

## BRIEFING FOR CABINET SECRETARY - VISIT TO ROYAL INFIRMARY EDINBURGH

<b>Engagement title</b>	Visit to Royal Infirmary Edinburgh	
<b>Engagement timing</b>	Monday 29 August 2022, 1200-1600	
<b>Venue and full address</b>	Royal Infirmary of Edinburgh	51 Little France Cres, Old Dalkeith Road, Edinburgh EH16 4SA
<b>Car parking</b>	Cabinet Secretary to be dropped off at <b>entrance 1</b> RIE revolving door. Car should proceed to <b>car park 1E for reserved parking space. See Annex I.</b>	
<b>Background/Purpose</b> include invitation history	<p>The Cabinet Secretary has agreed to visit NHS Lothian. This visit will include a tour of the paediatric Major Trauma Centre (MTC) and the Community Respiratory Team in Edinburgh.</p> <p>The First Minister and the Cabinet Secretary were due to open both the Glasgow and Lothian MTCs in August 2021 but it was cancelled due to the First Minister requiring to isolate. This will be the first visit since then.</p> <p>The STN have recently been featured in a documentary for channel 4, NHS Lothian did not take part in the documentary and have confirmed they will not take part in the second series. The Cabinet Secretary may want to raise this during his visit.</p> <p>The <b>Scottish Trauma Network</b> (a major SG investment) is now fully joined-up, to “save lives and give life back” more than ever before.</p> <p>The <b>Respiratory Care Action Plan</b> ‘sets out our vision for driving improvement in the prevention, diagnosis, care, treatment and support of people living with respiratory conditions’</p> <p>There will be hand hygiene stations throughout the tour. There are no specific infection control instructions apart from mask wearing and social distancing, as the Cabinet Secretary will not be in a high risk area.</p> <p>The Cabinet Secretary may wish to not wear a tie and to be bare below the elbows however, this is optional and at the preference of the Cabinet Secretary.</p>	
<b>Relevance to core script</b>	<p>The First Minister and then-Cabinet Secretary for Health announced the five-year implementation of the Scottish Trauma Network in January 2017.</p> <p>The first two MTCs, and the implementation of a ‘ScotSTAR North’ specialist retrieval base, have all been Programme for Government commitments.</p>	

<p><b>Key message</b></p>	<ul style="list-style-type: none"> <li>• Over the past five years, the Scottish Government has committed over £112m to the Scottish Trauma Network including over £40m committed in 2022/23 alone.</li> <li>• The Scottish Trauma Network is now fully joined-up, with four Major Trauma Centres and 3 paediatric trauma centres and supporting facilities, and will continue to provide better outcomes than ever for our most severely injured patients.</li> <li>• All of the Scottish Trauma Network’s clinicians, paramedics and associated staff are due our thanks for this tremendous achievement, which has been implemented at pace even during Covid.</li> <li>• The Respiratory Care Action Plan was published in March 2021. We are currently working on three key areas of improvement within respiratory services: pulmonary rehab, child to adult transition and development of a data set.</li> </ul>
<p><b>Attendees</b></p>	<p>See Annex E.</p>
<p><b>Annexes</b></p>	<p>Annex A: Event Programme  Annex B: Background Brief: South East Major Trauma Network  Annex C: Background Brief: NHS Lothian Community Respiratory Team  Annex D: Lines to take  Annex E: Bio notes / list of attendees  Annex F: Patient case study &amp; biography  Annex G: Agenda for Private Meeting and briefing on issues to be discussed.  Annex H: News Release (issued by NSS)  Annex I: Directions and drop-off/pick-up points</p>
<p><b>Media Handling</b> include mobile number(s)</p>	<p>Attending in support:  REDACTED, SG Comms Healthier team  (REDACTED)</p>
<p><b>Official Support</b> include mobile number(s)</p>	<p>REDACTED – Cabinet Secretary’s Office.  REDACTED – Unit Head of Healthcare Quality &amp; Planning. (REDACTED) who will not be in attendance for the private meeting.</p>

## Annex A: Event Programme

<p><b>12.00pm</b></p>	<p>Cabinet Secretary arrives, to be dropped off at the RIE, entrance 1, revolving door (see map at Annex I). He will be greeted by:</p> <ul style="list-style-type: none"> <li>• Mr Calum Campbell – Chief Executive</li> <li>• Professor John Connaghan CBE – Chairman</li> <li>• Mrs Janice Alexander – Site Director, RIE</li> </ul> <p>Biographies at Annex E. They shall remain with Mr Yousaf for the duration of his visit.</p>
<p><b>12.10pm</b></p>	<p><b>Major Trauma Centre</b> The tour party will head to the Major Trauma Centre where the Cabinet Secretary will be introduced to:</p> <ul style="list-style-type: none"> <li>• Jon McCormack, Major Trauma Clinical Lead, Paediatrics (who will lead visit in this area) Biography at Annex E.</li> <li>• Martin McKechnie, National Clinical Lead, Scottish Trauma Network. Biography at Annex E.</li> <li>• Mr Edward Dunstain, Clinical Lead, Southeast Scotland Trauma Network, Specialty Adviser to the Chief Medical Officer</li> <li>• Martin Esposito – Consultant Paramedic, Major Trauma, Scottish Ambulance Service</li> <li>• Claire McNee, Clinical Nurse Manager, Major Trauma &amp; Orthopaedics</li> <li>• Alison Eadie, Rehab Coordinator</li> <li>• Dennis Kerr, Paediatric Advanced Nurse Practitioner</li> <li>• Kristin Main, Paediatric Rehab Coordinator</li> </ul> <p>Areas to be visited:</p> <ul style="list-style-type: none"> <li>• Commemorative plaque - located between Adult and Children's Emergency Departments</li> <li>• Major Trauma Ward</li> <li>• Gym area used by trauma patients to help with rehabilitation.</li> </ul>
<p><b>1.00pm</b></p>	<p><b>Media</b> Mr Yousaf will have the opportunity to meet with Mr Sandy Baptie who received trauma care for 12 days after being hit by a car while cycling. See Annex F.</p> <p>While Mr Yousaf is meeting the patient, media outlets including BBC &amp; STV are invited to capture photographs and video clips of the Cabinet Secretary meeting the patient.</p> <p>Comms Healthier leading on this and have prepared a News Release in partnership with NHS NSS, attached at Annex H.</p> <p>A calling notice will be issued on Friday 26/08, and Colin McNeill, SG Comms Healthier will update private office on Monday 29/08 as to the expected media attendance.</p>
<p><b>1.30pm</b></p>	<p><b>Lunch</b></p>

<p><b>2.15pm</b></p>	<p><b>Community Respiratory Team</b>  The tour will proceed to Boardroom 1, 2<sup>nd</sup> floor link corridor, RIE where Mr Yousaf will be introduced to the following people.</p> <p>This is an informal, listening opportunity for the Cabinet Secretary, to hear about the work of the team, particularly in relation to long Covid.</p> <ul style="list-style-type: none"> <li>• Angela Lindsay, North East Locality Manager, Edinburgh HSCP (lead on the visit). Biography at Annex E.</li> <li>• Mike Massaro-Mallinson, Operational Director, Edinburgh HSCP (lead on the visit). Biography at Annex E.</li> <li>• Laura Groom, CRT Lead on Day, Team Lead – Advanced Physiotherapy Practitioner</li> <li>• Dr Gourab Choudhury, Consultant Respiratory Physician</li> <li>• Claire Easton, Service Lead Physio@Home and Associated Services</li> <li>• Helen Heaney, Specialist Integrated Care Pharmacist</li> <li>• Fabia Ciantanni, Clinical Psychologist</li> <li>• Isabella Crowther, Specialist Physiotherapist</li> </ul>
<p><b>3.05pm</b></p>	<p><b>Private Meeting</b>  The group will make their way to boardroom 1, RIE, where the Cabinet Secretary will attend a <b>private meeting</b> with:</p> <ul style="list-style-type: none"> <li>• Mr Calum Campbell</li> <li>• Professor John Connaghan CBE</li> </ul> <p><u>Agenda Items</u></p> <ol style="list-style-type: none"> <li>1. Delayed Discharges</li> <li>2. Winter Planning</li> <li>3. Audiology</li> <li>4. Mental Health</li> <li>5. Elective Services Recovery</li> </ol>
<p><b>4.00pm</b></p>	<p><b>Mr Yousaf departs from entrance 1.</b></p>

## Annex B: Background Brief – South East Major Trauma Network

- The STN was announced by previous Health Cabinet Secretaries and by the First Minister in January 2017 as a bespoke trauma network, suited to Scotland’s unique geography, that will improve care and outcomes (“Saving Lives, Giving Life Back”) for our most severely injured patients. This will be achieved by linking up the resources, expertise and infrastructure of NHS Boards and the Scottish Ambulance Service in a network that will improve outcomes at every stage of the patient journey, from pre-admission to rehabilitation.
- The completion of the network now means we have 4 Major Trauma Centres, in the North (Aberdeen), East (Dundee), West (Glasgow) and South East (Edinburgh) of Scotland, including 3 Paediatric Trauma Centres in Aberdeen, Glasgow and Edinburgh. The infrastructure is supported by the Scottish Ambulance Service and local trauma units.
- Over the past five years, the Scottish Government has committed over £112m to the Scottish Trauma Network including over £40m alone committed in 2022/23.
- The South East Trauma Network have been allocated £9.5m for 22/23.
- The documentary series “Rescue: Extreme Medics” aired in April & May 2022. Firecrest Films, a Glasgow-based production company, approached the Scottish Trauma Network in 2020 to propose the six-part, channel 4, prime-time documentary series about trauma care in Scotland. Filming of the second series is now in progress in the Trauma Regions and with the Scottish Ambulance Service. This will be one of the largest Channel 4 commissions made in Scotland for some time. NHS Lothian did not participate in series one and there has been a Lothian management decision not to take part in series two.

### South East Trauma Network

- The South East Major Trauma Network will deliver bespoke trauma care to the populations of Lothian, Fife, Borders and Forth Valley. The Network’s progress to date has been the result of effective collaboration between Health Boards to ensure that the entire population of this region will be able to access high-quality, multispecialty care when the Network goes live later this year.
- Implementation of the Major Trauma Centre (MTC) at the Royal Infirmary of Edinburgh (RIE) and Royal Hospital for Children and Young People (RHCYP) will allow patients with Major Trauma to receive care from a specialist Major Trauma Service with early access to hyperacute rehabilitation.
- At the Royal Infirmary of Edinburgh’s (RIE) Major Trauma Centre, a twelve-bed Major Trauma ward has been developed.
- This includes a dedicated gym space for the provision of acute rehabilitation, and allows for key clinical adjacencies.
- The department for Clinical Neurosciences (DCN) has now opened at the RIE campus and will provide capacity for head trauma patients.
- The Royal Hospital for Children and Young People will also provide care for Paediatric Major Trauma patients, in its new site in Little France which will benefit from adjacencies to adult services including Cardiothoracic surgery.
- Within the last year a great deal of progress has been made in developing the South East Network’s workforce. This has included recruitment to a number of key roles including Major Trauma Advanced Nurse Practitioners (for both Adults and Paediatrics); Major Trauma Nurse Educators; SAS Critical Care Practitioners; Rehab Coordinator; Major Trauma Consultants; Radiographers; and recruitment to a range of other key Acute and AHP positions. The Network has also worked to safeguard the wellbeing of its workforce.
- Prior to the Major Trauma Centre going live, staff have been working to implement key improvements to trauma care at the Royal Infirmary of Edinburgh.

- This includes undertaking work to improve access to CT and reporting of CT; implementing changes to improve access to Regional Pain services and working to establish provision of a comprehensive musculoskeletal trauma service; facilities to support all definitive fracture care and improved access to theatre for complex pelvic fractures.

The Major Trauma Centre will provide a dedicated service for major trauma patients, consisting of the following:

- A dedicated trauma ward.
- A designated consultant available 24/7 who has responsibility for the Major Trauma Service and leads the multidisciplinary care team.
- Acute specialist trauma rehabilitation services.
- Acute specialist services for elderly populations.
- A named member of clinical staff who co-ordinates the patient care. This person should also act as a single point of contact for patients, carers and family.

## **Annex C: Background Brief - NHS Lothian and Community Respiratory Team**

- The Community Respiratory Team (CRT) are a specialist community based service for patients with Chronic Obstructive Pulmonary Disease (COPD). The team are made up of predominantly Advanced Physiotherapy Practitioners.
- The Community Respiratory Team works within the COPD hub, a multidisciplinary team that includes pulmonary rehabilitation, pharmacy, psychology and the Scottish Ambulance Service.
- The Community Respiratory Team operates in Edinburgh City only, for people living with severe and very severe COPD.
- The service provides a safe alternative to hospital admission, facilitates earlier discharge and reduces length of stay in hospital. The team aims to prevent admissions and acute exacerbations and supports patients in their own home.
- The team works closely with acute Advance Nurse Practitioners, respiratory consultants and the Respiratory Hot Clinic in RIE. It operates 7 days per week and provides a full suite of pathways to access including GP, Lothian Unscheduled Care Service, Secondary Care, Scottish Ambulance Service and self-referral when known to the service.
- They have a team of Advance Physiotherapy Practitioners who will prescribe where appropriate, order Chest X-Rays and Pulmonary Function Tests and have direct admission rights to the Western General Hospital and the Royal Infirmary Edinburgh.
- The team has access to a dedicated Clinical Psychologist service for COPD patients, specialist input from an integrated care pharmacist and direct contact with respiratory consultants for urgent specialist advice on management of complex patients.
- The team also assists with social and lifestyle support, including referrals to smoking cessation services and a local third sector organisation, Grapevine, who provide home visits for benefits advice.

### **Community Respiratory Team Policy Background**

- In 2019, we appointed Dr Tom Fardon, Consultant Physician in Respiratory and General Internal Medicine at NHS Tayside as National Clinical Lead for respiratory health, to support the implementation of the Respiratory Care Action Plan (RCAP).
- The Scottish Respiratory Advisory Group (SRAC) has been established to support and oversee the implementation of the Respiratory Care Action Plan (RCAP).
- There are currently 3 sub-groups working on priority areas for this year; child to adult transition, pulmonary rehab and the development of a respiratory data set.
- We have also commissioned the ALLIANCE to establish a lived experience group, to ensure people living with a respiratory condition are involved in the design, development and roll out of service improvement projects. Representation from this Group will also sit on the Scottish Respiratory Advisory Group (SRAC).
- One of the key priorities for 2022 is pulmonary rehabilitation. In partnership with the wider rehab strategies, we will seek to find good practice from across Scotland and develop consistent guidance on access to and delivery of specialist pulmonary rehabilitation.

## Annex D: Lines to take

### Top Lines To Take - Major Trauma Centre

- I welcome the opportunity to visit the Major Trauma Centre for the South East of Scotland. The Scottish Trauma Network has reached a major milestone in the implementation plan that Scottish Ministers committed to in 2016.
- The Scottish Trauma Network has been fully joined-up for one year now, with four Major Trauma Centres and supporting facilities, and will continue to provide better outcomes than ever for our most severely injured patients.
- These supporting facilities include new adult and paediatric triage tools to ensure that appropriate level of care is reached promptly. In addition advanced paramedic teams, and critical care and rehabilitation team provide a higher standard of care than ever before. All of this will achieve the Scottish Trauma Network's goal of **“saving lives, and giving life back”**.
- Over the past five years, the **Scottish Government has committed over £112m to the Scottish Trauma Network including over £40m committed in this financial year alone**. We have seen the network grow from the first stages of its implementation plan into an influential, joined-up strategic network of the highest calibre.
- I am immensely proud of all that the Scottish Trauma Network's clinicians, paramedics and supporting staff have achieved over the past five years. Thanks are due to each and every one of them. They have worked incredibly hard, and across traditional boundaries, to make this bespoke network caring for Scotland's most severely injured patients into a reality.

### **General Lines**

- Scottish Ministers committed in Programme for Government 2016 to implement a bespoke Trauma Network for Scotland's unique geography, with four Major Trauma Centres (MTCs) and supporting infrastructure.
- Scotland's first Major Trauma Centre opened in Aberdeen on 1 October 2018, at which Jeane Freeman MSP attended as Cabinet Secretary for Health and Sport. The First Minister then presided over the opening of the Major Trauma Centre in Dundee on 19 November 2018.
- We now have 4 Major Trauma Centres, in the North (Aberdeen), East (Dundee), West (Glasgow) and South East (Edinburgh) of Scotland, including 3 Paediatric Trauma Centres in Aberdeen, Glasgow and Edinburgh.
- From now on, major trauma care in Scotland will be a fully joined-up in a network that works across normal boundaries to provide enhanced care of a higher standard than ever. Our most severely injured patients each year will be taken to the right care at the right time, to “save lives and give life back” at every stage of the patient journey from pre-hospital care through to rehabilitation.
- For stakeholders who have been working in the Scottish Trauma Network during this implementation period, this represents a culmination of their efforts, and a “whole network re-launch” following periods during the pandemic when some staff were redeployed. The events today give the opportunity to thank all of these clinicians, paramedics and other staff for all of their work in making the concept of a bespoke trauma network for Scotland into a reality.



### **Sensitivities:**

- Opposition MSPs have made claims of “delays” to the Scottish Trauma Network ever since its inception. Ministers have clarified in Parliament and in other statements that this has simply not been the case.
- The implementation plan published at the end of 2017 set out a timetable for opening the four Major Trauma Centres. The first two, in Aberdeen and Dundee, were opened in 2018 as planned on time.
- The South East and West were due to open in March 2021. The ongoing pandemic response, and the repurposing of some Trauma wards as Covid wards, meant that postponing the Major Trauma Centres until August 2021 was the sensible course of action. The then Cabinet Secretary Jeane Freeman MSP wrote to the two regions to confirm her support for this.
- NHS Lothian did not participate in the first series of the Extreme Medics documentary and are not involved in the filming of the second series. This was a management decision and we understand there is a degree of disappointment amongst staff who would have been keen to participate.
- The Pre-hospital Immediate Care and Trauma (PICT) is an essential key part of a fully joined up STN service that enables an equitable approach for pre-hospital care across the whole of Scotland. The Scottish Trauma Network continues to provide funding for the full-time service through SG investment. A dual clinician Medic/Advanced Practitioner rapid response team is based at Raigmore Hospital Emergency Department, deployable 7 days a week 1100-2300 to best fit the trauma and medical emergency patient presenting times, however, may have to revert to a 4-day week service following a decision by NHS Highland to refuse extra funding in August 2021. This service has been extended until September 2022 – where it will be reviewed further.

### **Lines to take (for Sensitivities – Delays):**

- We have taken the time required to get the model right, listened to expert advice and taken the time needed to implement a bespoke Trauma Network that is suited to Scotland’s unique geography. Having achieved this, the Scottish Trauma Network will save lives, and give life back.
- The pandemic response, which has affected every NHS Board in Scotland, has meant that some Scottish Trauma Network staff were redeployed for a period to help care for Covid patients. Some Trauma Wards were also repurposed as Covid Wards. These crucial efforts have meant that the Major Trauma Centres could not be opened until August 2021.

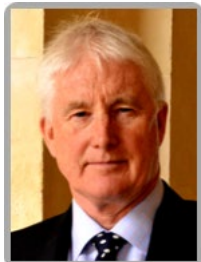
### **Lines to take – Community Respiratory Team:**

- Lung disease is one of the three biggest killer disease areas in the UK
- In our 2020 Programme for Government, we committed to publishing a Respiratory Care Action Plan for Scotland.
- The Respiratory Care Action Plan for Scotland sets out our vision for driving improvement in the prevention, diagnosis, care, treatment and support of people living with respiratory conditions.
- We understand that there is likely to be a rate of deconditioning within the respiratory community as preventative programmes such as pulmonary rehab have been impacted by the COVID-19 pandemic, and welcome NHS Lothian’s innovative approach to delivering care.
- We continue to work closely with the clinical community as well as people living with respiratory conditions, to understand where improvements can be made to services.

## **Annex E – Bio notes / Attendee list**

### **Biographies**

#### **Professor John Connaghan CBE**



Professor John Connaghan joined the NHS after 10 years in industry. He is an experienced leader who has held a number of Chief Executive positions in Scotland.

He has worked with the Scottish Government over a 15 year period, holding the posts of Chief Operating Officer, Chief Executive and Director General in Health. He has also served as Director General of the Irish Health Service based in Dublin, with responsibilities for 150,000 staff and £16 billion budget.

He was awarded Commander of the British Empire (CBE) in 2016 and is a visiting professor with Strathclyde University.

#### **Mr Calum Campbell**



Calum Campbell joined NHS Lothian in June 2020 from NHS Lanarkshire where he had been Chief Executive since January 2015.

Previous appointments include Chief Executive at NHS Borders for five years and various Director posts within Scotland and Wales.

Calum was educated at the University of Paisley where he gained a BA Honours degree in Health Studies and at Glasgow Caledonian University where he received an MBA. He started working with the NHS in 1984, initially as a nurse, and then health visitor before moving into general management.

#### **Mrs Janice Alexander**



Janice qualified as a Registered General Nurse in 1984 and has worked within NHS Lothian since then. After consolidating her education in General Surgery and General Medicine she practiced in Critical Care from 1987 until 2008. She then transferred to Anaesthesia and Theatres. Janice was appointed to the post of Chief Nurse for Unscheduled Care, RIE in March

2014. In 2015 she graduated with a MSc in Advancing Nursing Practice from the University of Edinburgh.

In July 2015 she transitioned from her professional role into general management and from 2019 has held the position of Site Director where she is responsible for the management and leadership of all aspects of scheduled and unscheduled care on the Royal Infirmary site.

Janice is a values driven healthcare leader who played an instrumental role in delivering NHS Lothians response to the COVID 19 pandemic.

### **Jon McCormack**



Mr McCormack is a Consultant Paediatric Anaesthetist at the Royal Hospital for Sick Children in Edinburgh. He graduated from Dundee University in 1998 before completing his Anaesthetic training in South East Scotland and a Paediatric Anaesthetic Fellowship in Vancouver. He is a Clinical Lead for Paediatric Trauma in the South-East Scotland Trauma Network and a member of the Scottish Trauma Network Paediatric Core Group and the national Mass Casualty-Major Incident planning group. Jon is also the Deputy Lead Examiner for the Diploma in Retrieval and Transfer Medicine (RCSEd) and is on the EMRS organising committee of the annual Retrieval Conference.

### **Dr Martin McKechnie**



Martin is a Glasgow graduate and underwent postgraduate training in Surgery, Critical Care and Emergency Medicine in Glasgow, Sydney and Edinburgh. He has been a Consultant in Emergency Medicine in NHS Lothian since 2004, and works in the Emergency Departments at The Royal Infirmary of Edinburgh and St. John's Hospital in Livingston.

He is a Fellow of the Royal College of Emergency Medicine (RCEM), the Royal College of Surgeons of Edinburgh, and an accredited certified Executive at Harvard's International Emergency Department Leadership Institute.

He was elected as the Royal College of Emergency Medicine's Vice President for Scotland, serving on Council and Executive from 2014 - 17. He played a central role in developing RCEM Scotland's policy and public affairs profile and co-authored the successful RCEM Scotland STEP campaign to rebuild Emergency Medicine. As a result, RCEM Scotland policy has been adopted and supported by the Scottish Government, quoted and discussed at First Minister's and Health Questions at the Scottish Parliament, and has been the subject of BBC and independent news and current affairs programmes, as well as national print media.

In 2017, Martin was appointed by NHS National Services Scotland to lead the development, implementation and delivery of the flagship Scottish Trauma Network, "Saving Lives, Giving Life Back". The first phase of the network is now complete with all four Major Trauma Centres opened as of August 2021, the network now moves on to the phase two which will include "Telling the Story".

## **Angela Lindsay**



Angela has had a varied career spanning 40 years in the NHS, with the latter 6 years in the Health & Social Care Partnership.

Initially working as a physiotherapist, Angela has since held various management posts in acute, community and primary care services. She has also worked as Project Manager, was one of the Commissioning Managers for the Royal Infirmary of Edinburgh and has, on behalf of NHS Lothian, led several transformational change programmes.

Prior to being appointed as Locality Manager, having undertaken this role on an interim basis for a year, Angela was a senior manager within Edinburgh Community Health Partnership. She was responsible for the management of Allied Health Professions, unpaid carers services, intermediate care, falls and the Long Term Conditions Team as well as being the NHS Lothian Strategic Lead for Living It Up, a national digital programme.

Angela currently manages Health & Social Care for the population of North East Edinburgh and host manages a portfolio of services including Leith Community Treatment Centre, a Medical Day Hospital; Community Physiotherapy Services, including the Community Respiratory Team. She has also retained responsibility for Unpaid Carer Services and the Long Term Conditions Team.

She is the Strategic Lead for Urgent & Unscheduled Care; Home First (including Discharge without Delay) and Winter Planning on behalf of the Partnership.

## **Mike Massaro-Mallinson**



Mike Massaro-Mallinson is currently the Service Director – Operations for the Edinburgh Health and Social Care Partnership. Prior to taking up that position in November 2021, Mike was the Locality Manger – North-West Edinburgh for almost four years.

Mike has worked within the public sector for 29 years, having started his career as a community development worker in the third sector, working with local communities in Edinburgh and Midlothian to address health inequalities. Mike then moved to NHS Lothian to be the Strategic Programme Manager for Sexual Health, Substance Use and Blood Borne Viruses where he led a range of successful initiatives including an award-winning HIV prevention campaign, development of a recovery based service for people with drug and alcohol problems and implementation of NHS Lothian's Tobacco Strategy. In 2008, Mike was seconded to the Scottish Government to develop and implement the HEAT target for improving access to drug and alcohol waiting times, a target that was successfully achieved within 3 years and also led the national ADP Support Team. On return from Social Government, Mike became the Service Manager for the Royal Hospital for Sick Children working with clinical teams to improve a range of Lothian-wide, regional and national children and young people services.

## **Annex F: Patient Case study, biography and suggested questions**

The patient, Mr Sandy Baptie, is a 66-year-old man who was taken by ambulance to A&E at RIE following a road traffic accident: cyclist (him) versus car. He is a retired policeman and lives alone with a supportive partner and family. He is normally very independent, fit and active, keen cyclist.

He sustained physical injuries in the accident including a minor head injury, internal bruising, multiple cuts/abrasions some involving face and teeth and multiple fractures to pelvis, ribs and tibia. His Injury Severity Score (an accumulative score representative of all his injuries) was calculated at 17- which constitutes a Major Trauma and was subsequently admitted to the Major Trauma Ward.

He required abdominal surgery and an operation on his knee which was then placed in a knee brace, and he was non weight bearing on his L leg for 9 weeks.

His goals of rehabilitation whilst on the Major Trauma ward were to:

- Regain a level of mobility suitable to facilitate discharge home
- Regain a level of self-care to facilitate discharge home
- To avail of Mental Health support service available in the unit to help manage anxiety post injury
- To return to cycling

While on the Major Trauma ward he was seen by the medical team, received nursing care, physiotherapy, occupational therapy, dietician/generic rehab assistant and mental health nurse input. During his 12 day stay he progressed from immobility on admission to being mobile a short distance with a zimmer frame and assistance of 1 person.

After 12 days on the Major Trauma ward, he was transferred to the Orthopaedic rehabilitation unit at the Astley Ainslie Hospital (AAH) to continue his rehabilitation. He has been there 5 weeks now and ongoing treatment includes work on progression of mobility, activities of daily living skills practice such as personal care (shower/wash/dress, meal preparation), mental health sessions, and group-based rehabilitation e.g. gardening group, all with a view to the patient being discharged directly home in the near future.

Mr Baptie does not remember the accident that caused his injuries.

### **Suggested questions:**

1. Can you remember about your time in any of the following:
  - the Major Trauma ward
  - specialist rehab(Main recollections/feelings/things that stood out?)
2. Can you recall the main difficulties you had as an inpatient after your accident?
3. At the start of your recovery, did you have hopes or a goal as to what level of recovery you wanted to achieve?
4. Can you tell me about how the rehabilitation team helped in your recovery?
5. Which therapies were most important to you and your recovery?
6. Did they rehabilitation team set goals with you?
7. While you were in hospital, did someone explain your injuries to you and how they were likely to affect you?
8. Did you feel that you had enough access to rehabilitation while you were in hospital?
  - did you achieve what you hoped to achieve?
9. During your stay on the ward, was there anything that the team could have been done differently that would have made your stay easier or have improved your recovery?
10. Overall, how would you describe the service you received from during your stay in the Major Trauma ward?
11. Where are you at now in your recovery?

## Annex G: Private Meeting with CEO/Chair

### Agenda:

- Delayed discharges
- Winter planning
- Audiology
- Mental Health
- Elective Services Recovery

### Background brief - Delayed Discharges/Winter Planning

- Numbers of delayed discharges, hours of unmet need and outstanding assessments remain stubbornly high, particularly in City of Edinburgh, which accounts for around 18% of the total people awaiting for assessment or a care package and this is broadly consistent with the previous weeks numbers.
- Edinburgh also accounts for around 12% of the total hours of care assessed but yet to be provided. This data suggests a significant level of risk for the local system but more importantly for the people who are not receiving the care that they should.
- Hospital at Home – Edinburgh: The Edinburgh service started with one consultant and one Advanced Nurse Practitioner covering only 5 GP practices and has expanded over the years, covering the whole of Edinburgh since December 2019.
- The service now has a large team of doctors, Advanced Nurse Practitioners, Nurse Practitioners, Clinical Support Workers and a part-time pharmacist. The team works seven days a week 8 am to 8.30 pm.
- The Edinburgh Hospital at Home service received £207,000 from this year's hospital at home funding The City of Edinburgh, and the system across Lothian, continue to experience high levels of demand and ongoing pressures. It is recognised that in Edinburgh a wide range of work is taking place to try and address this position. However, notwithstanding the efforts being made, Ministers agreed that additional steps need to be taken to address the current system pressures driven by the pandemic, on top of longstanding, systemic and structural deficits that make Edinburgh the outlier it is, in relation to its budget position and performance on delays.
- Delays in discharge are not the best care for patients and can have significant consequences for the normal flow of patients through hospital.
- We are continuing to see extreme pressures across the whole health and social care system, which has seen more people coming through hospitals who need high levels of care and support to go home.
- This has been exacerbated by increases in staff absences, due to self-isolation requirements, annual and sick leave. The availability of care home places has also been impacted by home closures, due to isolation requirements.
- The Minister for Mental Wellbeing and Social Care, Kevin Stewart MSP, announced on 6 July 2022 that Elma Murray (former Chief Executive of North Ayrshire Council) will chair a short life working group – the 'Edinburgh Assistance Programme' - along with two Members, Keith Redpath and Phil Couser to alleviate the current and continuing pressures within the Edinburgh Health and Social Care Partnership.

### Lines to take - Delayed Discharges/Winter Planning

#### TOP LINES

#### **Delays in discharge are not the best care for patients and can have significant consequences for the normal flow of patients through hospital.**

- We are continuing to see extreme pressures across the whole health and social care system, which has seen more people coming through hospitals who need high levels of care

and support to go home.

- This has been exacerbated by increases in staff absences, due to self-isolation requirements, annual and sick leave. The availability of care home places has also been impacted by home closures, due to isolation requirement.
- **City of Edinburgh Assistance Programme:** Health and Social Care within the City of Edinburgh Health and Social Care Partnership regularly has the highest levels of delayed discharge, outstanding assessments and people who should be entitled to social care and are not receiving it.

### **Lines to take – Delayed Discharges/Winter Planning**

- Health and Social Care within the Edinburgh partnership regularly has the highest levels of delayed discharge, outstanding assessments and people who should be entitled to social care not receiving it. This expert group will look at the challenges causing these issues and the steps that can be taken to improve the situation and report back to Ministers in six months.
- Scottish Ministers provided an overall winter funding package of £300m was committed across the health sector. This investment was aimed to maximise capacity, ensuring flow through the system, and caring for staff. Up to £170m funding was made available to support health and social care over Winter (2021/2022):
  - £62m for enhancing care at home capacity,
  - £40m for interim care,
  - £20m for enhancing Multi-Disciplinary Teams and,
  - Up to £48 million for social care staff hourly rate of pay increases.
- **City of Edinburgh, East, West and Mid Lothian received over £18.5 million, in total, to support interim care, care at home and multi-disciplinary teams.**

### **NHS Lothian Progress against BAA Recommendations**

- The Scottish Government meet regularly with NHS Lothian in relation to their current status on the NHS board performance escalation framework. This involves the Board working through and reporting progress against a formal Recovery Plan that covers all the BAA recommended actions. The Health Board also meets regularly with the Scottish Public Services Ombudsman and other professionals in health care and education.
- NHS Lothian has made good progress against each of the recommendations, with a particular focus on ensuring that sustainable working practices are in place and progress against each of the recommendations is embedded as business as usual.
- NHS Lothian has also progressed work around communications with families and professional groups. A dedicated helpline was opened on 15 December 2021 for families to make direct contact with the Health Board about any audiology concerns. To date, there have been 21 calls from 20 families. The helpline remains open as a route for any family member, or indeed professionals, unsure of how to access information, help or review.
- Following the publication of the review findings in December 2021, NHS Lothian had extensive interactions with a wide range of professionals who work with children and young people to highlight the key findings in the report - this has included Speech and Language Therapists, Health Visitors, General Practice, Ear Nose and Throat clinicians, Community Paediatricians and teaching staff, with further communication to the Director of Education. This has involved individual meetings with professionals as well as the development of a staff briefing document, which was widely circulated across key networks. As part of this process, those working with children who had any concerns about a child's hearing were encouraged to contact the Audiology department directly or to refer the child through the normal referral route (e.g. Health Visitor, Speech and Language, GPs).

### **Stakeholder Engagement**

- As outlined, NHS Lothian has had wide interactions with a range of professionals who work with children and young people to highlight the key findings in the report. There has been specific engagement with the Head of Scottish Speech and Language Therapy and additional resource put in to ensure prompt assessment and any required support. There has also been specific engagement with the Director of Education with City of Edinburgh Council, who has not received any concerns but is aware of the issues and will revisit within their own networks, as well as West Lothian Education leads and Teachers of the Deaf.
- It is essential that Lothian maintains this level of communication. To support this, officials recently met with the National Deaf Children's Society to gain a better understanding of their current main areas of concern. They are seeking clarity on how NHS Lothian will provide assurance around all of those children at risk will be identified and recalled quickly. Based on the BAA recommendations to review the children where it was identified there was significant concerns only, there are no plans at this stage to review the other cohorts.
- They are also concerned about the perceived lack of connection between the health and education system; from discussions with the Board, this is ongoing, however, health and education officials are working together on these issues, including liaising with stakeholders and Local Authority education leads, which is ongoing to mitigate the educational impacts.
- To support and strengthen engagement at local and national level, officials will continue to work with the Board to agree what the future / ongoing comms look like with stakeholder groups, local MSPs and members of the public, to ensure a coordinated and transparent approach to the rational around the recalling / review of patients.



**De-escalation process and next steps**

- NHS Lothian is currently in escalation as a result of this issue. There is a five stage de-escalation process, with NHS Lothian currently sitting at stage 3 – ‘Significant variation from plan, risks materialising, tailored support required’. Decisions at Stage 3 of the NHS Board Performance Escalation Framework are made by HSCMB. In practice these decisions are considered by the National Planning and Performance Oversight Group, which is a committee of HSCMB and is attended by all Directors.
- A discussion will take place at the NPPOG meeting in November about NHS Lothian be de-escalated to Stage 2 in the first instance with continued support and monitoring from SG.

**Lines to take: Audiology**

- Grateful to Tracey Gillies and team for providing an update on paediatric audiology issue.
- Would welcome a discussion on how the Board feels the action plan is progressing.
- In particular, would like an update on what further contact has been made with families who have not yet responded to recall.

## Background brief: Mental Health

- NHS Lothian remains escalated to level 3 and will receive additional support for both Psychological Therapies (PT) and Children & Adolescent Mental Health Services (CAMHS). Officials have met with Mental Health leads in Lothian to agree what form this support will take and will arrange a meeting later in the year with the minister to formally review Lothian's escalation status.
- Due to the impact that their performance will have against the National Standard, SG leads and advisors have given NHS Lothian an overall rating of red for both PT and CAMHS. However, encouragingly the most recent performance for CAMHS and PT between April and June 2022 are rated as amber.
- Overall, a raft of activity is underway across Lothian to address waiting times and recruit additional staff to help deal with backlogs.
- There is positive news in terms of NHS Lothian's workforce in both CAMHS and PT areas as both continue to be assessed as green. This is due to the continuing increase in staff in those areas. Since the quarter ending March 2021 to March 2022, CAMHS workforce has increased again by 28%, with a 13.9% increase seen in PT.
- Leadership and governance structures also continue to be assessed as green by our board leads and professional advisors.
- Officials will continue to work closely with Lothian to monitor progress and provide any additional support needed for PT and CAMHS and to help build on the positive work undertaken by Lothian to date.
- The standard is for at least 90% of young people to start CAMHS treatment within **18 weeks** of referral. Lothian's performance last quarter (April-June 2022) is below the national standard at 65.3%. If all other boards were to perform at standard, NHS Lothian's current average performance would lower Scotland's national performance below the 90% standard (87.4%)
- The standard is for at least 90% of Psychological Therapies patients to start treatment **within 18 weeks of referral**. NHS Lothian's average performance against standard from April 2022 to June 2022 has been below the 90% standard but increased very slightly from last quarter to 77.2%. If all other boards were to perform at standard, NHS Lothian's current average performance would lower Scotland's national performance below the 90% standard (87.7%).

## Lines to take – Mental Health in Lothian

- Improving mental health is a priority for the Scottish Government and whilst we recognise the ongoing pressures facing the NHS, long waits are unacceptable and we remain committed to meeting the standard that 90% of patients start treatment within 18 weeks of referral by March 2023
- Following on from the publication of [Scotland's Mental Health Transition and Recovery Plan](#) and as part of this programme of work, the Scottish Government has been engaging closely with NHS Boards to support them to address issues relating to access to services.
- Seven NHS Health Boards, including NHS Lothian, have been prioritised for additional support for Children & Adolescent Mental Health Services waiting times following careful assessment of each of their latest Remobilisation Plans. The other Health Boards are NHS Greater Glasgow & Clyde, NHS Forth Valley, NHS Lanarkshire, NHS Borders, NHS Fife and NHS Highland.
- Four NHS Health Boards have been prioritised for additional support for Psychological Therapies waiting times, including NHS Lothian. The other Boards are NHS Forth Valley, NHS Grampian and NHS Highland. Improvement plans are in place for Children &

Adolescent Mental Health Services and Psychological Therapies across all Boards receiving additional support but performance in some areas and backlogs are still concerning and require careful monitoring. We are working closely with Mental Health leads in these Boards to implement recovery plans and expect all Boards to meet the 90% waiting times standard by March 2023.

- Following additional investment of £40m last year for Children & Adolescent Mental Health Services, the latest national performance data is showing that over 5,000 children and young people began treatment in the last quarter - the highest ever recorded. We are currently on track to eliminate the majority of Children & Adolescent Mental Health Services and Psychological Therapies waiting times backlogs by March 2023.

## Background brief: Elective Services Recovery

- Excessively long waits have grown as a result of the pandemic, which is why focus is on treating people that are waiting too long for treatment. On 6 July 2022 a new set of targets for NHS Scotland were introduced to address the backlog of planned care. Key targets are to eliminate:
  - two year waits for outpatients in most specialities by the end of August 2022
  - 18 month waits for outpatients in most specialities by the end of December 2022
  - one year waits for outpatients in most specialities by the end of March 2023
  - two year waits for inpatient / daycases in most specialities by the end of September 2022
  - one year waits for inpatient / daycases in most specialities by the end of September 2024
- These targets are very ambitious and will require a strong focussed approach to successfully achieve them. I'm sure you will also appreciate that NHS Scotland continues to experience extreme pressure and a high level of uncertainty remains over future waves of the pandemic.

### Lines to take:

- We need to rebuild a system that can live with the virus, which does not impact on the delivery of acute services such as planned care. Managing long waits must be central to this as we move towards delivering our ambition to protect, stabilise and recover planned care.
- We are working closely with Health Boards to ensure that non-urgent activity is focussed in the right areas, and is delivered through a joined up NHS Scotland approach. This includes maximising theatre productivity, optimising Golden Jubilee National Hospital capacity, and regional working.
- Patients will be offered appointments as local to them as possible but some may be offered alternatives outwith their local health board area to reduce their waiting time, for example, the Golden Jubilee University National Hospital or at National Treatment Centres as they become operational.
- While the aim is to eradicate all long waits in all specialities, it is important to note that a small number of patients may be unable to have their procedure within these timeframes for personal or clinical reasons.
- Key areas of work are already underway to enhance capacity and increase activity, which will be targeted at the longest waiting patients. These include:
  - Upscaling high impact changes through Centre for Sustainable Delivery (CfSD)
  - Roll out of the National Elective Co-ordination Unit (NECU) to provide a consistent approach to national capacity allocation.

**DRAFT NEWS RELEASE**

**Scottish Trauma Network helping to save and rebuild lives  
Specialist teams established to treat patients with major trauma**

Health Secretary Humza Yousaf has praised the work of the Scottish Trauma Network as it completes its first year in operation.

Trauma remains the fourth leading cause of death in western countries and the leading cause of death for people under 40. Each year in Scotland, around 4,000 people are seriously injured, with around 800-1,000 cases being defined as having 'major trauma'. The Scottish Trauma Network (STN) – made up of specialist centres in Aberdeen, Dundee, Glasgow and Edinburgh and linked through the Scottish Ambulance Service - aims to save lives and give life back.

The network ensures that seriously injured people get the best possible care and an enhanced chance of recovery, wherever their location. Each Major Trauma Centre has wide ranging knowledge and expertise that can now manage multiple specialist patient needs, at the earliest possible opportunity – improving the chances of saving lives - and giving life back.

In the first year since the network became fully linked up and operational, more than 3,800 patients have been treated at the centres, with 180 of these being children under 16 years old. Through the Scottish Ambulance Service, the STN supports emergency calls from patients spread across 30,000 square miles of land, busy city centres to the most rural and remote spots in the Highlands and Islands.

The first trauma centres were opened in 2018 and the final two opened in August 2021. Since 2018 the Scottish Government has committed over £112m to the Scottish Trauma Network with over £40m committed in 2022/23 alone.

Health Secretary Humza Yousaf, during a visit to the Major Trauma Centre at the Royal Infirmary Edinburgh which opened last year, said the network was proving a vital role in saving and rebuilding lives.

Mr Yousaf said: "The Scottish Trauma Network is now fully joined-up and will continue to provide better outcomes than ever for our most severely injured patients.

"Trauma triage tools are used to support decision-making around the best place to treat a person, and ensure they are taken there promptly. Investments made in staffing including advanced paramedic teams, trauma co-ordinators and rehabilitation teams, will support delivery of a higher standard of care than ever before. All of this will achieve the Scottish Trauma Network's goal of "Saving Lives, Giving Life Back".

"I am immensely proud of all that the Scottish Trauma Network's clinicians, paramedics and supporting staff have achieved over the past five years. Thanks are due to each and every one of them. They have worked incredibly hard, and across traditional boundaries, to make this bespoke network caring for Scotland's most severely injured patients into a reality.

"These new ways of working help to ensure that no matter where anyone in Scotland experiences their trauma, they have the same excellent access to trauma care to support them and their families."

Martin McKechnie, National Clinical Lead of the Scottish Trauma Network, said: "We were pleased to welcome the Cabinet Secretary for Health to the Major Trauma Centre at the Royal Infirmary of Edinburgh.

"The Scottish Trauma Network is improving outcomes for patients who have experienced serious and potentially life-changing injury which could result in death or serious disability. The entire trauma pathway – from prevention to rehabilitation – has delivered better patient outcomes by bringing together specialties to offer the highest quality care in an integrated way.

"The visit meant that Mr Yousaf had the chance to meet our incredible teams in person and also hear first-hand accounts from our patients, such as Sandy Baptie, 66, a retired policeman who received trauma care after he was hit by a car while cycling.

"Leading Scotland's expert clinicians in this world-leading, ambitious and innovative Network of prehospital, trauma and rehabilitation care has been a professional privilege. It has demonstrated what we in NHS Scotland alongside Scottish Government can achieve with purpose, dedication and clarity in a truly national, collaborative and pragmatic endeavour."

Mary Morgan, Chair of the Scottish Trauma Network and Chief Executive of NHS National Services Scotland said: "The Scottish Trauma Network is improving outcomes for patients across Scotland by providing them with the best possible care and support tailored to their needs.

"This means that patients will have a greater likelihood of returning to their lives as they were prior to the trauma event. More patients will be able to live with their families and make valuable contributions to their communities and society across Scotland."

The Scottish Trauma Network also includes the Scottish Ambulance Service and existing trauma services.

Pauline Howie, Chief Executive of the Scottish Ambulance Service said: "The Scottish Ambulance Service is a vital part of the Scottish Trauma Network, ensuring that seriously injured patients are transported to the right hospital for their injuries. From major trauma identification and the delivery of highly skilled pre-hospital care and retrievals, to the repatriation of patients for rehabilitation across Scotland, the Service plays a key role."

Earlier this year the Scottish Trauma Network was the focus of a popular Channel 4 documentary, *Rescue: Extreme Medics*, which showcased some of the most challenging circumstances faced by the clinical teams.

## **Notes to editors**

The goal of the Scottish Trauma Network is continual improvement in quality and safe care for the seriously injured person, whether that is at home, at work, by the roadside, or somewhere more distant and challenging. For patients on this journey, their successful rehabilitation thereafter will of course be dependent on all the interventions and improvements in quality care that came before.

There are now four Major Trauma Centres, in the North (Aberdeen), East (Dundee), West (Glasgow) and South East (Edinburgh) of Scotland, including three Paediatric Trauma Centres in Aberdeen, Glasgow and Edinburgh.

The facilities at Glasgow's Queen Elizabeth University Hospital and the Royal Infirmary of Edinburgh opened in August 2021. The centres in Aberdeen and Dundee launched in 2018.

Please note, more detail on the case of patient Sandy Baptie is available upon request.

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# Annex I – Map - drop-off/pick up point

