressure Ulcers are one of the most common causes of harm within the hospital and care home setting. At a Midlothian level, data evidences that within the HSCP they are a harm more frequently experienced by people in their own homes than they are for hospitalised patients or those resident in care homes. A narrative around the data currently available in relation to pressure ulcer incidence and severity and the MHSCP's ability to comment on the prevention of avoidable harm is provided in Appendix 2a (Indicator 8).

Analysis of data undertaken for the purpose of this annual report highlighted the potential for a more data driven approach to the review of pressure ulcers reported in Midlothian to be adopted.

NHS Lothian's Prevention and Management of Pressure Ulcers Policy requires that all patients are systematically assessed, and effective preventative strategies are implemented to reduce the risk to the skin of breakdown and facilitate healing of damaged tissue from pressure, shear, friction, and moisture. A group within Midlothian meets fortnightly to review and quality assure individual pressure ulcer reviews and share learning, however, this work does not currently produce data which could provide assurance about the implementation of the NHS Lothian policy.

The Tissue Viability Service (TVS) provides specialist advice and support for the prevention and management of pressure ulcers, including educational study days. The Prevention and Management of Pressure Ulcers policy details specific pathways for the Acute and Community settings. This has been in place since 2021 and is due to be reviewed this year. As part of this review process stakeholder consultation will allow consideration of the current pathways to identify any changes required. Work is underway to bring the six community hospitals who don't have regular access to medical photography

into the TVS e-wound clinic. This is where images are used to triage for specialist advice or visits and for recording pressure ulcer development, improvement, or deterioration which is a requirement of the policy. The Scottish Patient Safety Programme has updated the change package and driver diagram available to provide support with evidencing improvement work in relation to pressure ulcer prevention and management. Discussion has taken place with the Lead Nurse for Tissue Viability about developing a collaborative approach across the HSCPs utilising these tools and establishing or refreshing local improvement groups. The Lead Nurse for Tissue Viability committed to providing support in developing a quality improvement approach to data collection and evidencing outcomes. The National Association of Tissue Viability Nurses Scotland is in the process of updating the prevention leaflet for patients, this has been adapted by Lothian in the past and will be implemented once the updates are complete.

The DATIX system is used to record incidence of pressure ulcer occurrence across all sites and there are specific pathways to follow as part of the review process. It has been identified that these are not user friendly and can lead to confusion with learning not always identified. This will be included as part of the policy review.

The Lead Nurse for Tissue Viability in NHS Lothian was consulted while the annual report was being prepared. The Tissue Viability Lead Nurse will continue to support review of **all** major harm pressure ulcers - these are reported predominantly by District Nursing Teams. The continued independent assessment of major pressure ulcers and provision of support with identifying the learning to take forward service improvement has been confirmed, as has the provision of in-person education sessions to update and refresh knowledge with the team involved. This will continue to be offered to all areas, alongside the improvement group work. The Terms of Reference for the Midlothian Pressure Ulcer Group is being updated to reflect the gaps identified and the group will have input from the TVS going forward. Work to develop and support the group to progress and be able to provide evidence of assurance by using a data driven quality management approach to the prevention, identification and management of healthcare acquired pressure ulcers in Midlothian will be progressed.

### **Unexpected Deaths in Mental Health and Substance Use Services**

A specific adverse event management pathway is in place to review the care provided to people who are engaged with Mental Health and Substance Use Services (or who engaged during the 12 months prior to their death) which includes ensuring the requirement is met to notify Healthcare Improvement Scotland (HIS) of suicides and suspected suicides, and for the Mental Welfare Commission to receive appropriate notifications. And outcomes of these Local care Reviews are included in the data Tables 1&2.

In 2023/2024, an increased number of deaths of Midlothian patients engaged with Substance Use Services was reported, including a concentrated spike of 5 deaths over a 1-week period in July 2023. Immediate intelligence highlighted that these deaths were attributable to an unprecedented change in (street) drug availability; it was established that

the 5 patients who died were known to each other. As an immediate response to those 5 deaths, the Substance Use Service reached out to patients known to participate in high-risk substance use practices to raise their awareness of the immediate risks, in addition to their usual risk management plans.

The Integrated Service Manager convened an urgent Core Group Meeting involving multi-agency representation including Midlothian Substance Use Services, the Alcohol and Drug Partnership, local and national Public Health experts and Police Scotland. The purpose of the meeting was to share information and local intelligence and to identify actions to reduce harm to patients and the wider community of citizens who use substances, particularly street benzodiazepines. Harm reduction advice pertinent to the local circumstances were agreed and approved with public health involvement and disseminated across Lothian and nationally. All known patients were provided with harm reduction advice and information to raise awareness of the risks posed by benzodiazepines, with intensive assertive outreach support over the period of highest assessed risk.

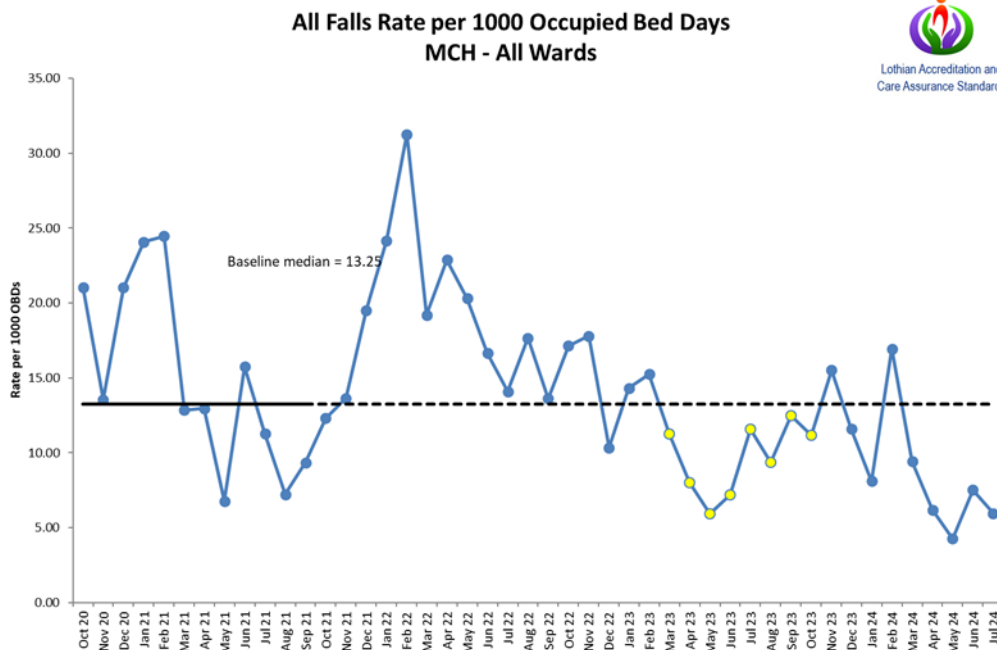
### **Drug Related Deaths in Midlothian**

The National Records Office published the [annual report on drug related deaths](#) (DRDs) in Scotland on 20<sup>th</sup> August 2024. The report detailed that following a very significant fall in numbers of DRDs reported in Midlothian in 2022 (n=4), the incidence of DRDs returned to a level closer to that reported between 2019 and 2021 with 20 deaths attributed to drugs in 2023. More information is provided in a briefing note prepared for elected members of Midlothian Council provided in Appendix 4. Strenuous efforts continue to identify people who use substances and to bring them into treatment as the evidence base about improved safety for substance users engaged in services is strong. Work to continue to deliver the Medication Assisted Treatment Standards (MAT) continues and is outlined in the briefing.

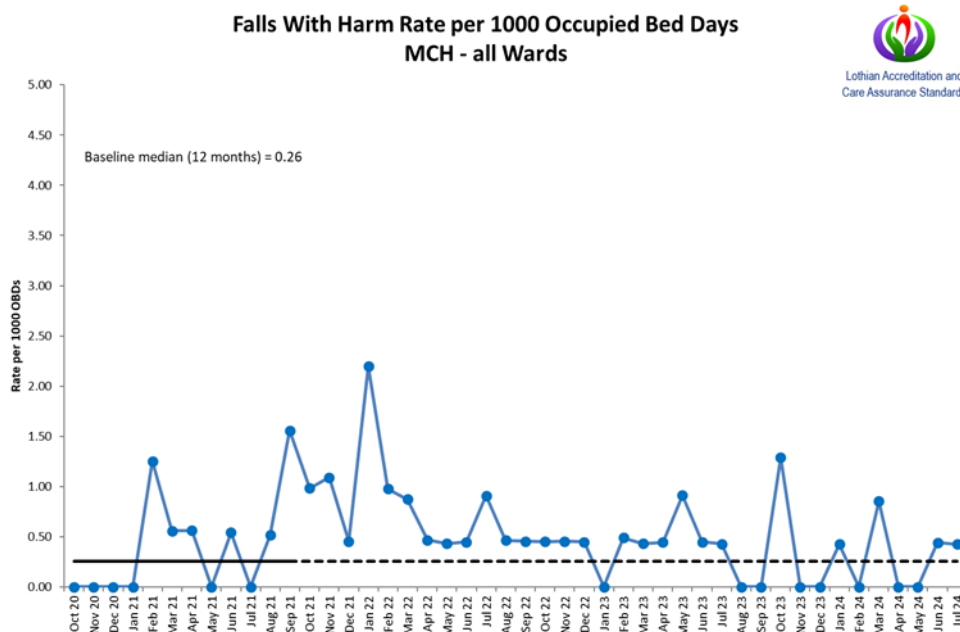
### **In-patient Falls – a patient safety issue**

Midlothian Community Hospital has one rehabilitation ward, one NHS Lothian step-down ward, one palliative care/ continuing care ward, and two mental health wards for older people. The majority of patients are assessed on admission as presenting with a high risk of experiencing a fall. The All Falls Rate per 1000 occupied bed days (OBD) (Figure 3) and Falls **With Harm** Rate per 1000 OBDs (Figure 4) show consistent reduction in falls incidence. This is attributed to data driven improvement work across all ward areas supported by the Lead Nurse for Quality and within scope of the Lothian Accreditation and Care Assurance Standards (LACAS), which is discussed in more detail from page 20 of this report.

**Figure 3**



**Figure 4**



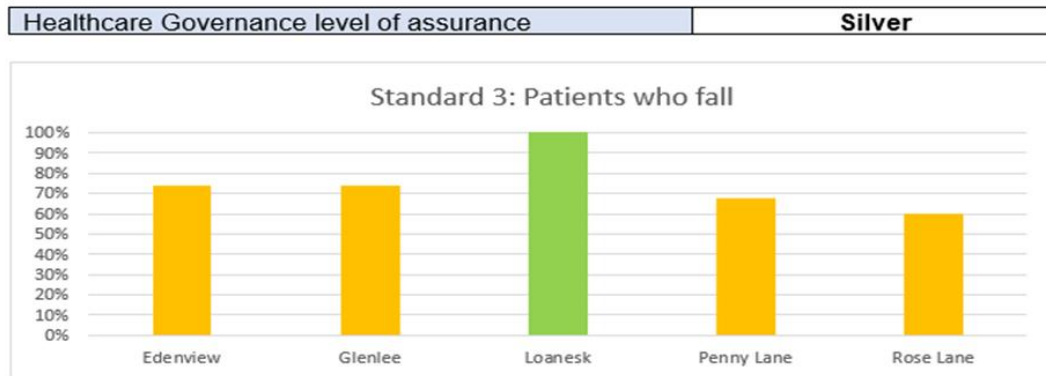
The most recent LACAS cycle reports mean 75% attainment of standards in relation to falls in Midlothian Community Hospital (Figure 5). Although this is one of the lower attainment levels across the whole programme, this figure is not a reflection of work to reduce in patient falls being afforded low priority. The figures represent performance (incidence/ Falls Rates) in relation to the current definition of falls which includes the reporting as a fall, incidents where patients place themselves on the floor- a known feature of the presentation of some patients within the mental health wards. A proposed update of The Scottish Patient Safety Programme falls definition (Appendix 5) will support

more accurate data capture and greater confidence in the assessment of impact of mitigations and improvement activity, and in the provision of assurance.

**Figure 5**

**Falls Prevention – LACAS Standard 3**

The site obtained an average score of **75%** therefore can provide limited assurance for patients who fall.



**VALUE Management link domains:** Quality, Experience, Safety and Cost.

Areas of good practice:	<ul style="list-style-type: none"> <li>The falls risk assessment been reviewed in response to a change in patient's condition</li> <li>The 4AT assessment has been completed as part of the falls risk assessment</li> </ul>
Areas for improvement:	<ul style="list-style-type: none"> <li>There is a falls risk assessment completed for all patients within 24 hours of direct admission/transfer from another hospital</li> </ul>

In rehabilitation wards, and elsewhere, a culture of positive risk taking is adopted to enable patients at high risk of falls to undertake activities to regain strength, balance, confidence and mobility after major illness and injury. The risk of falls occurring has to be balanced against the risk of inactivity in order to achieve rehabilitation outcomes. Service improvement work to address inpatient falls at Midlothian Community Hospital includes:

*Current work*

- MCH Falls Prevention Multi-disciplinary Group meets bi-monthly with representation from all 5 wards
- All 5 wards are focusing on Falls Prevention LACAS Standard 3 - using a Quality Management approach, analysing data to gain an understanding before applying change ideas (Pareto charts – times & location of falls)
- Analysis of OBD data on Falls & Falls with harm is shared and discussed as well as sharing successes
- Improving the quality of falls risk assessment practices across all 5 wards

*Current change ideas being tested:*

- Use of Twilight shift to provide additional staff at times of known higher falls incidence
- Orange poster to alert staff of patients who are at the highest risk of falling (fallen once before / raised delirium score (4AT) / signs of stress & distress)
- Identifying high risk patients during daily safety brief
- Breakfast clubs



- Planned activities at times of high falls
- Evaluating ward routines
- Correct usage of Falls Prevention alarms
- Checklist (known as 'Appendix A') completed after every fall

#### *Next Steps*

- Consideration of work to improve bone health – Calcium supplements what's best?
- Dietary intake – ensuring patients receive sufficient Calcium & Vitamin D from meals being provided within MCH?

#### *Celebrating Success*

Loanesk Ward has achieved sustained improvement and reduction in falls. It's baseline Median of **4.07** is below the National target of 4.7 and a period of **2 years & 6 months** has elapsed since a fall with harm has occurred.

Whilst the adopted target aligned to the national Aim to reduce all falls by 20% within Mid-Lothian Community Hospital by January 2024 and to reduce falls with harm by 20% within Mid-Lothian Community Hospital by January 2024 was not achieved in all areas, significant improvements have been. This is demonstrated in the overall reduction in Falls and the length of time between Falls with Harm. The visibility of this work and the ongoing work to inform staff, patients and their families all contribute to the effectiveness of falls reduction activity in the Community Hospital.

#### **Falls – a public health Issue**

Falls are a major cause of injury, hospitalisation, and mortality among older people. A sustained focus on reducing falls in the wider population is a focus for the MHSCP and the Chief AHP has a lead role for this important work. Recent developments have included refreshed content and appearance of both the falls public webpage and the NHS Lothian staff intranet pages. The public webpage includes links to immediate support, a video on how to get up after a fall and includes information for people in different settings across Lothian. The refreshed webpage can be accessed [here](#). A [new Falls Dashboard](#) has been developed and tested. This creates data on falls across the system which can be filtered by geographic location and includes rates of falls, provides better visibility across the system in relation to falls. A refreshed NHS Lothian Falls Strategy is expected this autumn.

#### **Significant Adverse Events - Infections**

Midlothian Community Hospital reported one major harm event relating to infection in the year covered in this report. Although not ranking as a 'Top 5' common harms, recognition of the occurrence of a major harm event resulting from a treatment-related infection of this type (Clostridium Difficile), in a context of low overall numbers of serious harm events, is appropriate. Investigation identified process and sampling issues which may have contributed to the late detection of this infection, but on balance it is not thought those improvements would have altered the outcome for the patient affected.

MCH receives support from the Infection Prevention and Control Team, and infection control is, as described in this paper, a standing item for discussion at the MCH Senior Charge Nurse fortnightly meeting and a dimension of the LACAS framework for which a standard attainment averaging 93% was achieved across the hospital, providing moderate assurance on the Infection Prevention and Control standard.

### **Medication Administration Errors**

Medication errors have featured as one of the top 5 most common reported harms over the last 3 year period, but do not appear in this year's top 5 due to a change in allocation and ownership of adverse event management reviews. Recognising that a medication administration error resulted in a major harm event and mindful that a change in reporting does not equate a change in risk, work to promote medicines safety is reported here.

Within the MCH in-patient areas, improvements have been progressed in response to medicines errors reported on the Datix system. The Pharmacy team work alongside other members of the multi-disciplinary team ensuring analysis of risk and appropriate mitigation of the root causes are progressed.

Changes to controlled drug process as a result of error review has reduced Datix reports with Schedule 2 CDs in MCH. The revised NHS Lothian Controlled Drug Safe Use of Medicines Procedure was implemented in May 2024, supported by an extensive programme of staff training. Improvement activities include:

- introduction of security bags for less commonly used controlled drugs
- training of staff on accurate measuring of liquids
- introduction of pharmacy spot checks in addition to 4-monthly audits
- introduction of weekly liquid measurements by ward staff
- 

Measures introduced to reduce medication errors including missed doses and administration errors

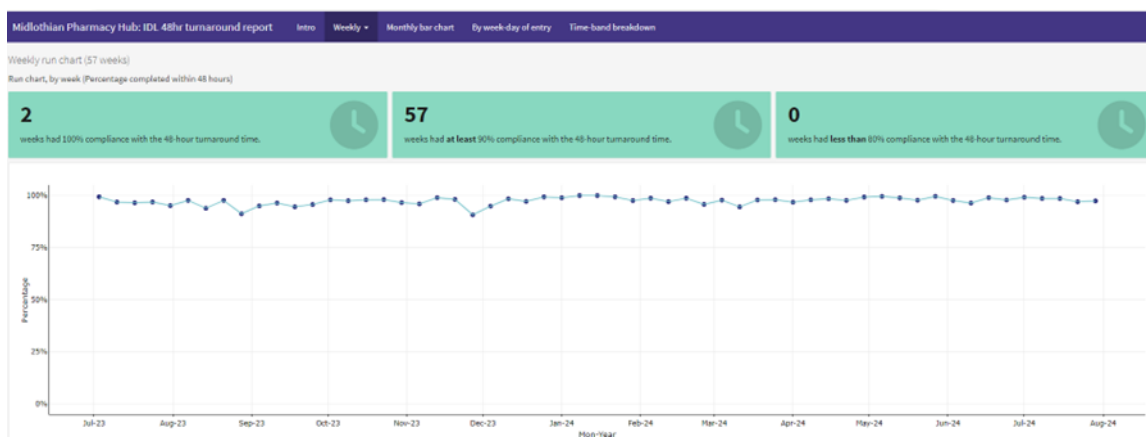
- Introduction of second check paperwork ensuring 'fresh pair of eyes' review of administration record (Kardex) after each drug round
- One-to-one training on medication administration and policy for all nursing staff in MCH facilitated by Clinical Educator and Pharmacy Technician (ongoing, fully complete on rehabilitation and step down wards which were prioritised due to higher risk areas)
- Focussed communication on medicine administration in line with Datix trends
- Liaison with medical staff to ensure prompt rewriting of kardexes and improved communication regarding changes in medication

The availability of Hospital Electronic Prescribing and Medicines Administration (HEPMA) within MCH would mitigate for or further reduce these events - therefore its absence remains on Midlothian's risk register.

The MHSCP Pharmacy Service has member of staff in every practice in Midlothian and the Immediate Discharge Letter (IDL) Medicines Reconciliation Hub ensures that all IDLs in Midlothian are completed within the SPSP target turnaround time of 48hrs (Figure 6).

Pharmacists and pharmacy technicians systematically undertake all medicines reconciliation for all Midlothian patients discharged from hospital. This ensures that any changes made to a patient's prescription during a hospital stay are promptly and accurately assimilated into the patients ongoing (repeat) medicines list in practice systems. Many of these patients will receive a phone call or text from the pharmacy staff, informing them of any changes with the aim of improving safety, reducing errors and improving concordance.

**Figure 6: Midlothian Pharmacy IDL Hub Turnaround Performance**



## Frailty

During 2024 the Professional Leads have been working to engage relevant stakeholders and identify potential opportunities for a new system-wide Frailty pathway in Midlothian, founded on the principles of Realistic Medicine. A Quality Management approach has been taken to this complex work with our stakeholders to understand what currently or historically not worked well or is presenting barriers to change, including the provision of safe care for elderly & frail people.

Ecosystem mapping has allowed us to capture a high-level view of how eight current key stakeholder resources connect and how a typical person's journey may traverse or fall through that network. (In-patient Rehab Team, Sport & Leisure Wellbeing Team, Community Treatment and Care (CTAC), Midlothian Assessment and Rehab Service (MART), Older People Social Work Team, Hospital at Home, General Practice Advanced Physiotherapy Practitioner Team, and VOCAL). Subsequent to this, the use of design methodology and tools has allowed us to define 4 main areas of focus to progress to co-design with patients and carers and then initial testing and measurement.

It is anticipated that the universal use of Rockwood Frailty Score assessments and its common language, which can be understood and applied by all professionals and services, will be the key intervention to unlocking access to a sliding scale/spectrum of integrated resources depending on a person's stage of frailty (rather than just their age), allowing them to more seamlessly move across traditional service boundaries and silos

without repeated referrals and re-assessments. This will also help move balance of frailty resource and supported intervention back to prevention and early intervention. Over time, a programme of community engagement and the development of digital solutions (including a Frailty passport) will also underpin and support this approach.

### **Recognition of the Deteriorating Patient**

Healthcare Support Workers (HCSWs) at Midlothian Community Hospital (MCH) have been engaging in an education programme, the Vital Signs knowledge framework, delivered to support the early recognition and escalation of the deteriorating patient. All HCSWs at MCH have been offered this training with uptake leading to 85% now being compliant with the skillset.

The introduction of News on Trak and the recording of National Early warning scores (EWS) on TRAK has increased the completeness of observations - no EWS score can be produced without complete set of observations. The benefits of this approach include increased accuracy of EWS scoring, reducing risk of human error in calculation, increased reliability of EWS completed on time (frequency) with alerts to time observations due / overdue. The resulting increased ease and clarity of documentation supports timely escalation to an appropriate clinical responder using escalation functionality built into the system.

Assurance is provided by each ward monthly through the Person-Centred Assurance Tool (PCAT) and 6 monthly through the Lothian Accreditation Care Assurance Standards (LACAS) Deteriorating Patient Standard. In the most recent LACAS cycle MCH obtained an average of 93% compliance with the standard and can provide moderate assurance for the Deteriorating Patients standard.

### **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

	cycle	July 2024 award
Edenview	7	Gold
Loanesk	7	Gold
Glenlee	6	Gold
Penny Lane	5	Silver
Rose Lane	5	Gold

The findings provide evidence of the quality of care from bedside to Board. The report released on Monday 19<sup>th</sup> August 2024 proposed that 'Moderate Assurance' is provided

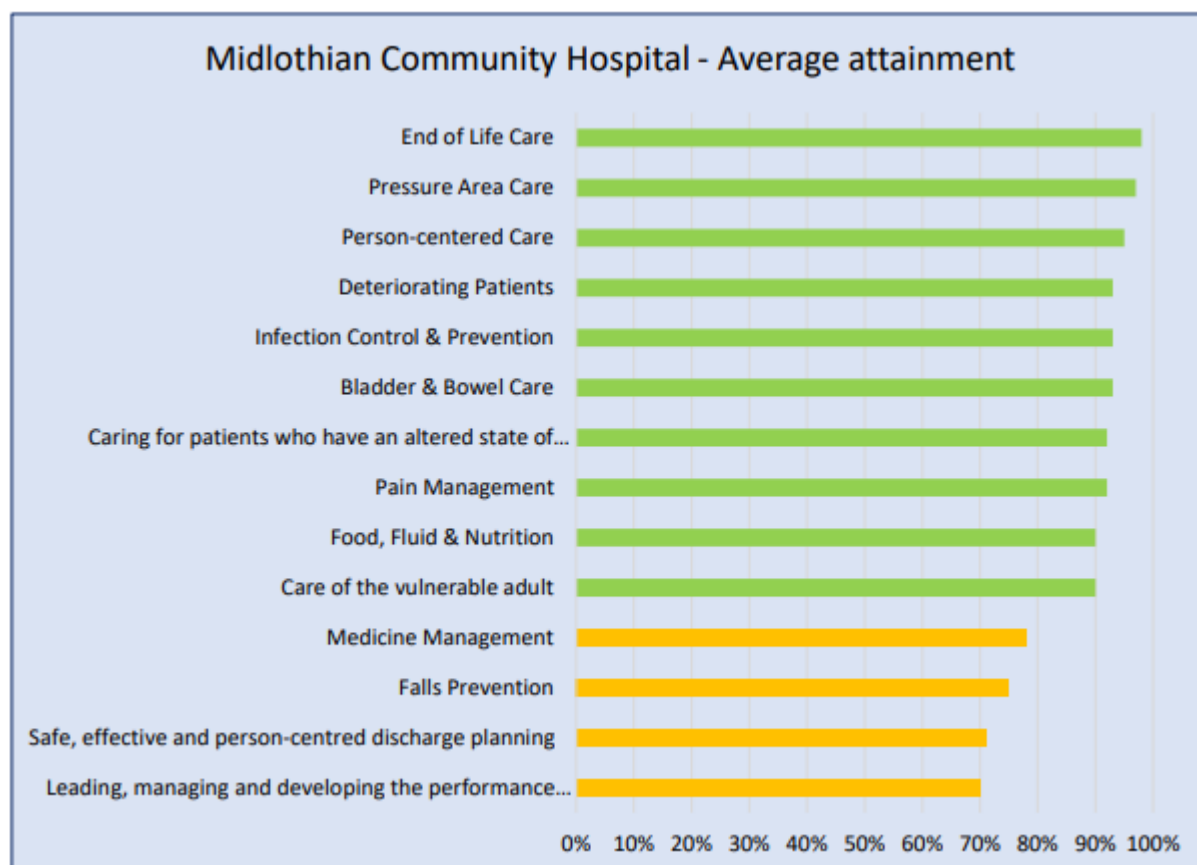
that there are systems and process in place to deliver the LACAS Programme – this position has been maintained from last year. The report further suggests that ‘Moderate Assurance’ can be provided that consistent high-quality person-centred care is being delivered across all Adult Inpatient Areas at this time. This is an improved position from the July 2023 report where limited assurance was provided. Table 5 evidences the progress across the 5 ward areas since LACAS was introduced.

**Table 5: Ward Cycle trends**

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

This LACAS review cycle has again identified clear themes in good practice and areas for improvement, which will continue to inform quality improvement priorities at ward and hospital site level. Figure 2 illustrates the average attainment across the hospital in relation to the LACAS standards. The report states that a high standard of care was again observed across all wards which was evidenced during the Ward Observations visits. There is an opportunity to share good practice and learning from teams who achieved a moderate level of assurance in certain Standards. The wards will now be supported to complete an improvement plan based on their LACAS results and supported by the Lead Nurse to identify improvement priorities and change ideas.

**Figure 2: Midlothian Community Hospital Average Attainment LACAS Standards July 2024**



Associated with the LACAS programme, weekly reports are provided to the Chief Nurse and Integrated Service Manager on the completion of standard risks assessments for in-patients at Midlothian Community Hospital. These ensure management oversight of coverage and currency of inpatient risk assessments recorded on Trak. This has promoted focused discussion with Senior Charge Nurse meetings resulting in improved performance in the completion of risk assessments across all domains in all 5 in-patient areas.

### **Management of Safety and Risk – Clinical and Care Governance Processes**

Service Managers articulate key service level risks and mitigations in their quarterly QMG submissions. Recruitment and retention is cited in the majority as a key risk to the delivery of safe and effective care, as is staff sickness absence. Continued appropriate risk assessment and escalation is identified as a key activity to drive the delivery of safe and effective care and is now a legal requirement as a result of the enactment of the Health and Care Staffing legislation in April of this year.

An overarching concern in Midlothian is the growth of the population and the mismatch between resources and demand. The HSCP is driving a Digital Strategy and Transformation Programme as part of the strategic response to these overarching challenges. General Practitioners cite population growth, increasing activity, and shrinking revenue combined with a freeze on capital spending for premises as combining to generate significant risk to GP practice sustainability and ultimately patient safety if General Medical Services are reduced or compromised. More generally, managers cite uncertainty around financial constraints and the prospect of service redesign and organisational change as impacting on staff morale.

Discussion takes place at the CCGG to support appropriate use of risk registers and understanding of thresholds for escalation for these and other issues which are beyond the day-to-day influence of service managers to change and control.

The most recent quarterly templates provide some examples of the safety issues recognised by Service Managers and of work being undertaken across services in Midlothian HSCP to improve safety in relation to these risks:

- **Pharmacy:** changes to drop down menus to reduce errors in drug selection
- **Vaccination service:** Staff training and review and development of Standard Operating Procedures
- **Health Visiting:** Implementation of the Neglect Toolkit and training in Infant Behavioural Observation
- **General Practice:** Primary Care Improvement Plan and a 5-year Operational plan to support and maintain patient access using new approaches and maximising the deployment of skills within multidisciplinary teams

- **District Nursing:** Local and Pan Lothian Review to deliver sustainability, including a quality improvement project around the model of care for patients with Type 2 Diabetes, new referral process and 'paper lite' approach.
- **Adults with Complex and Exceptional Needs Service (ACENS):** redesigned pathway to the commencement of tracheostomy – ventilation for patients with Muscular Dystrophy
- **Midlothian Community Hospital:** Work to address out of hours medical cover with development of an updated Advance Nurse Practitioner model; continued escalation of risks associated with lack of access to HEPMA
- **Mental Health and Substance Use:** Focussed work to improve documentation as a result of improvements in recording in clinical records being recognised as required through SAERs; Implementation of MAT standards 6-10
- **Physiotherapy:** Competency mapping for Advanced Practice
- **Dietetics:** contributing to strategic development SLWG for pathway for type 1 diabetes and work with Diabetes Specialist Nurses on insulin pump titration protocol

### **Effective Care**

Midlothian HSCP's Clinical and Care Governance Framework promotes an evidence-based approach to the delivery of care and has been in place for just over a year. The Partnership recognises the need to work to improve the quality of evidence available from these reports, and to develop some from a very descriptive approach to the consistent provision of data on activity and impact.

The most significant factors impacting on the delivery of effective care cited within the quarterly reports relate to demand exceeding capacity, resulting in waiting lists for treatment or care. Action plans are in place to address waiting lists for the Weight Management Service (Dietetics), Attention Deficit Hyperactivity Disorder Diagnosis (Adult Mental Health), and Musculoskeletal Physiotherapy.

Midlothian HSCP is participating in the Pan Lothian District Nursing Review, with specific local workstreams related to financial deficit aligned to that work. A number of productivity workstreams are underway and planned to release time to care and support the delivery of the most effective care on the principle of right person, right care, right time. This includes a new referral system, testing of paper lite approaches, and considering skill mix, education and workforce planning for future needs.

A successful project delivered in partnership with Pharmacy has delivered a streamlined, cost effective and clinically effective pathway for wound dressing selection by the district nursing teams in Midlothian has resulted in £61k of savings since the start of the project. Additionally, prompt access to the required dressings has allowed the district nursing service to make more timely interventions for patients. This, in combination with education sessions supported by the tissue viability nurse has resulted in an improvement in the care of patients. The model developed in Midlothian

is currently being spread to the other HSCPs in the Lothians through supported project management from the corporate Sustainability and Value Team.

The Mental Health and Resilience Service previously open to only people under 65 is now available to adults of all ages, ensuring same day self-referral access for anyone who resides in Midlothian – aged 18+ and seeking support with their mental health and mental wellbeing. This service works in partnership with Penumbra, offering crisis support, and distress brief interventions in social crises.

The mental health service has recognised and seeks to address the known impact on health outcomes for people with enduring mental illness. Clinics are established to provide holistic, whole person health and wellbeing support to patients receiving lithium and clozapine treatment. A lithium clinic for patients who prefer not to attend their GP has been established.

Dietetics are delivering service improvement initiatives across multiple specialities, including prehabilitation, seeking funding for expanding provision in oncology, provision of input to the endometriosis service, review of Irritable Bowel Syndrome pathway, education for mental health staff at the Royal Edinburgh Hospital and extensive improvement work in paediatrics.

## **Person Centred Care**

### **Complaints**

All Midlothian HSCP services have a formal complaints procedure which is advertised and made available to patients on their request, and a standardised process is followed to deliver a response to the complainant within set time scale. Local systems for oversight and scrutiny aim to ensure responses to concerns and Stage 1 & 2 complaints meet the Scottish Complaints Ombudsman's targets. Data and analysis of MHSCP complaints I located in Appendix 2a.

GP practices handle their own complaints separately, and complaints made about MHSCP services made via Midlothian Council are not reported to NHS Lothian; neither are included in this data.

The Director and Chief Nurse receive a weekly report on performance in complaints handling. Actions to address any issues causing delays in investigating and responding to complaints are prioritised, ensuring a timely response is provided to concerns people have raised about care provided. SMT receives an update on complaints performance for each meeting and MSEAG undertakes a quarterly overview of performance which is submitted to SMT and ELT.

Although numbers are generally low, an increase in complaints received by Midlothian HSCP has been observed in 2023-24 with the median monthly number of complaints rising from 2 to 5. In addition to the pattern observed over previous years of a number



of individual complaints across a number of different services themed around treatment, staff behaviour, and communication, the increase reported is largely attributable to complaints about the Attention Deficit and Hyperactivity Disorder (ADHD) diagnosis and treatment pathway for adults in Mental Health Services, and waiting times and access to medications on the weight management pathway in Dietetics. Both these services have a degree of profile within the media and complaints received are potentially associated with news coverage. An analysis of complaints handling performance data is provided in Appendix 2a.

Recurring themes in complaints across all services relate to concerns about staff behaviours, arising from individual consultations/interactions. These are dealt with individually with the practitioner involved. However overarching work on the Midway equipping staff with interpersonal skills, support through 1-1 supervision, personal development planning and appraisal, and the Staff Wellbeing Programme, are activities that seek to deliver improved experience for staff and by implication, for people who use our services.

The quarterly QMG templates submitted detail across a number of services that seek to improve patient experience and deliver a person-centred approach.

No 11 has established a panel for people who have used MHSCP services. This is organised in conjunction with Community Advocacy Project (CAP) and ensures the voice of people with lived experience informs service provision and planning. Similarly peer workers employed by Health in Mind are based within mental health and substance use services and co-located with health and social care professionals to provide a supportive presence for people attending appointments and who arrive seeking support across their treatment and recovery journey.

Close working relationships are maintained with the Carers Organisation VOCAL to provide direct support and staff training. This aims to provide relevant support information and advice to the families of people using mental health and substance use services. A group has been established for the carers of people with dementia to provide support, access to advocacy and to build relationships and provide a voice that can shape services.

The Musculo-skeletal Physiotherapy Service and the GP practice-based Advanced Physiotherapy Practitioners are deploying a new way of gathering Patient Reported Experience Measures (PREM) using the JISC survey platform. Data is collected around a range of experience measures which is being utilised to inform service delivery and planning. Domains being measured include:

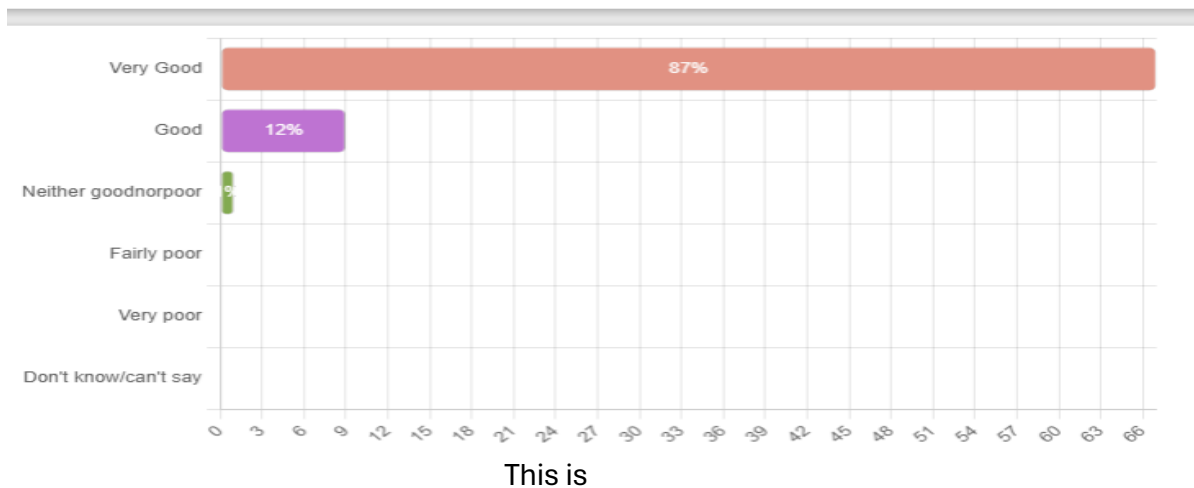
- ease of arranging appointments,
- extent to which patients feel their needs were met,
- the quality of information shared about the patient's condition and self management advice,
- involvement in decisions about care and treatment (see Figure 3 below),

- feeling listened to
- Explaining things in a way the patient could understand.
- Having enough time
- Being treated with care and concern
- Satisfaction with extent to which care was coordinated/joined up with other departments
- More general health advice
- What the service did well
- What could have been better

**Figure 3: Example of PREM data**

5. How good was your physiotherapist at...

A. Involving you as much as you wanted to be in decisions about your care and treatment?



District Nursing Team Leaders have been testing a change to gather feedback about the experience of receiving the District Nursing Service. A telephone questionnaire was developed by Team Leaders who contact recently discharged patients from a colleague's caseload to provide a degree of objectivity. Whilst this requires time and has been found to be achievable only when other pressures and priorities permit, this has provided helpful positive feedback that supports morale and builds confidence across the service to engage with patients and their families helping to drive service improvement and change and ever more person-centred approaches.

The Health & Care Experience (HACE) survey 2024 reports that despite the challenges of the past year with securing ongoing General Medical Services at Danderhall, and restrictions on premises and capacity at Bonnyrigg Health Centre due to Legionella Species last year (now resolved), overall patient satisfaction with the care provided by their General Practice in Midlothian has increased to 68%, from 62% in 2022, and satisfaction with arrangements to speak to a doctor has increased to 61%, from 56% in 2022. Performance is now similar to the average across Scotland. This improvement

has been achieved through a planned improvement programme after the last HACE results, consisting of HSCP support via development of the Primary Care Improvement Plan multidisciplinary services, patient-facing communication and supported self-management campaigns, and collaborative projects with GP practices to improve continuity of care and demand/capacity management.

### **2.3.2 Workforce**

#### **Oversight of staffing**

The availability of the right number and skill mix of clinical and care staff is fundamental in the delivery of safe, effective, and person-centred care.

Midlothian Community Hospital (MCH) operates a daily safety huddle led by the hospital's Coordinating Charge Nurse. The meeting reports to senior management an assessment staffing across the multi-disciplinary team and the alignment of that capacity to the demands, needs, acuity and risks across the 5 in-patient areas for the next 24 hours. This feeds into the completion of the online Safecare tool which is linked to the Healthroster system. MCH's compliance with the Safecare staffing tool is monitored and is consistently reported at above 90%, and in the second week of August 2024 was 100%. Safecare compliance is a key contributor to the common staffing method as an element of delivering the requirements of health and care staffing legislation, and is monitored by the Integrated Service Manager and reported to the Chief Nurse.

No other service areas within the Partnership have a real time staffing tool available at this time. However, local experience of managing workload and staffing pressures during the Covid-19 pandemic enhanced local practices in collating and reporting staffing information. Various methods are employed, with some community teams utilizing technology as an alternative to in-person meetings to operate staffing 'huddles'. Daily 'Prepstat' reporting commenced in December 2023 and has evolved from a brief daily virtual meeting to routine online reporting and an agreed escalation process for exceptions requiring senior management support and mitigating actions. All services within the Partnership engage with Prepstat reporting. This provides an ongoing picture of staffing and demand pressures as an adjunct to the utilization of staffing and workload tools.

#### **Health and Care (Staffing) (Scotland) Act 2019**

Midlothian HSCP has established an Integrated Workforce Governance Board with Workforce Planning and Workforce Engagement subgroups. These support overall work to ensure plans are in place to deliver workforce plans that ensure the delivery of safe staffing levels across all our directly provided services. The Board has directed work to provide assurance and information around the duties and implications of the 'Safe Staffing' legislation including a benchmarking exercise was undertaken to support the provision of assurance around the implementation of the legislation within Midlothian HSCP.

## **Reduced Working Week**

The 2023/24 pay settlement included agreement that all NHS staff employed under Agenda for Change (AFC) will reduce their working week in a phased manner from 37.5 hours to 36 hours (or proportionate change for part time employees) over the next 3 years to support improved wellbeing.

This change is being implemented in a planned and phased way to ensure patient and staff safety. Considerable work is ongoing to devise approaches that will ensure safe staffing can be maintained. NHS employed clinical staff in MHSCP continue to work the hours contracted prior to April 2024 with a transitional allowance being paid to reflect the agreement reached while the planning required to ensure services have staffing levels and working patterns that ensure safe care.

Implementation will be progressed in line with NHS Lothian guidance. Work continues to scope out , risk assess and plan mitigations for the impact of reduced staffing hours on levels of service provision and to address the gaps that the reduction in the working week will create.

## **TURAS**

Midlothian HSCP is committed to investing time and workforce into monitoring and promoting the benefits of positive conversations around appraisals.

The MHSCP Executive Business Manager attend the NHS Lothian Appraisal Champion Board. Participation offers significant benefits by creating a dedicated platform for ensuring consistency and enhancing the appraisal process across the board area, ensuring that appraisals are aligned with organisational and partnership goals, professional development needs and regulatory requirements. It promotes a culture of continuous improvement, providing our workforce with clear feedback, support, and career development opportunities. Through involvement in sharing best practice and addressing challenges collectively, MHSCP is committed to improving the quality of appraisals leading to increased staff engagement, job satisfaction and retention, ultimately contributing to better care and a more resilient workforce.

Midlothian HSCP is working to improve appraisal completion rates and work is progressing to review the local TURAS data and complete a data cleanse to support improved reporting accuracy. A number of data anomalies have been identified that are corrupting the overall compliance figure reported. This is being investigated and learning will be shared as the work progresses.

## **Sickness Absence**

Midlothian HSCP is engaging with NHS Lothian's Sickness Absence Board which has been convened to provide a structured forum supported by Employee Relations practitioners to promote more consistent and effective absence management. The Board discusses and seeks to address the underlying causes of employee absences, promotes early intervention and wellbeing for staff, and aims to prevent absences and quicker recovery and return to work. The collaborative approach fosters a culture of transparency and support, improving employee wellbeing and morale.

Midlothian Health and Social Care Partnership plans to convene a local Absence Management Group to monitor and address local absences to deliver improved workforce stability, enhanced service delivery and improved overall organisational wellbeing.

### **Staff Wellbeing**

Staff Wellbeing Delivery Plan (2021-24) continues to be implemented with the aim of developing innovative solutions to improve and support staff wellbeing, for both NHS Lothian and Midlothian Council staff within Midlothian Health & Social Care Partnership. The plan covers the domains of engagement, communication, access to support, leadership, mental wellbeing, and environment.

Previous initiatives included work to ensure all community-based staff can access essential facilities, a range of health awareness and health promoting activities, work to develop the availability of peer support and to improve awareness and uptake of mental health and wellbeing services. Over the past 12 months the partnership has enhanced the environment through the addition of nine wellbeing spaces including the staff courtyard at the community hospital. The corridors at MCH have brightened and the talents of service users highlighted by displaying bespoke artwork. Opportunities have been created for staff to come together for a nutritious meal at 19 soup stops, and openly encouraged spontaneous acts of kindness through café baskets, the donation of over 50 gift boxes, and sharing 200 cups of kindness. This year MHSCP continues to proactively support staff through the psychological and emotional demands of their job by offering the first Staff Mental Wellbeing workshops in addition to mindfulness, team wellbeing sessions, and one to one peer support and coaching.

### **Listening to Feedback**

A range of mechanisms are in place to hear staff experience including team meetings, leadership walk rounds, iMatter and exit questionnaires. NHS Lothian Partnership and Midlothian Council Staff Side representatives attend and contribute to Senior Management Team. A regular Partnership meeting, chaired by the lead Partnership representative, ensures a specific focus on staff experience and views. A leadership Forum in December 2023 focused on effective collaborative working in order to achieve strategic priorities and deliver operational goals and another forum will take place this autumn.

### **Communication and Engagement**

Awareness has developed of issues that are important to our staff group and of work needed to support improved staff engagement. Our teams continue to face ongoing challenges of workforce pressures, increasing demand and complexity in the context of significant financial constraint and uncertainty. The overall Midlothian HSCP iMatter score from the survey reported in July 2024 was 78, with an increase in response rate from the previous year.

A Communication and Engagement Strategy and a Communication Plan was developed and implemented to deliver a more cohesive approach, offering staff across the partnership opportunities to identify how they would like to give and receive information. While Executive Team members are regularly 'out and about', this refreshed approach has created some opportunities for front line practitioners to meet and discuss their experience of delivering care to people in Midlothian with Senior Managers.

The EMT is committed to a culture of psychological safety where staff feel able to raise concerns about the quality and safety of care. In the event that a member of staff felt unable to speak out, concerns can be raised through Partnership representatives, direct contact with the professional leads (Chief Nurse, Clinical Director, Chief AHP, or Chief Social Work Officer), or alternatively through NHS Lothian 'speak up advocates'. If all other routes are exhausted, the formal whistleblowing procedures of NHS Lothian or Midlothian Council can be used to provide a confidential route for concerns to be raised.

### **Whistleblowing**

In May 2023 a Whistleblowing concern which related to Financial and Corporate governance practices and processes and the implementation of policies and procedures within Midlothian HSCP was raised. Actions progressed following the completion of the investigation are based on ensuring the delivery of organisational best practice.

#### *Financial Governance*

- Development of a register of standard operating procedures.
- Staff refresher on PECOS purchasing system and procedures
- Review of Authorised Signatory Database in line with NHS Lothian financial plans

#### *Corporate Governance*

Utilisation of space within Midlothian: capacity reviews were initiated for GP premises across Midlothian in 2023/24. This work will be extended to cover all premises in Midlothian to understand both outpatient needs and staff requirements with the aim to developing a premises management approach that ensures premises capacity to support service delivery and staff wellbeing.

#### *Implementation of Policies and Procedures*

Developing a review process for all Standard Operating Procedures within Midlothian Health and Social Care Partnership.

### **Speak up Week**

Speak Up Week runs from Monday 30<sup>th</sup> September until Friday 4<sup>th</sup> October 2024 and the theme for this year is 'Enabling Speaking Up'. The premise of the week is for staff to have increased awareness, feel engaged and energised with a renewed commitment to the healthy culture of speaking up. Activities during the week will encourage discussing topics including leadership and whistleblowing culture, access to the whistleblowing process, psychological safety, understanding the experiences of all those involved in speaking up, and building trust.

### **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 has a well-established Risk Management process in place with routine oversight and governance through Senior Management Team and Executive Leadership Team Meetings. This ensures that risks are captured at the appropriate level and Senior managers have a comprehensive view of all significant risks across the organisation. Risk mitigation aligns with NHS Lothian's corporate risk register to provide a coordinated and proactive risk management strategy for the organisation.

No new risks have been added to the NHS Lothian Corporate Risk Register this year. Local operational risks are captured in the Midlothian Partnership Risk Register, which is updated and reviewed regularly, and high risks are escalated to the NHS Lothian Corporate Risk Register.

Midlothian HSCP has notified NHS Lothian of two new high-level risks this year, but due to mitigation plans being in place locally, they have not been escalated to NHS Lothian Risk Register. These risks are summarised below, with detail provided in Appendix 6.

#### **5716 – Workforce**

Risk identified in relation to HSCPs ability to deliver on all aspects of the HSCP Integrated Workforce Plan 2022-25

This is in the context of a national workforce crisis and continuing and complex influencing factors both locally and nationally.

#### **3612 – Finance**

Risk that the HSCP may not deliver financial balance

The financial situation faced by the Integrated Joint Board (IJB) in Midlothian has reached a critical point, as evidenced by the quarter one forecast projection of approximately £9 million overspend in the 2024/25 financial year.

Within the IJB health budgets there is a projected overspend of £2.3m with the key drivers being Prescribing (£1.2m) & Set Aside (£0.6m).

In the 2024/25 financial year the IJB has no general reserve. The absence of general reserves means the IJB cannot rely on previously accumulated funds to cover this deficit.

This situation necessitates the development and implementation of comprehensive financial recovery plans and transformation of services to ensure both financial sustainability and the continued delivery of high-quality care.

The Financial Recovery Plan process is ongoing, but continued increase in demand has led to the requirement to identify additional actions and this process is ongoing.

All plans are thoroughly assessed to evaluate their impact on staff, patients, and Midlothian's capacity to deliver safe, effective, and patient-centred care. As part of this evaluation, mitigating actions are carefully developed to minimise any potential adverse effects, ensuring that the recovery plans are implemented with the least possible disruption.

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

**Risk 5186 - Emergency Access**

Midlothian HSCP has put in place strategic and operational mechanisms to mitigate risks associated with access delays. The Midlothian HSCP Flow app provides oversight of every Midlothian resident in the Emergency Department, or a hospital bed. Real time actions are agreed and progressed to ensure people are receiving care in the most appropriate setting, as close to home as possible, ensuring all possible avenues to support emergency access across the whole system are secured by local action in Midlothian.

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

Midlothian continues to deliver substantial infrastructure to support clinically effective 'Home First' pathways which provide care as close to home as possible and thereby mitigate risks associated with inappropriate hospital bed occupancy. Midlothian remains fully committed to the NHS Lothian programme of work on Unscheduled Care which is delivered through integrated, multiagency approaches which link with third sector capacity and carer support.

The Flow App described above has further enhanced the work of the MHSCP 'Flow Team, ensuring in-patient admissions to acute services are identified, tracked and actions in place to support progress through their care pathway. This includes identification of patients who can receive their treatment at home under the care of the Discharge to Assess (D2A) or Hospital at Home (H@H) or other teams, or nearer to home in Midlothian Community Hospital or Highbank Intermediate Care Facility.

The Discharge Without Delay (DWD) workstream continues to be progressed within Midlothian Community Hospital. Daily multidisciplinary (MDT) rapid rundowns enable identification and ownership of the tasks required to facilitate discharge, facilitated by locally designed discharge planning boards in each in-patient area. A continuous



improvement approach has been adopted ensuring that learning continues to contribute to pathway and service improvements. Effective information sharing and communication, including clear and consistent messaging with patients and families around discharge planning to set expectations appropriately, continue to be a key contributors to reduced length of stay.

At a national level A Collaborative Response and Assurance Group (CRAG) has been convened and Midlothian's improvement is in line with the required trajectory with further improvement anticipated.

### **Risk 3829 – Sustainability model of General Practice**

A comprehensive analysis of the progress and risks associated with sustainability of the model of General Practice in Midlothian has been undertaken, with the Integrated Joint Board's oversight. The Primary Care Improvement Plan (PCIP) also has the oversight of NHS Lothian's Director of Primary Care and the GP-subcommittee of the LMC.

The latest revision of the Midlothian Primary Care Improvement Plan was reviewed earlier this year, and funding continues to prioritise support of the priorities identified by the Scottish Government in its second Memorandum of Understanding (MOU2). All vaccinations have now been transferred to the HSCP. All 11 practices have access to the Midlothian Pharmacy medicines reconciliation Hub with >95% of all immediate hospital discharge letters being dealt with within 48 hours delivering obvious safety benefits for patients, as well as practice-based pharmacist support. All practices also have access to practice-based Community Treatment And Care (CTAC) and phlebotomy services. Following a recent adverse event relating to the unsupervised administration of a medication, a full review of the service is taking place, with the development of a detailed improvement action plan, progress against which will be monitored by the HSCP professional leads via the MSEAG and CCGG groups. Although Musculoskeletal Advanced Physiotherapy Practitioners (MSK-APP) are not one of the Scottish Government's priority workforce group the HSCP has committed to retaining funding in place as the service is highly valued by local GPs: 93% of cases are managed without further GP input once seen by physiotherapist. Funding (60% supplemented from Action-15) is also in place for Primary Care Mental Health Nurses in each practice, which allow direct and timely access to patients for mental health assessment, triage and signposting to the most appropriate resources or service for their needs, as well as practice Wellbeing workers (commissioned to third sector Thistle Foundation).

The rapid growth and projected age profile of the Midlothian population is more marked than the Scottish or Lothian average and is expected to create considerable challenges for local mismatch between demand and capacity in Primary Care over the next 10 years. An operational plan to mitigate for the risks to patient access to general medical services is in place, and a practice sustainability risk matrix (including weighted scorings for list size growth, aging population, deprivation, workforce vacancies, and premises limitations) is used to help identify practices at risk and allocate appropriate support and resources, including the allocation of GMS-funded list expansion grants (LEGUPs). A detailed impact assessment and premises plan is in place to mitigate for the current

pause in Scottish Government capital premises funding for new GP practice premises, focusing primarily on the Shawfair area, and then the South Bonnyrigg/Rosewell area. And a standardised practice business continuity plan for all 11 practices will ensure the effective and safe coordination of patient access to general medical services in the event of any acute premises restrictions in future.

Primary Care sustainability and capacity of to meet increased demand due to increasing population, age, and frailty will remain on Midlothian's HSCP risk register, as predicted population growth is significantly higher than the rest of Lothian.

Two unresolved, moderate risks at Midlothian Community Hospital persist:

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

MCH is the only community hospital site which does not have the Hospital Electronic Prescribing Management Administration (HEPMA) system, as central funding was not allocated for its provision. This creates a risk, due to variation in process, that medication errors and medication-related harm occur during the transcription of HEPMA information to paper kardexes prior to transfer of patients from acute sites to Midlothian Community Hospital (MCH), or that a patient is transferred without a kardex at all. Staff have been fully briefed regarding the potential risk of transcription errors and encouraged to make duplicate checks etc, but this control is not completely reliable and does not effectively manage the ongoing risk which is evidenced by reported medication errors.

Current out of hours (OOH) medical cover at MCH is via Lothian Unscheduled Service (LUCS) GPs, apart from overnight which is provided by the Hospital At Night (HAN) service. However, LUCS GPs may not be on site, often cannot access to patient medical records on TRAK and may not have necessary competencies to provide necessary treatments. This creates a patient safety risk of delayed or potentially inappropriate treatment for deteriorating patients or requiring admission/transfer to an acute site. To mitigate this risk, admission criteria based on LUCS competencies has been tested and implemented by the Midlothian Flow Hub to control the acuity of patients being transferred from acute sites.

All other ongoing key risks have been reviewed in the last year, and have appropriate mitigations and governance in place, as described elsewhere in this report.

### **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 Executive Leadership Team 19 August 2024
- Midlothian Safety and Experience Action Group 20 August 2024

## 2.4 Recommendation

**Assurance** – The Committee is asked to agree and accept **moderate** assurance that MHSCP has comprehensive systems in place to deliver safe, effective and person - centred care based on the evidence presented that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. A moderate amount of residual risk remains, as described in this paper; where further action is required; clear actions have been identified and plans are in place; in some instances the residual risk is greater than “insignificant”.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 Service Scope



Appendix 1 -  
Midlothian -Service.sc

- Appendix 1a Service Scope NHS Lothian Dietetics (Hosted)



Appendix 1a  
Midlothian Service.Sc

- Appendix 2 Service Assurance Mapping Appendix Table



Appendix 2 -  
Midlothian HSCP- Ass

- Appendix 2a Service Data for Healthcare Governance



Appendix 2a MHSCP  
Data for Healthcare G

- **Appendix 3 MHSCP Clinical and Care Governance Template**



Appendix 3 MHSCP  
CCGG quarterly repor

- **Appendix 3a MHSCP GAF Q1**



Appendix 3a MHSCP  
GAF Q1 2024-25 300:

- **Appendix 4 Drug Related Deaths in Midlothian 2023 – briefing note**



Appendix 4 MHSCP  
2024 DRD 2023 briefi

- **Appendix 5 Scottish Patient Safety Programme Falls Definition**



Appendix 5 MHSCP  
2024 HCG falls.docx

- **Appendix 6 MHSCP, New Risks on Partnership Register**



Appendix 6 MHSCP  
2024 New Partnershi