

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 01 December 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr M. Hill (Vice-Chair); Mr M. Connor; Ms K. Kasper; Dr P. Donald; Ms C. Hirst; Mr A. McCann; Mr P. Murray; Mr W. McQueen; Dr R. Williams; Cllr J. McGinty; Mr J. Encombe; Cllr S. Akhtar; Cllr G. Gordon and Mr E. Balfour

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms D. Milne (Director of Public Health and Health Policy) and Miss F. Ireland (Interim Executive Director, Nursing, Midwifery & AHPs).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Ms S. Donnelly (Communications Manager, NHS Lothian); Mr P. Lock (Director of Improvement); Mr C. Briggs (Director of Strategic Planning); Ms T. McKigen (REAS Services Director); Mr C. Marriott (Deputy Director of Finance, NHS Lothian); Ms A. Macdonald (Chief Officer, East Lothian HSCP)(until 11am); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms Y. Lawton, Head of Strategic Planning & Performance, West Lothian HSCP); Ms R. Miller (Strategic Programme Manager, NHS Lothian)(Item 81); Mr J. Pearson (Capacity Modeller, NHS Lothian - observing); Ms A. Goodfellow (Consultant, Public Health & Health Policy, NHS Lothian – observing); Mr A. Payne (Head of Corporate Governance, NHS Lothian) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Cllr D. Milligan; Prof. S. Chandran; Mrs S. Goldsmith and Ms A. White.

74. Declaration of Financial and Non-Financial Interest

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

75. Chair's Introductory Comments

- 75.1 The Chair reflected on the continuing contribution being made by all NHS Lothian staff and social care partners in response to the ongoing pandemic.
- 75.2 The Chair reminded Board members that this would be Mr Hill's final Board meeting. The Chair highlighted some of Mr Hill's achievements since joining the Board in 2015 including his contributions as Vice Chair, Acting Chair and to the integration joint boards.

Items for Approval

76. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda”. The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. The Board noted that such a request had been made in relation to the Vaccinations Update (Covid and Flu) item, this would therefore be moved from the consent agenda for fuller discussion at paragraph 77.
- 76.1 Minutes of Previous Board Meeting held on 06 October 2021 – Minutes were approved.
- 76.2 Audit & Risk Committee Minutes – 23 August 2021 – Minutes were noted.
- 76.3 Healthcare Governance Committee Minutes – 07 September 2021 – Minutes were noted.
- 76.4 Finance & Resources Committee Minutes – 25 August and 29 September 2021 – Minutes were noted.
- 76.5 Staff Governance Committee Minutes – 28 July 2021 – Minutes were noted.
- 76.6 Edinburgh Integration Joint Board Minutes – 20 August and 28 September 2021 – Minutes were noted.
- 76.7 West Lothian Integration Joint Board Minutes – 21 September 2021 – Minutes were noted.
- 76.8 Midlothian Integration Joint Board Minutes – 26 August and 09 September 2021 – Minutes were noted.
- 76.9 East Lothian Integration Joint Board Minutes – 16 September 2021 – Minutes were noted.
- 76.10 Public Health Partnership and Place Teams – The report was welcomed and the Board’s support for progress in this area was noted.
- 76.11 Appointment of Members to Committees – The Board agreed to:
- Appoint Peter Murray as the Board’s vice-chair from 1 December 2021.
 - Appoint Giovanna di Tano as a non-contractor pharmacist member of the Pharmacy Practices Committee from 1 December 2021 to 30 November 2024.
 - Re-appoint Bill McQueen as a member of the Pharmacy Practices Committee for the period from 3 October 2021 to 31 January 2024.
- 76.11.1 The Chair formally welcomed Mr Murray’s appointment as Vice Chair.
- 76.12 Climate Change Annual Report – The report was noted.

76.13 Initial Agreements

76.13.1 Initial Agreements - Reprovision of Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU) & Reprovision of Integrated Mental Health Rehabilitation and Low Secure Centre

76.13.2 Initial Agreement - Reprovision of Critical Care Ward 20 at the Western General Hospital

- The Board approved these Initial agreements that would now be submitted to the Scottish Government Capital Investment Group.

76.14 Performance Oversight Board: Progress Update – The report was noted.

Items for Discussion

77. Vaccinations Update (Covid and Flu) – The Board noted that Ms Hirst had requested that this item be taken for fuller discussion.

77.1 Dr Donald reported that there had been very full discussion on the vaccination programme at the last Healthcare Governance committee and thanked all those involved in the success of the programme in such a short timescale. Healthcare Governance had considered the key focus of safety, person centred approach and future planning of a more sustainable model.

77.2 Miss Ireland welcomed the opportunity for the discussion and clarified the leadership roles within the programme. Miss Ireland had the overall operational responsibility; Mr Pat Wynne was the Flu and Covid Vaccination Programme operational lead; Mr. Lock was the strategic lead and Scottish Government liaison and Ms Milne as Director of Public Health and Health Policy had overall responsibility for the immunisations programme.

77.3 Miss Ireland provided an update on further development to the presented paper. This mainly related to the emergence of the new Omicron Covid variant and the acceleration of existing vaccination programmes that was likely to come to Board from Scottish Government through a formal Chief Medical Officer letter. Acceleration would have a significant impact as this would require revised Patient Group Directions and the enacting of national protocols. A move from 24 weeks to 12 weeks would also result in a backlog of approximately 160,000 vaccinations.

77.4 The significant increase in activity would also require an increase in workforce to deliver this. Miss Ireland confirmed that the general student recruitment to staff banks had already started, with 173 applicants stating an interest in being involved with the vaccinator programme. Other recruitment and training was being expedited with practical training starting today.

77.5 Miss Ireland also outlined other changes being made to the vaccination programme for example to encourage practice nurse engagement in evening and weekend sessions, these staff would now be paid and grade. There was

also a small number of retirees and returners cohort as well as some mutual aid from the special health boards.

- 77.6 Miss Ireland explained the pressures on the vaccine programme scheduling and the importance of maintaining risk assessed pace and safety concurrently. Processes were also being put in place to manage and monitor waiting times at vaccination centres. The Board noted that alternative additional vaccination centres were also being looked at to improve the person centred approach. Currently 80% of City of Edinburgh capacity was at the Lowland Hall, Ingliston. Other centres included Ocean Terminal and the Gyle Shopping Centre.
- 77.7 Ms Hirst welcomed the update from Miss Ireland and asked about the communication of vaccination changes to the public. Ms Mackay confirmed that there was an active campaign around the changes which was checked and updated on a daily basis. Dedicated effort was put to the running of social media updates in relation to clinics and eligibility through the vaccine hub website. There was also continued work with colleagues nationally on changes, the Health and Social Care Partnerships to ensure clinic details were kept up to date and signposting to NHS Inform. The Chair added that any further information sought on communications could be followed up with Ms Mackay outside the meeting.
- 77.8 There was further discussion on the City of Edinburgh vaccination centres. Cllr Gordon made the point that the national booking system was creating localised problems in Edinburgh for individuals in accessing vaccinations as there was no understanding of local demographics or geography. Mr McCann stated that several questions around accessibility had been raised on the national scheduling system, noting that appointments being given often assumed all citizens having access to a vehicle to attend appointments.
- 77.9 Miss Ireland confirmed that the national vaccination scheduling service identified appointments closest to individuals on a date without prioritising any other factors into account so there was a need for further local centres. City of Edinburgh planning had been for 80% at Lowland Hall centre however there were 9 other centres running but these were not all 7 days per week.
- 77.10 The Board noted that for the Lothians, multiple cohorts of people to be vaccinated were sent to be uploaded to the national system, rather than the entire population. Uploading by locality was the best way to tailor the national system to Lothians needs and that any lessons to be learned around the software would have to be through a national solution.
- 77.11 The Board noted the update provided and agreed that it would be helpful for Non-Executives to have a further vaccination briefing update before the Christmas break, including a Communications update. Miss Ireland and Ms Mackay would progress this in the next couple of weeks.

FI/JMac

78. Board Chair's Report – December 2021

- 78.1 The Chair reported that he and the Chief Executive had met with the Cabinet Secretary and officials to undertake the NHS Lothian Annual Review on 8th November 2021. Feedback from the Scottish Government would be received and shared with the Board in due course. The review had looked back over the previous year and had concentrated on preparations during the early phase of the pandemic. The second part of the review had been looking forward and the NHS Lothian remobilisation plan. The Cabinet Secretary and officials had recognised the significant amount of work put into the pandemic response and service planning by the NHS Lothian workforce and partners.
- 78.2 The Chair also acknowledged that he had attended a visit with the Cabinet Secretary to the East Lothian Community Hospital Transnasal Endoscopy (TNE) Service yesterday.

79. Board Executive Team Report – December 2021

- 79.1 The Board noted the Board Executive Team report. Mr Campbell flagged the update on the Scottish Health Awards held on 4th November 2021. These are the most prestigious and recognised awards for those working across NHS Scotland and its Partners to deliver high quality health and social care services to the people of Scotland. Mr Campbell highlighted Dr Gourab Choudhury winner of the Doctor award, Harlawhill Day Care Centre who won top team award and Judith Newton who had been nominated in the Leader of the Year category.
- 79.2 Mr Campbell also commented on the Annual Review. This had been a positive meeting with the Cabinet Secretary showing a good understanding of the current system pressures. As the Chair had mentioned previously the feedback letter would come to the Board.
- 79.3 **New Director of Operations (Estates and Facilities)** - Dr Williams asked if this was an appointment for acute or primary care. Mr Crombie confirmed that this post would cover the whole system.
- 79.4 **Vaccination Programme** - Mr Encombe asked about the proportion of people in ICU that were unvaccinated. Miss Gillies stated that this was an important point as there was an over representation of the unvaccinated cohort in ICU. There was particularly serious illness and covid being seen in pregnant women due to poor vaccination uptake.
- 79.5 **New Covid South African Variant** - The Board noted that it was too early to comment on the new variant and information would be available from the normal sources as it becomes available – Scottish Government, Public Health Scotland and NHS Inform.
- 79.6 **HEPMA Roll out (Electronic Prescribing in hospitals)** - Dr Williams

welcomed the progress with this important work. Medication errors were a common cause of patient harm and e-prescribing reduces this risk. This was a good news story that the Board would like to hear more about at a future meeting. Miss Gillies agreed to bring a separate update back to the Board on this in the new year and highlighted the work the team at St John's Hospital had done to roll this out given current pressures.

79.7 **Access to GP Practices** - Ms Hirst commented that good communications around access to GP practices were essential and that it was positive to see the work NHS Lothian was doing to support and clarify the work of GP colleagues.

80. Opportunity for committee chairs or IJB leads to highlight material items for awareness

80.1 The Board noted the updates from the Chairs of the following Committees:

➤ **Healthcare Governance Committee**

Dr Donald outlined the discussion at Healthcare Governance around the vaccine programme as already mentioned and governance concerns with the SMART Centre at Astley Ainslie Hospital.

➤ **Audit and Risk Committee**

Mr Connor highlighted the concerns discussed at Audit and Risk with the recent Violence and Aggression Internal Audit report which had received limited assurance. The Board noted that the lead Executive was developing a comprehensive action plan that would come to the next Audit and Risk committee, any escalation requirements would come back to the Board as appropriate.

➤ **Finance and Resources Committee**

Mr McCann mentioned topics discussed at Finance and Resources, this included the medium term financial framework; the management of PFI contracts and the need for appropriate support to be in place for staff required to give evidence to the Scottish Hospitals Inquiry.

➤ **Edinburgh Integration Joint Board**

Mr McCann reported that the IJB continued to experience a high level of Delayed Discharges which is a significant concern for both the IJB and NHS Lothian. There was regular engagement between the Council and Health Board Chief Executives and Chief Officer with a range of actions underway to address the delays.

81. NHS Lothian Board Performance Paper

- 81.1 Mr Crombie introduced the report on the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.
- 81.2 Mr Crombie referred to section 3 of the report and reminded Board members that NHS Lothian remained at its highest level of resilience with Gold Command meetings taking place on a regular basis, overseeing the provision of care across the whole system. Section 3.2 of the report provided an executive summary that covered updates on Covid, Workforce, System Flow and Scheduled Care.
- 81.3 Mr Crombie also referred to sections of the report outlining enhanced oversight arrangements with the Performance Support Oversight Board; the winter planning process to help mitigate pressures on flow; the new Covid variant and the ongoing active governance programme.
- 81.4 The Chair asked about mental health and plans to improve performance in that area. Ms Mckigen stated that the main area of focus in mental health remained inpatient beds, CAMHS and Psychological Therapies performance. The recovery plans had been approved by Scottish Government and were being monitored through the NHS Lothian Corporate Management Team and Performance Support Oversight Board. These plans both remained on trajectory. There was a recruitment risk with CAMHS but there was ongoing discussion around this.
- 81.5 CAMHS performance in November was higher than October and long waits were starting to come down following the implementation of the new CAPA Model. There were increasing pressures with inpatient beds, similar to acute sites, and this was a Scotland wide problem.
- 81.6 Cllr Akhtar asked about the CAMHS waiting list and focus on early intervention and prevention. Ms Mckigen confirmed there was ongoing monitoring and work with children's partnerships to identify what was available in each locality. Further work was planned with the four partnerships in the new year and Ms Mckigen would bring an update back to the Board in the new year.

TMck

- 81.7 Mr McQueen asked about the role of the Performance Support Oversight Board. Mr Lock gave some background on how the Oversight Board worked, identified areas to investigate and how this process was aimed at ensuring positive returns in the medium to longer term.
- 81.8 Mr Murray referred to the unscheduled care initiatives detailed in the report and questioned how in time which initiatives provided the biggest impact on improvement.

- 81.9 Mr Crombie clarified that a number of sources identify specialties sensitive to the processes of oversight and support. The performance snapshot report was considered at the Executive Leadership Team on a 2 weekly basis. If there were performance indicators that were not as expected then this resulted in discussion with the relevant lead to understand why this was occurring and a decision to spend more time focusing on drivers and constraints could be provided through corporate level support. There had been very supportive and constructive feedback to this approach and Performance Support Oversight Board provided the opportunity to escalate wicked issues.
- 81.10 Dr Long added that there was also a measurement plan for the Unscheduled Care programme with a dashboard that looks at measures on a weekly basis, showing the amount of activity under way.
- 81.11 The Chair welcomed the more detailed and precise measurement arrangements and referred to Remobilisation Plan 4 which included a number of items that would lend themselves were to measurement.
- 81.12 Mr McCann and Ms Kasper asked about the new discharge workstream detailed on page 11 of the report and the new discharge and transfer policy.
- 81.13 Dr Long explained that the measurement plan for discharging patients without delay was a rebranded approach from Scottish Government and the draft policy covered planning for people as soon as they enter the acute system. These were all approaches that would have a medium term impact. Ms MacDonald added that there was an important point across the system that to align the four health and social care partnerships to one acute system needed everyone to work in the same direction and there was some rebranding in order to bring this together and minimise any confusion.
- 81.14 The Board agreed the recommendations within the report:
- acknowledged the supporting performance infrastructure in place which provided formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
 - recognised the performance challenges detailed in the paper including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
 - considered the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
 - noted the ongoing work following the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.
 - noted that if further deeper dives were requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

82. Lothian Strategic Development Framework

- 82.1 Mr Briggs gave an update to the Board on progress in developing the Lothian Strategic Development Framework (LSDF).
- 82.2 Mr Briggs welcomed comments received through discussions with the buddy group and comments received from Mr McQueen and Dr Donald. There was still time for any other comments to be sent to him. The work with the RSA and the citizen's panel was also recognised as having been well received.
- 82.3 The Board recognised that there was a challenge in getting to the point of a readable document for citizens. Mr Briggs explained that the intention was to produce a summary with links to read more about individual sections. Ms Milne and Public Health had been working on the population health information and this would be circulated to Board Members once this was in a suitable format.
- 82.4 Mr Hill commented that he was supportive of all the work being done on the LSDF and asked about the reference to digital and whether the way it was described was too narrow a scope in terms of what was being sought to be done. Could the scope be extended further to be more ambitious or left open ended for further development. Mr Briggs agreed to develop the language around digital aspects further in the next iteration of the paper.
- 82.5 There was discussion around the consistency and alignment of the LSDF and Scottish Government 3 year operational planning. Mr Briggs confirmed that monitoring of this alignment was in place with regular updates being sent to Scottish Government to reflect what NHS Lothian was doing.
- 82.6 Mr McCann asked about the reference in the paper to 5% of all road journeys in the UK being related to healthcare appointments. Mr Briggs agreed to share the citation for this reference.
- 82.7 Ms Hirst asked about the recommendation around consultation in the paper. The Chair stated that at this stage the consultation was on the sense of direction rather than the plan itself. It was agreed to amend the recommendation to that effect. There would also be further discussion on consultation at future Planning, Performance and Development Committee sessions.
- 82.8 There was also discussion about the required workforce to deliver the LSDF. Mr Briggs stated that workforce would be the number one challenge over the next 5 years.
- 82.9 Ms Butler confirmed that there had been conversation at the last Staff Governance Committee around this and that the Workforce Planning team were working with Mr Briggs and his team to develop the next iteration of the Workforce Plan taking account of the LSDF priorities and direction of travel.

- 82.10 The Board agreed to;
- Note the work undertaken since the update to the October 2021 Board;
 - Agree the content of the summary document;
 - Agree that the formal consultation period should commence after the February 2022 Board meeting

83. Remobilisation Plan 4

- 83.1 Mr Briggs outlined the report asking the Board to formally approve Remobilisation Plan 4 (RMP4).
- 83.2 Cllr Akhtar and Mr Encombe asked about the confidence in deliverability of the Plan and what the contingency plans would be if there was a struggle to deliver this and if the data was too poor to quantify predicted retirements for example. Mr McCann commented that the statement around confidence was an excellent example of candour and clarity.
- 83.3 Mr McCann also welcomed the extensive section referring to digital and using technology to stretch workforce resources further.
- 83.4 The Chair outlined that the work and effort that had gone into the plan was immense covering the entire health and social care system. It was acknowledged that workforce planning and delivery would be significant in the delivery of the plan.
- 83.5 The Board noted that there were a number of proposals in the plan to be developed further which currently had no trackable measurements against them. Mr Briggs would take this feedback away.
- 83.6 The Board agreed the recommendations to:
- Note the purpose and process of RMP4;
 - Approve RMP4;
 - Note expected forthcoming work required

84. NHS Lothian Pharmaceutical Care Services Plan

- 84.1 Ms Milne introduced the NHS Lothian Pharmaceutical Care Services Plan. The plan provided a comprehensive overview of the pharmaceutical care provided by community pharmacy. The Board noted the legal requirement to produce the annual plan and for the Board to consider it every 3 years. The plan is reviewed and updated annually but should be viewed in the context of a 3-5 year strategic planning cycle in terms of the delivery of recommendations.
- 84.2 The Board noted the further work on the plan since it was discussed at the December 2020 Board meeting. The revisions had brought the plan into line with the Board's and Scottish Government's remobilisation plans. Once the plan had received Board approval the implementation of the plan would be taken forward with Health and Social Care Partnership colleagues.

- 84.3 Ms Milne and Dr Long welcomed the input received on the plan from colleagues and Board members, any further comments should be sent to Ms Milne. The Chair asked about the anticipated publication date for the plan assuming Board endorsement. Ms Milne confirmed that if only minor further changes were received then the plan would publish in the next couple of weeks, any major alterations would have to come back to the Board.
- 84.4 The Board discussed aspects of what was a logical, easy to understand plan. There was discussion on facilities information, wheelchair access, hearing loops and private consultation spaces in pharmacies; the aspirations of the 20 minute neighbourhood and issues with rural settings and GP participation in medical reviews and GP practices with attached pharmacists. Dr Long explained that a lot of this further detail would be captured in the implementation plan work with the Health and Social Care Partnerships.
- 84.5 There was further discussion on where the budget for implementation of recommendations came from. Ms Milne confirmed that a lot of the actions already had funding sources attached and any further consideration around funding would go through the Corporate Management Team.
- 84.6 The Chair thanked everyone that had been involved in producing such a good piece of work and suggested that after a final tidy up, the Plan should be published before Christmas.
- 84.7 The Board agreed to the plan being published on the Community Pharmacy Lothian website and NHS Lothian internet site. The Board also agreed that the plan be reviewed annually and brought to the NHS Lothian Board every three years.

85. September 2021 Financial Position

- 85.1 Mr Marriott provided an update to the Board on the financial position at Period 6 for NHS Lothian. The Board noted the improving position to a £6.8m forecast overspend.
- 85.2 Mr Marriott explained that all Boards were now being supported by Scottish Government to deliver a break even position in year, not linked to brokerage and that this shift to significant assurance of achievement of financial balance had been discussed at the Board's Finance and Resources Committee. Within the core position there remained issues with Drug spend and Medical and Dental pays.
- 85.3 The Board noted the update in the paper on the financial impact of Covid-19 at Period 6 which showed estimated incurred additional costs of £49m. The largest element of Covid spend to date relates to the ongoing Covid Vaccine rollout at circa £23m.
- 85.4 The Chair requested a private briefing on financial risks following the Budget on 9th December 2021

SG/CM

85.5 The Board accepted that, based on information available at this stage and assumptions around additional funding, NHS Lothian is able to provide significant assurance on its ability to deliver a breakeven position in 2021/22.

86. National Whistleblowing Standards - Quarter 2 Performance Report

86.1 Ms Butler provided the Board with details of the second quarterly report produced under the National Whistleblowing Standards which were implemented on 1st April 2021.

86.2 The Board noted that it was too early to draw any meaningful trends from the data. The next stage would be a systematic review of learning which would be highly complex and confidential. There were low whistleblowing numbers so far and comparable data on what to expect when the system was set up would suggest that other boards were in the same situation.

86.3 A system wide learning approach was being set up, this included mechanisms for sharing across committees and teams with the necessary teeth to ensure learning is embedded in performance management systems. The Chair added that there were two presumed types of learning - culture change, bring people with us and systems and processes for level of assurances in the system.

86.4 Ms Kasper confirmed that from informal discussions with other health boards in her whistleblowing champion role, comparing numbers would not be appropriate at this stage. Some territorial boards were showing low whistleblowing numbers which may not be a good thing, NHS Lothian numbers were higher but this was being taken as a positive thing. The work with colleagues nationally was ongoing and this included engagement with the National Whistleblowing Officer/Public Services Ombudsman.

86.5 Dr Donald added that there had been a whistleblowing incident discussed at Healthcare Governance Committee and part of the change of culture for people to come forward was the organisation's ability to ensure timely actions in response to people raising awareness to a problem.

86.6 Mrs Butler explained that there was no published comparable data. The Board had been well placed when the standards had been introduced as NHS Lothian had its own data back to 2016. NHS Lothian's speak up service had also now been in place for 2.5 years as an informal route for staff to raise concerns with further signposting to the whistleblowing process if required.

86.7 The Board agreed to note the following:

- the content of the Quarter 2 Performance Report and the downward
- trend in number of concerns received against Quarter 1.
- from Quarter 4 onwards Performance Reports will include any data received from Primary Care Contractors.
- implementation of the Whistleblowing standards, links to the Corporate
- Objective – Improving Staff Experience (objective 10).

87. Corporate Risk Register

- 87.1 Miss Gillies outlined the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 87.2 Miss Gillies explained that the review of how the CRR works was coming to an end and the result would mean seeing risks details updated on a more regular basis.
- 87.3 Miss Gillies also outlined the action points from the Executives/Committee Chairs Risk Assurance Session held in September 2021. This had resulted in a more standardised way for papers pertaining to risk and supporting template for committee papers pertaining to CRR risks to be more explicit relating to the risk, mitigation and management plans in place and assurance sought.
- 87.4 Mr Encombe asked about the "No Assurance" level. Miss Gillies directed Mr Encombe to the Standard Levels of Assurance for Risk Management as outlined at Appendix 3 that explained the assurance levels. Mr Campbell added that all divisions have their own risk registers and are required to mitigate risks were possible below high.. If they cannot achieve this then the risk is escalated to the Corporate Management Team and if further mitigations aren't possible to get the risk rating below high, it is added to te Corporate Risk Register.
- 87.5 Dr Williams asked about the general practice sustainability model and facilities fit for purpose risks. Mr Crombie clarified the campus based responses to risks and mitigations for areas such as water, fire, electricity. For the general practice sustainability risk it was noted that there was a formatting error in the paper which would be corrected in the next Board report.
- 87.6 The Board noted the outcome of the Executives/Committee Chairs Risk Assurance Session held in September 2021, as set out in Appendix 2 of the paper and accepted a standardised level of assurance for risk mitigation plans developed in response to actions agreed at the Executives/Committee Chairs session (Appendix 3).
- 87.7 The Board accepted that a standardised Board committee paper would be used when submitting Board Committee papers relating to specific risks on the CRR (Appendix 4).
- 87.8 The Board also approved the Corporate Management Team (CMT) recommendation to increase the grading of the timely discharge of inpatients risk to Very High due to significant pressure in the system and approved the CMT recommendation to remove the EU/Brexit risk from the CRR, as the potential risks had not materialised and would be kept under review nationally and locally.

88. Any Other Business

88.1 None.

89. Reflections on the Meeting

88.1 **Navigation of Board Papers** – The Chair would discuss how this could be improved for future Board meetings with Mr Payne

90. Next Board Meeting future dates

90.1 The next Board meeting would be held on Wednesday 09 February 2022 at 9.30am.

**Signed by Chair
09 February 2022**