

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 03 February 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Ms E Robertson (Chair); Mr M Hill (Vice-Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr W McQueen; Cllr F O'Donnell; Cllr D Milligan; Mr T Waterson; Dr R Williams; Ms K Kasper; Ms N McKenzie; Mr J Encombe and Prof. S Chandran.

Executive Board Members: Mr C Campbell (Chief Executive); Ms T Gillies (Executive Medical Director) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare).

In Attendance: Mr J Crombie (Deputy Chief Executive); Mrs J Butler (Director of HR & OD); Mrs J Mackay (Director of Communications & Public Engagement); Mr P Lock (Director of Improvement); Mrs J Campbell (Chief Officer, Acute Services); Mr C Briggs (Director of Strategic Planning); Mr C Marriott (Deputy Director of Finance, NHS Lothian); Mr A Short (Chief Officer, West Lothian HSCP)(from 11:35am); Mr A Mackenzie (Psychiatry CT3, NHSGGC, C Hirst Paired Learning Partner); Ms Leigh Brown (Senior Charge Nurse, RIE – Shadowing Mr Waterson); Mr A Payne (Head of Corporate Governance) and Mr C Graham (Secretariat Manager)

Apologies for absence: Ms F Ireland (Non-Executive Director); Ms K Dee. (Interim Director of Public Health and Health Policy) and Mrs S Goldsmith (Director of Finance).

102. Declaration of Financial and Non-Financial Interest

102.1 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.

102.2. Cllr Gordon declared that he was Chair of the Edinburgh International Conference Centre which will be used as a mass vaccination centre.

103. Chair's Introductory Comments

103.1 The Chair welcomed members and guest to the meeting and the Board passed its congratulations to Mr Lock on the birth of his daughter.

103.2 The Chair also welcomed new Board Members - Ms Nancy McKenzie, Mr Jock Encombe and Professor Siddharthan Chandran to their first meeting. The Board noted that this would be Cllr O'Donnell's final meeting as she would be stepping down from the Board on 23 February 2021 and wished her all the best in her new role.

Items for Approval

- 103.2 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. There had been no such requests.
- 103.3 Minutes of Previous Board Meeting held on 09 December 2020 – Minutes were approved
- 103.4 Finance & Resources Committee Minutes – 25 November 2020 – Minutes were noted
- 103.5 Healthcare Governance Committee Minutes – 10 November 2020 – Minutes were noted
- 103.6 Audit and Risk Committee Minutes – 23 November 2020 – Minutes were noted
- 103.7 Staff Governance Committee Minutes – 21 October 2020 – Minutes were noted
- 103.8 Edinburgh Integration Joint Board Minutes – 27 October 2020 – Minutes were noted
- 103.9 West Lothian Integration Joint Board Minutes – 10 November 2020 – Minutes were noted
- 103.10 East Lothian Integration Joint Board Minutes – 29 October 2020 – Minutes were noted
- 103.11 Midlothian Integration Joint Board Minutes – 08 October 2020 – Minutes were noted
- 103.12 Appointment of Members to Committees – The Board agreed to:
- Re-nominate Martin Hill as a voting member of Edinburgh IJB for the period from 1 March 2021 to 31 July 2023.
 - Re-nominate Bill McQueen as a voting member of West Lothian IJB for the period from 1 April 2021 to 31 January 2022.
 - Re-nominate Angus McCann as a voting member of Midlothian IJB for the period from 4 April 2021 to 31 August 2023.
 - Appoint Councillor George Gordon as the Chair of the Pharmacy Practices Committee.
 - Appoint Vinny Bilon, David Massie and Gordon Stuart as ‘contractor pharmacist’ members of the Pharmacy Practices Committee.
- 103.13 Review of Terms of Reference of the Finance and Resources Committee – The Board agreed to approve the revised terms of reference of the Finance & Resources Committee.
- 103.14 Update on the Epidemiology of COVID-19 in Lothian - The Board Agreed to note the report briefing on the current trends around COVID-19.

Items for Discussion

104. Board Chair's Report – January 2021

- 104.1 The Chair briefed the Board on recent events and pieces of work that she had been involved with this included induction meetings with the new Board members and fortnightly meetings with public health minister.

105. Board Executive Team Report – January 2021

- 105.1 The Board received the Board Executive Team report and there was discussion on the following specific sections:

- **Recovery Plan** - Mrs Mitchell asked about the timescale for recovery. Mr Campbell confirmed that recovery would probably take a couple of years this would be to clear the backlog, whilst recognising NHS Lothian's disadvantaged starting point in comparison to other boards, in terms of capacity and the lack of infrastructure even before the pandemic to meet demand.

Cllr Milligan asked about services in the post pandemic period. Mr Campbell stated that there would be changes to how services were provided. Ideally this would be the separation of elective and emergency services, but this would not be totally achievable. In the wider context the use of single room accommodation would be looked at to make sure infection control standards could be more easily complied with. There is a need for a national strategy for recovery and this had been articulated to Scottish Government.

- **Staffing levels at St John's Hospital** – Prof. McMahon stated that there remains a challenge around recruitment and retention of staff. There were currently 7 beds closed at St John's Hospital so that safe staffing could be in place, however this increased pressures. West Lothian College were providing assistance in some support roles. The sustainability of the workforce model was being reviewed to see if the skill mix could be adapted for wards moving forward.
- **Recruitment of Clinical Educators** - Professor McMahon reported that support to care homes continued and that with funding now in place recruitment of 6 clinical educators and 5 tissue viability nurses was underway. The appointment of an Associate Director for Infection Control was noted.
- **Matter of Focus Midlothian** – Mr Campbell confirmed that this was a new tool being introduced by Midlothian IJB and that he would ask the Midlothian Chief Officer to provide further information on this to the other IJB Chief Officers as part of a wider roll out.
- **2021/22 Objectives** – The Board noted that the Corporate Management Team had held a session to develop a first draft of the objectives and that engagement with the Board, on these objectives, would take place once

these had been checked and formatted.

- **New Whistleblowing Standards** – Mrs Butler reported that the implementation of the standards was on track, for directly employed staff, from 1 April 2021. Arrangements for independent contractors were more challenging and this had been fed back to the Scottish Government. Ms Kasper added that the first Non-Executive Director Whistleblowing Champions Network group would meet tomorrow with the aim to have the conversation around this challenge and to work behind the scenes on how best to approach this.
- **Virtual/Scheduled Minor Injury Assessment Activity** – noted that levels were likely to have been low due to the soft launch to the national communications while processes are tested and workforce at NHS24 and board flow centres are expanded. Lothian had advertised the new pathways for patients locally but there was opportunity to build on this and make access easier. Part of the anxiety around this was the significant pressure this could place on the workforce system and it was noted that NHS24 had struggled to get staff in place for a harder launch. It was hoped that over time the number of people with a scheduled appointment for A&E would increase whilst A&E would remain open for blue light cases. The Board noted that Mr Campbell was the co-chair on the national group and that the evaluation relating to paediatric attendances was currently ongoing.
- **Flu Vaccination** – Noted that there had been very few flu admissions this year and low prevalence within the community.
- **Response to the Edinburgh Poverty Commission** – Noted that the Executive Leadership Team response to the Edinburgh Poverty Commission was submitted in December 2020 and gave NHS Lothian's commitment to work with partners on strategies to end poverty in Edinburgh by 2030. A new NHS Lothian wide group would be established to consider a range of issues including employability, procurement and NHS Lothian's role as an anchor institution. This work would include the four IJBs as part of a joined-up approach.
- **Testing Expansion Programme** - Dr Donald asked about testing results and the impact on staffing and services. Mr Briggs stated that a detailed report could be developed and reported to the upcoming Planning, Performance and Delivery Committee in March. Mr Briggs added that the Lauriston East Hub testing facility was now open and that the lab would significantly add to the capacity to run symptomatic and asymptomatic testing of the general population. Staff testing was being successfully rolled out to all patient facing staff directly employed by NHS Lothian and the Scottish Government were likely to announce the expansion of this to GP practices later today.

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

- **Finance and Resources Committee** – Mr Hill reported that the committee was continuing to scrutinise the response to the Royal Hospital for Children and Young People audit recommendations, and looking to strengthen governance and senior responsible officer management arrangements around this and for future projects. A detailed report would go to the next Finance and Resources Committee. The committee had also been discussing Scottish Government advice that there would be no additional new capital funding of large projects in Scotland over the next 5 years. Consideration was being given to how this impacted the ambitions of the Board; the need to look at more innovative solutions to problems other than capital investment and the continued push to regularise NHS Lothian's NRAC position.

107. Vaccination Programme Update

107.1 Mr Briggs introduced the report updating the Board on the Covid Vaccination Programme. Mr Briggs outlined the following figures for Lothian as at 9pm on 02 February 2021, according to the national vaccination management tool:

- **55,845** citizens had received a jab.
- **27,721** over 80s have been vaccinated by GPs – this was over and above the vaccination management tool figure above.
- **5604** over-75s had been vaccinated by GPs.
- The gross number was therefore **89,170**.

107.2 The Board noted that the paper suggested the adult population of the Lothians to be 807,746. This figure cannot be assumed to only be Lothian residents, however, as staff will travel from outside the Lothians to work here.

107.3 Mr Briggs also confirmed that:

- 42,756 staff had been vaccinated, including unpaid carers, social care and NHS Lothian staff
- 92% of care home residents had received their first vaccination. 7% could not receive their vaccination due to being Covid positive, and 1% refused the vaccination.
- All eligible patients in our HBCCC facilities had been vaccinated.

107.4 The Board noted that in relation to vaccination clinics the centres at Edinburgh International Conference Centre and the Royal Highland Showground were now open and that Health and Social Care Partnership colleagues were taking forward the local clinics. Mr Briggs reported that vaccine wastage was running at around 1.5% and this was better than the national assumption of 5%.

- 107.5 The Board recognised the challenges in relation to public perception of the pace of vaccination. The suggestion that Lothian was lagging behind other boards was not warranted. The national vaccination management tool does not currently reflect the activity performed by GPs, leading to the reported figures for NHS Lothian to be understated.
- 107.6 Other challenges were noted in relation to vaccine supply; the visibility of this; the balance between vaccine for 1st and 2nd doses and the need to have phased opening of mass vaccination centres so that the workforce can be confirmed.
- 107.7 The Board noted that the mechanism in Lothian was not the same as other parts of Scotland. In Lothian 75 to 79-year olds and the people who are Extreme Clinically Vulnerable were being vaccinated through GP practices. The 70 to 74-year olds were going through the mass vaccination centres. It was noted that there were schedules for all age groups but there remained concerns around vaccine supply.
- 107.8 In relation to the 2nd doses for staff and staff who missed 1st doses, Mr Briggs confirmed that the intention had always been to run 1st dose staff vaccines up to 31 January 2021, due to the challenges with moving to mass vaccination centres and vaccine supply. The Board noted that staff had been given notice about 1st dose staff programme closing and staff, sites and teams had been asked to identify people missed or any urgent cases. There would now be a system of transferring 1st dose staff appointments from the staff programme into the mass vaccination centres, with the plan for 1500 to 2000 staff per week through the centres over 10 weeks. The final communications around this would be going out today.
- 107.9 Mr Briggs highlighted that the Scottish Government guidance around who were eligible staff for vaccine was very broad and open to different interpretations. It would be easy to place a large part of the general population into these groups. Therefore, NHS Lothian had developed some principles around eligibility, which it was hoped to agree with the four local authorities.
- 107.10 The Board discussed the need for improved systems around data reporting, given it was likely that this would not be a one-off vaccination programme and there needed to be confidence in the data being provided. It was noted that the aligning of GP systems with boards had been an ongoing issue for some time. There was also a need to improve confidence in national planning assumption modelling as this had an impact on vaccine supply management.
- 107.11 Dr Williams reminded the Board of the incredible achievement to get the vaccination programme up and running, and recognised the extraordinary efforts made by colleagues. He highlighted that before 1 February there were no mass vaccination centres in existence. Dr Williams noted that the process for volunteering appeared to be a national process rather than a local one. He suggested that a local approach may have been more efficient and effective. Mr Campbell confirmed that there would be a review of lessons learned at some point which would inform future vaccination programmes.

- 107.12 Cllr O'Donnell asked about vaccination roll out in East Lothian. It was noted that the addition of mass vaccination centres at Queen Margaret University (from 10 February 2021) and East Lothian Community Hospital would substantially increase capacity.
- 107.13 Cllr O'Donnell also asked about impact on health Inequalities. Mr Briggs suggested that a report be brought to a future Board meeting from Public Health colleagues, but he was not aware of any inequality around vaccine supply in East Lothian. The Community Hospital had already carried out a substantial amount of staff vaccinations.
- 107.14 Mrs Mitchell raised the visibility of vaccine supply. The Board noted that visibility was two weeks to one month ahead. Mr Campbell confirmed that Lothian's plan as submitted to Scottish Government had been accepted. However there had now been a request from Scottish Government to accelerate the Royal Highland Showground site to open today rather than the 15 February 2021. This had been done with the caveats that initial military support be provided to cover the gap, and confirmation that additional vaccine supply would be in place given the accelerated rate. The Board noted that the Scottish Government had accepted these caveats and that current vaccine visibility was up to 1 April 2021.
- 107.15 The Chair welcomed this comprehensive update and the Board expressed its appreciation to all colleagues involved in establishing a successful Covid vaccination programme.

108. Scheduled and Unscheduled Care Performance

- 108.1 Ms Campbell updated the Board on performance for Scheduled Care standards: New Outpatient ('OP'), Treatment Time Guarantee ('TTG'), Diagnostic key test and 31 & 62 Day Pathway Cancer pathways. The report also included the 4-hour emergency access standard and the performance on delayed discharges. The report also covered the ongoing risk to long waits, the impacts of Covid between now and the end of March 21, as well as the positive impact of clinical prioritisation. An update on unscheduled care activity and pressures over the festive and recent periods was also included.
- 108.2 Ms Campbell presented an update to the Board covering the information outlined in Appendix 1B of the report. The presentation covered the impact of Covid on performance; demand and activity; reducing long waits for the most urgent patients and implications for big services with waits over 52 weeks (ophthalmology, dermatology and oral surgery). It was noted that all new patients were clinically prioritised before being added onto waiting lists and patients receive a letter detailing the evaluation of clinical priority and what this means for their wait.
- 108.3 There was discussion on vaccine roll-out modelling and the ability of services to reopen; the use of telephone and video consultation options; the extent of which Lothian's challenges were common to other boards and ways of reorganising service delivery and benchmarking; what the future demand profile for NHS Lothian may look like up to March 2022; and alignment with

the national recovery plan. Ms Campbell added that the biggest constraint for outpatient services remained the two-metre physical spacing and the impact that this had on flow and in the clinical areas. This had led to a mixed clinical service delivery model of face-to-face, telephone and video consultations.

- 108.4 The Board noted that the majority of theatres had now been successfully remobilised but capacity was still down due to required cleaning and fallow time between patients. However, there were a small number of green pathways that allowed fallow time to be reduced but there were restrictions around these. There was ongoing work to look at maximising theatre capacity and the workforce implications around this, but this may require an in-sourced model to allow full exploitation of capacity.
- 108.5 Ms Campbell confirmed that there was a full programme of work between acute and HSCP colleagues to look at community-monitoring closer to home and other non-acute service options, rather than attending hospital. In relation to additional support measures being put in place to support people where operations were significantly delayed, Ms Campbell stated that orthopaedics colleagues had good links with patients, and were providing advice and support around exercises, pain management and maintaining mobility throughout their wait. Physiotherapy support was also available.
- 108.6 Dr Donald asked about patient confidence and anxiety about attending hospital slots at Spire Healthcare. Ms Campbell reassured the Board that the Spire facilities had been given to NHS Lothian but the surgeons remained NHS Lothian's staff and the governance arrangements remain the same.
- 108.7 The Board agreed to the recommendations as outlined in the report:
- Acknowledged the impact of the first and second waves of Covid on OP, TTG and
 - Diagnostic performance. The reintroduction of services and screening has not impacted cancer waiting times performance, although some diagnostic capacity remains reduced.
 - Take limited assurance that remobilisation will mitigate increasing numbers of long-wait patients for scheduled care and cancer services, against proactively dealing with on-going Covid demand, winter activity and a known backlog of patients from the first wave arising from cessation of routine activity. This will impact on over 52 weeks from January 21.
 - Acknowledged that 61.9% of patients were seen within the Treatment Time Guarantee
 - (TTG) in November 20 – a month-on-month improvement since August 20. Provisionally, 8,902 inpatients were waiting longer than 12 weeks by the end of December 20.
 - Acknowledged that 4-hour Emergency Access Standard performance was 83.4% for December 2020.
 - Acknowledged that NHS Lothian has implemented the first phase of the redesign of urgent care programme. This is part of the national roll out of NHS24 providing a national single point of access via 111 from 1 December 2020, for people with non-life

threatening injuries and illnesses to get advice and treatment as close to home as possible.

- Recognised that while the number of delayed discharges have increased since April 2020, numbers are still historically low for Lothian. There has been a 31% reduction of delays in December 2020 compared to December 2019. HSCPs and acute teams continue to work together to improve discharge planning, transfers of care and embedding Home First approach to reduce number of delays and associated occupied bed days.

109. December 2020 Financial Position

- 109.1 Mr Marriott updated the Board on the NHS Lothian financial position at Period 9 and set out the financial impact from Covid-19 to date.
- 109.2 There was discussion on the core and deficit position; Covid costs and funding; prescribing expectations and the local remobilisation plan. The key risks involved with Covid costs and funding coming forward were currently being worked through. Any impact from EU Exit was still unknown.
- 109.3 There was also discussion on social care funding; the sustainability of this going forward and the financial consequences of Covid. The Board noted that discussions on the Covid budget for the next financial year remained ongoing with Scottish Government colleagues.
- 109.4 Mr Murray suggested that social care funding be a priority point for discussion at the Board's Planning, Performance and Delivery Committee when the strategic plan was being revised. There was a clear issue around the ability to sustain strong transformation programmes for the four IJBs. Mr Campbell confirmed this would be picked up for the March session.
- 109.5 Dr Williams highlighted the implementation of an uplift to the secondary care budget as indicated by the First Minister. Mr Marriott confirmed that national work on this was underway and that a group had been set up to model the impact of this uplift from 8-11%.
- 109.6 The Board is agreed to accept the report as a source of moderate assurance that the Board will achieve a breakeven position in this financial year.

110. Corporate Risk Register

- 110.1 Miss Gillies introduced the report providing an update on the NHS Lothian's Corporate Risk Register for assurance.
- 110.2 There was discussion on the Risk Register review and the development of a more agile and responsive mechanism for reviewing risks and ensuring clearer control measures are in place to mitigate risks. The Risk Register would go on a more frequent, meaningful basis to the Corporate Management Team over the coming months as the mechanism is developed and formally written up.

110.3 Mr Murray suggested that rather than having a specific Covid risk, it would be more helpful to understand how Covid was impacting other main risks. Miss Gillies stated that this was part of the evolving thinking of the Covid position, and part of the move to living with Covid and incorporating aspects of that into what is taken on board. There was also discussion on the short term and long-term nursing workforce risks. Miss Gillies confirmed that these were risks that were regularly considered through the Board's Staff Governance Committee.

110.4 The Board recognised the need for a more agile risk management system that can be easily updated to reflect conversations, discussion and progress being made against risks. Miss Gillies added that it was not just agility that was needed but the understanding of what was within the Board's control and where the Board would expect mitigations to be in place.

110.5 The Board accepted the recommendations in the report:

- Accepted the risk assurance table as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee.
- Noted that a high-level review of the risks on the corporate risk register and associated processes had been shared with the Chief Executive to identify the next steps.
- Noted that processes had been put in place to report, review and escalate adverse events relating to the Covid vaccination programme.

111. RHCYP, DCN & CAMHS Project Update

111.1 Mr Marriott updated the Board on the status of the project as it approaches final completion. The Board noted that ventilation works would be complete in the coming days ahead of the required independent validation and assurances from the Board's Authorised Engineer and Technical Advisors. The planned move of Child and Adolescent Mental Health services had also gone well.

112. Any Other Business

112.1 There was no other business.

113. Next Board Meeting

113.1 The next Board meeting would be held on 7 April 2021.

114. Standing Order 5.23 Resolutions to take Items in Closed Session

114.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Chair's Signature

Date 07-04-21 (original in file)