

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 2 October 2019 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Mr M Hill (Vice Chair); Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell and Dr R Williams.

Executive Board Members: Mr T Davison (Chief Executive); Ms T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare).

In Attendance: Mrs J Campbell (Chief Officer of Acute Services); Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received Mrs J Butler, Mr J Crombie, Cllr D Milligan and Professor M Whyte.

Declaration of Financial and Non-Financial Interest

The Chairman 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 declarations of interest.

Chairman's Welcome and Introduction

The Chairman welcomed back Mr McCann following his period of absence. The Chairman advised that a lot had been happening in between Board meetings and that he hoped that members had felt engaged and informed particularly in respect of issues around the Royal Hospital for Child and Young People (RHCYP) and DCN as well NHS Lothian's recovery plans. He advised that these issues would be discussed later in the meeting and also in private session.

36. Items for Approval

36.1 The Chairman sought and received the agreement of the Board to agree items 2.1 – 2.7. The following were approved.

36.2 Minutes of previous Board meeting held on 7 August 2019 – Approved.

- 36.3 NHS Lothian Board Development Sessions 2020 – Approved.
- 36.4 Board Committee Appointments – The Board agreed to appoint Dr Johanne Simpson as a non-voting member of Midlothian Integration Joint Board for the period from 2 October 2019 to 1 October 2022. The Board also agree to appoint Ms Carolyn Hirst to the Staff Governance Committee with immediate effect and to appoint Mr Bill McQueen to the St John's Stakeholder Group.
- 36.5 Midlothian Integration Joint Board Minutes – 13 June 2019 – Noted.
- 36.6 East Lothian Integration Joint Board Minutes - 27 June 2019 – Noted.
- 36.7 Edinburgh Integration Joint Board Minutes – 21 June 2019 – Noted.
- 36.8 West Lothian Integration Joint Board Minutes – 13 August 2019 – Noted.

Items for Discussion

- 37. Opportunity for Committee Chairs or Integrated Joint Board (IJB) Leads to Highlight Material Issues for Awareness**
- 37.1 Mr Ash provided an update on two issues that had been discussed at the Audit and Risk Committee. He advised that the committee had been asked to consider the Director of Finances recommendations in respect of the scheme of delegation. The Audit and Risk Committee had discussed whether these needed to be submitted to the full Board with it being decided that this was required in line with new responsibilities. It was noted that the details would be included in the papers for the next Board meeting.
- 37.2 The Board noted that the second item had been around an internal audit situation where it had been suggested that there was a misunderstanding between IJBs and NHS Lothian about who was responsible for following up on responsibilities and actions. It was noted that the Chief Internal Auditor who was leading on this process had asked IJBs to check that their Chief Internal Auditors were involved and that processes were appropriate. Mr Ash advised that he was confident that this issue would be resolved.
- 37.3 The Vice Chair commented that the Finance and Resources Committee had identified three issues that required to be reported to the Board. The first of these was in respect of the RHCYP and DCN position with it being noted that this would be picked up in the papers circulated for consideration at the Board meeting. The second issue had related to the Property and Asset Management Improvement Programme where there had been discussion in respect of primary care premises and the transfer of ownership to the NHS as a consequence of the new GMS contract. The Finance and Performance Review Committee had discussed how best to maximise the use of the estate to rebalance care and support the strategic agenda. It was noted that were constraints on primary care capacity to support the student population and this was an issue that needed to be considered. The Finance and Resources Committee had considered that there was a need for further thought around the strategic use of primary care and that a further report would be

submitted to the committee in due course. Finally the Finance and Resources Committee had noted that assurance in respect of the procurement systems had been highly rated. The procurement strategy had been discussed with it being noted that further work was under way in respect of sustainability measures around climate change.

37.4 Cllr O'Donnell questioned given housing developments in Mid and East Lothian whether consideration had been given around section 75 development opportunities and whether this was being considered strategically. The Vice Chair commented that this was an issue of concern. It was noted that this would be picked up as part of forward Finance and Resources Committee work which would also include consideration around securing section 75 contributions.

37.5 Cllr O'Donnell advised that the East Lothian IJB and other areas had received reduced funding for winter planning purposes and there was a need to consider how this would impact on plans. The Chief Executive advised that this issue had been discussed with the Scottish Government as part of the recovery planning process. It had been agreed that at the next meeting with Scottish Government colleagues that winter planning would feature as a key issue. It was noted that following the mid-year financial review a position would be taken about whether any internal funding was available to top up the winter planning process.

38. Update on Royal Hospital for Children and Young People, the Department of Clinical Neurosciences (RHCYP/DCN) and Child and Adolescent Mental Health Services (CAMHS)

38.1 Mrs Goldsmith advised that the current situation meant that NHS Lothian had two sites operating and that these needed maintained and looked after. It was noted there would be winter issues on both sites. It was noted that prior to the announcement of the indicative move dates consideration had been given to the winter perspective including essential maintenance and that this remained work in progress. It was noted that as part of the Cabinet Secretary visit to the Royal Hospital for Sick Children concerns had been raised about domestic services and staff catering at the existing site and these had been addressed. Mrs Campbell advised that all issues that had been identified would be concatenated in to a single action plan and would be reported via the Executive Leadership Group and ultimately the Scottish Government Oversight Board.

38.2 Mrs Goldsmith advised that since the announcement of the delay that significant work had been undertaken not just within NHS Lothian but with Health Protection Scotland (HPS) and Health Facilities Scotland (HFS) who were part of National Services Scotland (NSS) with the aim of delivering a hospital that was safe for occupation. It was noted that the project team included colleagues from infection control and facilities as well as executive team members.

38.3 It was noted that Board members had seen copies of the KMPG and NSS reports commissioned by the Cabinet Secretary. The Finance and Resources Committee had in particular considered the KPMG report which identified what needed to be reflected in systems of control and management.

- 38.4 The Chief Executive advised that the Director General and Chief Executive of the NHS in Scotland had written to NHS Lothian advising that its performance category was being raised to level 4 for the RHCYP and DCN project and that a senior project director had been appointed to oversee and develop a response to the HFS and HPS reports in respect of ventilation and drainage etc. The process would include the onward engagement with partners including IHSL and Multiplex with the project owner being Mrs Goldsmith. It was noted that work also continued with HFS and HPS in respect of a second phase of reporting covering fire, electrics and medical gases which were due for completion in the following week.
- 38.5 The Board noted that the Cabinet Secretary had announced that a public inquiry would be held into the RHCYP and DCN position as well as wider aspects of the NHS Scotland estate. Discussions were underway about how to support this process which would be significant. The Auditor General had also advised that she would add a section 22 component into her annual report which was a mechanism for bringing issues of public interest to the attention of the Parliamentary Audit Committee. The Parliamentary Audit Committee process was explained with it being noted that NHS Lothian might be called to give evidence following the publication of the Auditor General's report.
- 38.6 The Board were advised that a number of building deficit issues has been identified that had taken time to be accepted by partners in terms of remedial actions. Many of these issues had been closed down. There remained a number of issues where agreement and acceptance of the defects needed to be concluded. In respect of the significant issue around air handling units it was felt that an agreed position was close to being reached. This would be discussed further at a workshop session involving key partners later in the week and also at the next meetings of the Executive Steering Group and the Oversight Board.
- 38.7 The Board were advised that the reclassification of critical care and changes to haematology and oncology in terms of clinical practice needed to be progressed via a Board change process in order that the contractor could undertake the necessary work. The contractor had not confirmed that they would undertake the necessary works as commercial issues needed to be resolved. Next steps would need to be considered if agreement could not be reached. NHS Lothian was not yet in a position of having a full programme of work available and the Cabinet Secretary's timeline had been based on the best estimate of the Project Board. Mrs Goldsmith assured the Board that there was now clarity about what was needed in respect of the programme of works and its delivery in order to get the new building open as soon as possible.
- 38.8 Mr Murray commented that it was reassuring to hear the progress being made and the position in respect of the forthcoming public inquiry and the section 22 reference in the Auditor General's report. He commented that careful consideration would be needed in terms of providing staff with a clear message of what the current position meant for them. Mrs Goldsmith suggested that there were different levels to this with part of the focus requiring to be around the current position and what this meant in terms of systems of control, accountability and responsibilities and remedial actions required. The second aspect was around the workstream to take remedial action to allow the hospital to open safely. It was noted that the Scottish Government had deemed that the management ask around these processes was so

significant that NHS Lothian needed to be supported and that decisions had been pulled back into the Scottish Government who had escalated the RHCYP / DCN to level 4 on the national performance framework. It was noted that the public inquiry would take account of all issues identified including the position in respect of the Queen Elizabeth Hospital in Glasgow particularly around the built environment and regulations and guidance in order to understand issues and determine what needed to be addressed and changed moving forward for large scale projects.

- 38.9 The Chief Executive advised that issues around communications with staff was part of the agenda of the Oversight Board. He advised that communication needed to be undertaken in partnership as NHS Lothian was not the only partner. As previously stated the public inquiry would not just focus on the Lothian position. NHS Lothian was therefore only but one player in a multiple organisation position and therefore appropriate communications needed to be properly agreed. It was noted that currently the Oversight Board agreed communications which were then issued on behalf of the whole endeavour.
- 38.10 Mrs Hirst commented that the issues being discussed were of significant public interest and she understood the need for the partnership approach. She felt however that there as need for NHS Lothian on a regular basis to provide information in a consistent manner for Board members and staff in an arena where it could be easily accessed. She felt that more could be done to keep people advised. The Chief Executive reiterated the point that joint communications were approved by the Oversight Board and that the issue of regular communications to staff and Board members would be discussed at the next meeting although it would be important not to move to a position of providing running commentaries on media stories. He felt however that the idea of regular communication was important.
- 38.11 Mr McQueen commented in respect of the resource implications that he would like assurance that the Scottish Government had committed to the fact that NHS Lothian would not need to find additional cost to get the hospital up and running. He made reference to the forthcoming public inquiry and the section 22 reference in the Auditor General's annual report and assumed that there would be a keenness through this process to identify the cost to the public purse. He questioned when a paper would be available to allow the Board to understand the cost consequences of forward work programmes. Mrs Goldsmith explained that there were three elements to the cost infrastructure and explained these in detail to the Board.
- 38.12 Professor Humphrey advised that the other key element that needed to be considered was the capacity of the executive team to deliver the programme of works and prepare for the levels of scrutiny that would be part and parcel of the public inquiry and Parliamentary Audit Committee engagement. She advised that she understood that extra resource had been received from the Scottish Government. Mrs Goldsmith updated the Board on additional project director and finance input that had been provided and advised that the RHCYP / DCN project team remained in place.
- 38.13 The Board were advised that consideration was being given around how other organisations had responded to public inquiries and also how to support staff who would be involved in these. Once this had been identified consideration would be given to the infrastructure needed to support a process that might run for a number

of months. Cllr Gordon commented that it would be beneficial to obtain intelligence from the City of Edinburgh Council in respect of the trams inquiry in relation to the approach adopted by them around structure and resource management. It was noted that lessons could also be learned from other significant NHS inquiries. It was noted that this process was secondary to the one underway to resolve existing issues in order to make the hospital fit for occupation.

38.14 Dr Williams advised that he welcomed the additional Scottish Government's support and commented that if commercial partners had difficulty in committing to the rectification of critical care and making changes to haematology / oncology then a contingency position should be considered now rather than waiting for a date in the future. Mrs Goldsmith advised that contingency work arrangements was already under way.

38.15 The Board welcomed the update report and noted that further discussion would be held in private session.

39. NHS Board Performance Escalation Framework: NHS Lothian Recovery Programme

39.1 The Board noted that the Chief Executive had referenced work in progress in this area earlier in the meeting. It was noted that the recovery planning process touched on 6 key areas 3 of which involved HSCPs and ergo the four Local Authorities. The current focus was around short term issues in the current financial year. There was also a requirement to develop a 3 year Annual Operational Plan (AOP) to take account of financial issues including IJB/ NHS funding. There was therefore a need to pull together a short term practical response as well as a longer term strategic position. It was noted that some issues could immediately be progressed by NHS Lothian whilst others were more complex and needed to be part of IJB and Local Authority decision making processes.

39.2 Professor McMahon advised that the Director General and Chief Executive of the NHS in Scotland had written to the Chief Executive in August advising that NHS Lothian had been escalated to level 3 in the National Performance Escalation Framework. It was noted that there were 5 levels in the escalation framework and that a number of other Boards were positioned at level 3. It was noted that the Scottish Government had established a Recovery Oversight Group and a number of meetings had been held. The purpose of the process was to get to a point by the end of November or beginning of December to have escalation removed based on the current AOP Plan and in that regard consideration was being given to how to improve performance in some of the key areas.

39.3 The Board noted that improved performance was being evidenced in cancer in-patients as well as delayed discharges although this was an area where further improvement was required in advance of winter. There had been a significant increase in resources to mental health and the Royal Edinburgh Hospital beds position was improving.

39.4 The Board noted in terms of NHS Lothian's internal processes and infrastructure that 3 Programme Boards had been established of which 2 were chaired by an IJB

Chief Officer meaning that issues were being looked at collectively by NHS Lothian and the 4 IJBs. The recruitment process to other key posts at a senior level including the appointment of the Whole System Improvement Delivery Director was reported.

- 39.5 The Board noted that plans were being developed which would provide the Scottish Government and the Board with assurance that improvement was happening. It was noted that it was planned for the 3 year AOP to be considered at the 4 November Board Development Session. 50% of the time had been dedicated to recovery areas with it being hoped that this would provide an opportunity for the Board to agree and inform plans. It was noted that the Integrated Care Forum would discuss issues around mental health and unscheduled care at its meeting the following day.
- 39.6 The Board was advised that the performance data had moved forward since the paper had been written and would be covered in more detail under the performance report at item 9 on the agenda. The Chairman commented that it had only recently been agreed to change the topic for the November Board Development day with it being felt that there was a need for a current focus on performance delivery and issues around the RHCYP/DCN. The Future and Innovations session would be rescheduled. Mrs Hirst commented that at the Board Development Session it would be important to state what was being done differently in respect of the escalation of the 6 key items over and above what had initially been planned.
- 39.7 Professor McMahon provided an update in respect of inpatient day cases for ophthalmology cataract procedures. Mrs Campbell commented that the North England Commissioning Team had identified a raft of generic recommendations and that a further meeting would be held to discuss evidence and how to condense these. The point was made in respect of values based commissioning with a view to reducing demand that if this was an area that the Scottish Government wished to progress then it would be beneficial if this could be done nationally rather than through individual Boards.
- 39.8 Mrs Mitchell advised that it was encouraging to see that steady progress was being made although she questioned what was being done in respect of CT diagnostics where NHS Lothian was an outlier. Mrs Campbell advised that a change in the cardiology protocol had led to an increase in demand and that work was underway with cardiology colleagues to mitigate this position. Consideration would be given to looking at the resources required to manage the current position.
- 39.9 Dr Donald commented that she welcomed the development of the three Programme Boards and the collaboration commenting that she was keen to strengthen the relationship between the acute and community sector. The Chief Executive commented that this issue had been explored through the Corporate Management Team where it had been agreed to create an Executive Leadership Team to consider NHS Lothian only issues that did not require input or involvement from IJBs or HSCPs. The Corporate Management Team had a huge agenda and now needed to focus more on problem solving. It was noted that at the next Corporate Management Team meeting that the Chief Officer of the Edinburgh IJB would lead a facilitated session on culture philosophy and model change. It was important to recognise that currently in some instances patient thoughts were informed by comments made by hospital staff and there was a need to progress a change in

hospital culture to reflect issues like the adoption of the home first model. The point was made that there was a need to develop a softer culture and model of care issues would be important. The newly refocused Corporate Management Team would provide an opportunity to start to discuss these issues. It was noted that the forward focus was about empowering and enabling patients to be discharged to home.

- 39.10 Cllr O'Donnell questioned in respect of the CAMHS report whether the school counselling service had been factored in to deliberations. It was noted that the school nurse funding position advised by the Scottish Government would be part of future work to consider what capacity would be available. It was noted that the configuration was unknown at the moment. Professor McMahon commented that a key aspect would be to prevent inappropriate access to CAMHS advising that there were currently 4 different levels of access with each of these being explained to the Board. The point was made that there was a need to work more with education services in order to obtain earlier intervention and broaden expectations. The point was made that there was a need to manage expectations whilst still recognising the need to provide appropriate and adequate support to affected children.
- 39.11 Professor Humphrey updated on work undertaken by the Healthcare Governance Committee around patient issues. In terms of targets and planned trajectories there had been significant improvement with it being anticipated that this would continue through December into March which would coincide with the main winter period. Mrs Campbell commented that performance had been exceeded in a number of areas. The outpatients trajectory was challenging and colleagues had looked at the lead in time for external providers with improvements being back-loaded towards the end of the financial year. It was important to recognise the risk going forward and that trajectories that had been written 12 months in advance might need to be changed to reflect circumstances. The impact of the delayed move of RHSC / DCN on waiting lists in some areas was discussed. Consideration was also being given to growth assumptions and fluctuations in staff and vacancies. Mrs Campbell reported that each service had updated its trajectory and also identified risk and mitigation. The trajectories in general were back end loaded in terms of delivery.
- 39.12 Mr Murray recognised the significant work that had been undertaken and questioned to what extent improvement relied on additional short term funding. He reported that discussions on whole system working needed to include communication about where people perceived that health and social care was connected. In terms of patients coming out of hospital there should be consistent patient and family awareness and some of this should be built in to a 3 year programme in order to inform patients and staff.
- 39.13 Professor McMahon reported that issues had been raised with the Scottish Government in respect of escalation processes. He advised that it was sometimes difficult to spend non recurrent funds to timescale. The position in respect of CAMHS and Psychological Therapies was discussed with it being noted that attempts were being made to put in recurrent funding wherever possible but in some areas this was a difficult ask. Mrs Goldsmith advised that the Finance and Resources Committee had looked at the position for the following year in respect of front loading performance investments and the need to support the process in 2021 and beyond in order to sustain performance.

- 39.14 The Board agreed the recommendations contained in the circulated paper and in particular the recommendation that the Corporate Management Team would approve the recovery plan on behalf of the Board prior to submission to the Scottish Government.
- 39.15 The Chairman commented that there was significant overlap between items 5, 6, 7 and 9 on the current Board agenda and that thought had gone into whether this was the best way to address issues. It would be helpful out with the meeting if Board members could provide him with comments on whether this process was working or not.

40. Development of 2020 / 2023 – Operational Delivery Plan

- 40.1 The Board noted that the Scottish Government had asked for an update in respect of performance against current trajectories. This issue would be discussed in further detail at the 4 November Board Development Session with a draft AOP being submitted to the Board at its meeting on 4 December 2019. The Scottish Government were expecting final AOP plans in April 2020. It was noted that paragraph 3.3 in the circulated paper set out the timescales.
- 40.2 Professor McMahon advised that the Scottish Government were looking to improve on the previous year's process and that paragraph 3.4 of the circulated paper provided an outline of Scottish Government expectations associated with the contents of the operational delivery plan. It was noted that the production of a 3 year plan provided challenges in that it was difficult to predict with confidence forward timescale because of the number of indefinables. The Chairman commented that he was relaxed about a 3 year forward look timescale and commented that the Board had previously expressed concerns about the predominantly single year focus particularly in terms of finance.
- 40.3 The Chief Executive and Professor McMahon provided an update on how the operational delivery plan would fit into the regional planning process. It was noted that some aspects of the regional planning agenda went beyond a 3 year timescale for example the Edinburgh Cancer Centre and required a commitment to redesign of services. It was noted that the focus of the operational delivery plan was on Health Boards and IJBs from the perspective of local commissioning whereas the focus of the regional plan was longer term.
- 40.4 Cllr O'Donnell commented in terms of outpatient times that appointment systems were different across services. She commented that orthopaedics were booking above capacity and that in some instances there was a need for staff to contact patients to change appointment dates. She commented that if this was part of a pilot process it would be important to consider how this would be evaluated. Mrs Campbell advised that the Modernising Outpatient Board was looking at a number of issues like patient initiated follow-up and that the impact was being evaluated through the Programme Board. It was noted that significant impact had been evidenced in plastic surgery with a more limited impact in cardiology. Mrs Campbell advised that there were known DNA rates in services and that these were being used at part of the process to try and manage known efficiency gaps.

- 40.5 Dr Williams commented that when a future iteration of the operational delivery plan came forward to the Board it would be important to be mindful of the input of primary care and GPs in particular. The Vice Chair commented in respect of financial planning assumption that the ambition to forward look beyond the 1 year timeframe had not yet been achieved that there was a need for more meaningful guidance from the Scottish Government in this respect. He felt that there was a need for additional monitoring around issues and national considerations in order to ensure that there was more confidence in financial plans and that they were more meaningful than they had been in the past. The Chief Executive commented that he felt that there would be benefit in looking at the horizon beyond the current process and that in terms of financial planning there would need to be an awareness of caveats and assumptions around expenditure points.
- 40.6 It was noted that the work to be undertaken by the Director of Improvement would be around the recovery plan but also about how to sustain progress forward in to the next 3 years. It was noted that the newly appointed Director had in the past worked on a population model of design and service redesign as well as artificial intelligence all of which would be appropriate to the forward process. The Chief Executive advised in terms of a prioritisation process that as soon as a problem emerged it tended to become the priority and focus of attention. He commented in addition that NHS Lothian did not have certainty around the income that it would receive over the next 3 years although some assumptions could be made. The Vice Chair advised that he was a proponent of long term planning and that if there was no fundamental shift in the way that resources were allocated then this was one of the issues that would need to be discussed closely with the Oversight Group.
- 40.7 Mrs Hirst commented that she was pleased to note that the Scottish Government had recognised the challenges for NHS Boards to develop, collaborate and agree the 2019/20 Annual Operational Plan over a short period of time and had therefore committed to begin the process for the development of the 2020/23 operational delivery plan earlier. She requested that the report to the December Board meeting should cover plans in place to consult IJBs as well as consideration being given to the ability to build these timelines in to existing schedules. She advised that a meeting was scheduled to consider how IJBs would develop processes moving forward.
- 40.8 Professor McMahon commented in respect of consultation with the public that this was not a requirement of the annual operational plan. He commented however this was a pertinent point and that he would pick up the comment with the Scottish Government.
- 40.9 The Board agreed the recommendations contained in the circulated paper.

41. Waiting Times Improvement Plan

- 41.1 Mrs Campbell advised that most of the issues in the paper had already been discussed during the course of the meeting. It was noted that challenges were still being experienced around the 62 day cancer target driven largely by colorectal and

urology services. Mrs Campbell was chairing a group looking specifically at these 2 services.

- 41.2 The Board noted that they had already received an update on the work of the North of England Commissioning Support Team. NHS Lothian had been successful in securing £125k in funding over 2 years for HIS/ NES/ IHI/ access collaborative support for quality improvement within CAMHS, dermatology and urology services.
- 41.3 Mr Murray sought an update in respect of the removal of the robot assisted laparoscopic radical prostatectomy in urology. Mrs Campbell advised that the Scottish Government had commissioned a national review of urology and that the Group would be considering whether robotics would become part of custom and practice and if so this would have a negative impact on reported performance but not on patient experience. Mr Murray also questioned to what extent the system quantified the opportunity to access services outwith NHS Lothian and how many patients took up offers of out of area treatment. He also questioned where there were theatre opportunities available in advance of the opening of the new RHCYP. Mrs Campbell advised that Lothian provision had processes in place where clinicians identified patients suitable for external treatment. It was noted however that despite support in respect of travel etc that around 35-40% of patients declined to receive out of area treatment including at the Golden Jubilee Hospital. It was noted that the provision of theatre use at the new RHCYP tied back in to issues around the safe sign-off of the building and would therefore not be available until that point.
- 41.4 Mr McQueen question in respect of the Scottish Government visit to assess NHS Lothian's performance against the effective cancer management framework best practice guidance what the outcomes of this meeting had been and whether there was a need for the Board to know whether other Boards were utilising different resources and governance and whether this was reported at Board Committee level. Mrs Campbell advised that the key findings from the original visit had been about cancer tracking. NHS Lothian had a hub and spoke model whilst other Boards had a centralised resource. A process was underway to look at the benefits and risks associated with moving to a centralised model and retaining clinical relationships.
- 41.5 Dr Williams commented in respect of the Edinburgh Dental Institute (EDI) that he was anxious in respect of the reporting of waiting times figures and sought assurance that national guidance was being followed and would triangulate data to ensure the proper figures were being reported. Mrs Campbell reminded the Board that a full investigation had been carried out to understand the reporting issues. EDI was not currently on Trak and utilised a stand-alone system that was difficult to understand and interrogate. The reported position had emerged due to a combination of human error and housekeeping issues. It was reported that significant work was underway involving EDI staff and the Waiting Times Governance Team on how to get assurance that lists were clean and reflected the patient journey. There was now confidence that the numbers being reported were correct. It was anticipated that EDI would migrate to Trak on 18 November 2019.
- 41.6 Dr Williams welcomed the update report and commented that it would be helpful if external confirmation on the accuracy of figures could be obtained. Mrs Campbell advised that this was not built in to the process but that she would take the point back particularly in respect of referral rates. The point was made that the move to

Trak would generate a single patient record. Dr Watson reported that he chaired the Access and Governance Committee and that regular reports had been received that confirmed significant progress had been made. He commented that he would seek advice about external validation.

41.7 The position in respect of the shortage of 16 anaesthetic posts and the future proposals around recruiting to these posts was discussed. Mrs Campbell advised that in the past NHS Lothian had a strong record in recruiting to anaesthetic posts. Work was underway to determine how to support individual sites and to make posts in Lothian attractive to applicants. The use of anaesthetic assistants as well as opportunities to expand the workforce through different professionals was discussed. The system was currently out to recruitment for anaesthetic posts. Ms Gillies suggest as part of the move back to critical care based specialities there was an anticipation that some people would move back to anaesthetic services.

41.8 The Board agreed the recommendations contained in the circulated paper.

42. Financial Position to 31 August 2019 and Year End Forecast

42.1 Mrs Goldsmith advised that as previously reported she and her colleagues were keen to land a breakeven position earlier in the year in order to allow energies to be focused to the financial position moving forward. The Board were advised that a prudent position had been adopted in respect of drug estimates and the position continued to be monitored. It was noted that improvements were being reported in respect of recovery plans.

42.2 Mrs Goldsmith advised that the financial position was still reporting limited assurance as a consequence of the RHCYP/DCN having been moved to level 4 in the NHS performance escalation framework. The Finance and Resources Committee had discussed the IJB position and relationships with it being noted that in the past NHS Lothian had funded any overspend positions. The position had been reflected upon given that some IJBs were now building up reserves and there was a question about the forward process. It was the intention to move to a position where IJB allocations were linked to activity.

42.3 Mr Murray recognised that it would be useful to see the specific nature of IJB costs and that this amongst other issues had been discussed at the Finance and Resources Committee particularly in respect of developing a longer term agenda.

42.4 Mrs Goldsmith reminded the Board about the process for allocating budgets to the IJBs including aspects of the set-a-side budget and hosted services. Currently the funds were based on budget rather than actual activity. Dr Williams commented that activity delivered might not be needs based. Mrs Goldsmith felt that there was a need to move the agenda on resource allocation to reflect the development of IJB plans. The Vice Chair advised that as the system moved to a different way of allocating costs this would need to be done in a managed way and that the current position represented the beginning of a journey.

42.5 The Board agreed the recommendations contained in the circulated paper.

43. Performance Report

- 43.1 Dr Watson reported that the circulated paper highlighted information reported nationally typically through ISD (Information Services Division) of National Services Scotland. The Board were advised that ISD had been through a revision process and this would reflect different ways of measurement. It was advised that this process had led to a number of colour changes in the performance traffic light indicators with some aspects no longer reporting as green.
- 43.2 The Board noted that the Quality Directorate were carrying out an internal review about how to report progress around the quality strategy at Board level. The point was made that access to QI work would be key to the recovery process as discussed earlier. Dr Watson reported that through the quality work a lot of initiatives were being identified by local teams and this was being picked up and being pulled together. An update report on the quality strategy would be provided to the Board at its December meeting and would be followed up at a future Board Development Session.
- 43.3 The Board received an update on the Data Driven Innovation (DDI) programme and quality work collaboration applying modern day science techniques to spot opportunities for improvement. Dr Donald advised that she was concerned about the piloting of ideas and obtaining evaluation and the sharing of this by the Quality Directorate to allow evolution to core services. Dr Watson advised that clinical change forums were a good vehicle to share experience and good practice between acute and primary care. He advised that part of the role of quality professionals was to spread good practice with primary care document management roll out being referenced as a prime example with it having been picked up nationally. A Lothian wide conference was being looked at for the forthcoming year. Dr Watson encouraged colleagues to visit the Quality Directorate website advising that this contained useful material.
- 43.4 The point was made that the whole system approach was not covered in the Board paper and there was a need for an IJB focus. Mr Murray commented that if information in the report was not needed by the Board then there was no need to report it in the paper. The view was expressed by Mr Murray and others that currently the performance report was not entirely fit for purpose. The Chairman advised that he had discussed this issue with the Head of Corporate Governance with consideration having been given to an IJB by IJB approach.
- 43.5 Cllr Gordon suggested there would be ramifications for performance if insufficient financial resource identified as being required to deliver targets had not been delivered. He questioned whether there were any strengths that could be taken on a unified basis to get more satisfactory performance. Cllr Gordon felt that currently links were not being made and issues were not being considered as a collective. The point was stressed that if resource was not available then improvements in performance could not be delivered. Dr Watson advised that he would discuss these issues with colleagues. The Chairman commented that there was a recurring theme about the need to look at better linkages between recovery plans and financial resourcing as well as the Government response.

- 43.6 Mr McCann agreed matrix reporting was not ideal. He commented that he was encouraged to learn about the DDI work. The point was made that some areas did not have performance standards set and there was a need to see these in place. Dr Watson responded by commenting in respect of matrix changes that NHS Lothian had not been in a position to comment and that these would vary by standard as some used composites. Dr Watson commented that it was important not to make judgement based on two data points of a new measurement system and that for trend analysis purposes there was a need for data to be available over 4-5 periods.
- 43.7 Mrs Hirst advised that the Healthcare Governance Committee routinely sought assurance about performance issues being addressed. She commented that 10 out of the 36 issues were not being addressed with this position being reported in the public domain. She urged colleagues to develop performance measures that could be judged at Board level. Mr Ash also commented on how the information reflected on IJBs. He referenced internal audit issues that had been discussed at the Audit and Risk Committee in respect of IJB directions and the difficulty on how to deal with performance issues. He felt that there would be benefit in getting key people together to look at performance to avoid considering raw data with delayed discharges having been an obvious area of focus. The Chair advised that the Head of Corporate Governance had identified a number of measures in respect of delegated functions that could be applied to the work referred to.
- 43.8 The Board agreed the recommendations contained in the circulated paper.

44. Developing our NHS Lothian Approach to Global Citizenship

- 44.1 Professor McCallum advised that the circulated paper reflected Scottish Government Guidance recommending a single approach to global health recognising relationships with the rest of the world. She updated on the challenges that had been looked at in order to ensure sufficient opportunities for 2 way learning which would enhance the human element and improve the attractiveness of NHS Lothian as a place to work. The Board received details of the benefits of work done to date and were advised that by developing expertise in other countries that this could bring significant benefits to NHS Lothian. Professor McCallum advised that the issue was not just about medical staff but about all staff having opportunities to engage in global citizenship. The point was made that by engaging in the process that this improved leadership development and training with there being clear benefits from the Board taking ownership of the strategic agenda. The Board were advised that a modest additional resource would be required to progress issues forward and that to this point progress had been achieved through existing staff.
- 44.2 Mr Murray advised that this was an interesting paper and questioned to what extent it linked with the quality improvement work. He also questioned the human resources element to ensure reciprocal benefit and returns for the input. Professor McCallum commented in respect of quality improvement that there were examples of individual work based in QI programmes including vaccine history and aspects of oncology including mentoring people in other countries to allow issues to be embedded in their own practice. It was noted that Mrs Butler was looking at other human resource aspects and that consideration needed to be given to rewarding staff who brought back expertise for the benefit of NHS Lothian's patients.

- 44.3 The point was made that there would be opportunity costs in respect of the need to backfill staff who took up opportunities in other parts of the world and that this would come at a cost. Mr McCann advised that the benefits would be felt by both sides and that many of the facets and benefits would be similar to engagement with armed force veterans and volunteers. Professor McCallum and Ms Gillies would discuss this aspect further.
- 44.4 Professor Humphreys commented that there was also potential partnership with the University that might lead to employment opportunities and that this would be a worthy strategic approach. Professor McCallum advised that she would be receptive to such a challenging strategic approach. The potential linkages with the Health Academy were discussed with it being noted that this would need to broaden across all Universities.
- 44.5 The Chairman advised he had attended a recent meeting on global citizenship at Waverley Gate and had been impressed with what he had heard and the opportunities and potential value in respect of attracting and retaining staff. He commented that the extrapolation of data would also be of significant value.
- 44.6 Cllr O'Donnell commented that whilst she agreed with the potential of the proposals that there was also a responsibility to developing countries in respect of not taking staff out of these areas which would lead to issues. The Chairman stressed that the points that he had made in respect of recruitment and retention related to people in the UK applying for jobs in NHS Lothian and was not about engaging staff from developing countries. He commented that there was significant evidence that that people were happy to collaborate and contribute in this way and that they regarded it as part of their own personal development.
- 44.7 The Board agreed the recommendations contained in the circulated paper.

45. Corporate Risk Register

- 45.1 Ms Gillies advised that the template supporting risk had been updated to include policies and plans. The Board were advised that templates in the new format were in development for two new risk areas which were the Royal Hospital for Children and Young People and Department for Clinical Neurosciences and the delivery of NHS level recovery plans as well as the lack of bed availability at the Royal Edinburgh Building resulting in patients being accommodated inappropriately.
- 45.2 The Chairman commented that the revised approach reflected a lot of helpful developments. Mr Murray commented that he welcomed the new approach which was much improved over what had gone before. He advised that it would be helpful if the quality report mirrored this approach and that there was a need for further discussion around this position. Mr McQueen commented it would be useful for narrative to be included for each area in respect of updates and actions to reflect assurance levels and dates of consideration. He felt that with these inclusions the circulated paper would represent a really informative report.

45.3 Mr Ash advised that the updated position had been discussed at the Audit and Risk Committee for the best part of the year and had been supplemented by workshops. He advised that the link with quality improvement was clear and ought to be continued and progressed. He felt that in the longer term there would be a need to link mitigation of actions in to the financial planning process in order to provide assurance of return from investment and priorities. The Chairman commented this was a succinct point and a recurring theme that should be picked up moving forward.

45.4 The Board agreed the recommendations contained in the circulated paper.

46. Future Board Meetings

46.1 The Board noted the schedule of meetings for the remainder of 2019 and 2020.

47. Future Development Sessions

47.1 The Board noted the schedule of development sessions for the remainder for 2019 and 2020.

48. Date and Time of Next Meeting

48.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 04 December 2019 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

49. Invoking of Standard Order 4.8

49.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

Chair's Signature, 10/12/19

Mr Brian Houston
Chair – Lothian NHS Board