

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 03 August 2022, using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Mr P. Allenby; Cllr H. Cartmill; Prof. S. Chandran; Mr M. Connor; Mr J. Encombe; Mr A. Fleming; Ms E. Gordon; Cllr G. Gordon; Ms C. Hirst; Ms F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan; Ms V. de Souza.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Mr J. Crombie (Deputy Chief Executive); Ms G. Cowan (Head of Health, Midlothian HSCP); Ms K. Dee (Deputy Director, Public Health); Dr J. Long (Director of Primary Care); Mr A. McCreadie (Deputy Director of Finance); Ms K. Taylor (Communications Manager); Mr A. Tyrothoulakis (Site Director, St John's Hospital); Ms A. White (Chief Officer, West Lothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary); Mr G. Ormerod (Committee Administrator) and Ms B. Pillath (Committee Administrator, minutes).

Apologies for absence: Cllr S. Akhtar (Non-Executive Board Member); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr C. Marriott (Director of Finance); Ms J. Mackay (Director of Communications and Public Engagement); Ms T. McKigen (REAS Services Director); Ms T. A. Miller (Non-Executive Board Member); Dr D. Milne (Director of Public Health and Health Policy).

34. Declaration of Interests

- 34.1 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. No interests were declared.

35. Chair's Introductory Comments

Welcome to new members and attendees

- 35.1 The Chair welcomed the following members and attendees to their first meeting of the Board:
- Cllr Cartmill, appointed as Non-Executive Stakeholder Member from 30 May 2022
 - Ms Wilson, appointed as Chief Officer for East Lothian Health and Social Care Partnership from 27 June 2022
 - Mr Thompson, appointed as Board Secretary from 4 July 2022

Ms C. Hirst - valedictory comments

- 35.2 The Chair noted that this would be Ms Hirst's final meeting before stepping

down from the Board on 31 August. Ms Hirst had served as Non-Executive Member from 1 August 2015 and had given generously of her time and experience across a range of Board committees and integrated joint boards. On behalf of the Board, the Chair offered thanks to Ms Hirst for her significant contribution, particularly commending her professionalism and commitment to improving the patient experience and wished her well for the future.

ITEMS FOR APPROVAL OR NOTING

36. Items proposed for Approval or Noting without further discussion

36.1 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 no such requests had been made.

36.2 Minutes of Previous Board Meeting held on 22 June 2022 – Minutes were approved, with the following clarifications or matters arising:

36.2.1 Comments made under item 21.1 “System Flow” referred to the drafting of the report and not the policy on delayed discharges itself. The minutes did not require amendment.

36.2.2 The concept of a patient experience seminar, referred to at item 23.18, should be pursued. The Area Clinical Forum (ACF) Chair would take this forward as part of a future Board development session and would also circulate a draft Patient Experience Strategy to the Board, for comment.

36.2.3 The aggregated outcomes and benefits of outpatient redesign activity, referred to at item 23.9, would be discussed at a future Planning, Performance and Development Committee (PPDC) meeting. **CC**

36.3 Audit and Risk Committee Minutes – 11 April 2022 – Minutes were noted.

36.4 Healthcare Governance Committee Minutes – 24 May 2022 – Minutes were noted.

36.5 Staff Governance Committee Minutes – 01 June 2022 – Minutes were noted.

36.6 Midlothian Integration Joint Board Minutes – 14 April 2022 – Minutes were noted.

36.7 West Lothian Integration Joint Board Minutes – 21 April 2022 – Minutes were noted.

36.8 Appointments of Members to Committees and Integration Joint Boards – the Board agreed to:

- *Appoint* the following people to the Pharmacy Practices Committee, each for a three-year term from 03 August 2022 to 2 August 2025:
 - June Edwards, Non-Contractor Pharmacist

- Isobel Bishop, Non-Contractor Pharmacist
- Barry Chapman, Non-Contractor Pharmacist
- Susanne Gooding, Non-Contractor Pharmacist
- Mike Ash, Lay Member
- Eleanor Blair, Lay Member
- *Re-appoint* Brian McGregor as a Lay Member of the Pharmacy Practices Committee, from 4 December 2022 to 3 December 2025.
- *Re-nominate* Fiona Ireland as a voting member of the East Lothian IJB, from 22 September 2022 to 21 September 2025.
- *Nominate* Rebecca Green as a non-voting member of the Midlothian IJB and specifically as the “registered medical practitioner whose name is on the list of primary medical services performers” (retrospectively) from 18 July 2022 to 17 July 2025.
- *Re-nominate* Johanne Simpson as a non-voting member of the Midlothian IJB and specifically as the “registered medical practitioner employed by the health board and not providing primary medical services” from 2 October 2022 to 1 October 2025.

ITEMS FOR DISCUSSION

37. Board Chair’s Report – August 2022

- 37.1 The Chair noted the continued commitment and resilience being demonstrated by all NHS Lothian staff in the face of significant and unremitting service pressures and workforce challenges. He asked the Board to keep in mind its accountability for the wellbeing of staff.
- 37.2 The Chair welcomed evidence that proactive steps were being taken to support staff wellbeing and mental health, including the completion of the first year of the Board’s ‘Work Well’ strategy, as reported recently to the Staff Governance Committee. A second-year delivery plan had been approved that would build upon this success.
- 37.3 The Chair also welcomed the reintroduction of a programme of “patient safety walkrounds”, following a necessary pause during the period of Covid-19 restrictions. The first walkround in a new trial format would take place on 5 August 2022 at the Royal Infirmary of Edinburgh. A full schedule of future walkrounds would be shared with Board members, providing them the opportunity to participate.

38. Board Executive Team Report – August 2022

- 38.1 The Board noted the Board Executive Team report for August 2022. During discussions, the following points were noted.

Strategic Review of Analytics

- 38.2 The Deputy Chief Executive explained that the Review was expected to conclude at the end of the year and that the outcomes would be shared with the Board, for information.

Car Parking at the Royal Infirmary

- 38.3 The Deputy Chief Executive confirmed that the reintroduction of parking permits for staff had delivered a positive impact in managing the volume of traffic on the site. However, challenges remained in relation to congestion on the road network. A new staff car park would be opened adjacent to the Royal Infirmary Site with separate access through the Bioquarter and this was expected to provide additional parking without adding to congestion on the site.

Royal Edinburgh Hospital Occupancy

- 38.4 The Medical Director confirmed that the bed occupancy rate at the Royal Edinburgh Hospital, reported as over 100%, related to both funded and unfunded beds and was impacted by patients being out on pass.

Safe staffing

- 38.5 Workforce challenges were particularly prevalent in the East Lothian Community Hospital, which was operating at less than the expected level of registered nurse staffing. The Chief Officer, East Lothian HSCP confirmed that significant efforts were being made to manage discharges and mitigate wider workforce issues.

- 38.6 The Chief Executive emphasised that the lack of available workforce was a significant limiting factor in the ability to open additional beds.

Waiting time performance targets

- 38.7 It was asked whether resources were appropriately aligned and allocated to support delivery of the new waiting time performance targets required by the Cabinet Secretary for Health and Social Care, and how delivery might be impacted by current corporate risks and system pressures.
- 38.8 The Chief Executive expressed an expectation that the Board would deliver the targets for 'most specialties', as was required. There were currently eight specialties not on track to achieve the targets, but these were being reviewed in the hope that the number might be reduced. Additional financial support expected from the Scottish Government and collaborative working with other boards would assist in achieving targets. However, there were other contributing pressures, such as workforce issues, that would impact upon delivery. It was important to be realistic about what was achievable and to note that improvement trajectories may fluctuate.
- 38.9 It was agreed that realistic plans and projections against the targets would be prepared for discussion at PPDC. This would seek to incorporate relevant interdependencies with other performance priorities and with the appropriate corporate risks. **CC**

- 38.10 The importance of communicating with patients about the potential benefits of meeting the new targets was noted. It was confirmed that a Scottish Government working group was leading the communications strategy at a national level and that the Chief Officer for Acute Services was engaged with this effort.

Drug related deaths

- 38.11 The Board noted that the reduction of drug deaths was a ministerial priority for 2022/23. It was confirmed that a report on this issue would be provided to the Board annually and on a Lothian-wide basis. **CC/DM**

Lothian Strategic Development Framework

- 38.12 It was confirmed that, following consultation on the Lothian Strategic Development Framework, the Scottish Government had requested specific reference to drug related deaths and more detail on the financial position over the next two years. These updates would be made before resubmission to the Scottish Government.

Engagement with third sector services

- 38.13 A third sector summit was held by Midlothian Integration Joint Board to support engagement with third sector services. It was requested that any learning be shared with the other Integration Joint Boards (IJBs). It was confirmed that all IJBs worked collaboratively with third sector services, albeit in ways tailored to the specific needs of each geographical area.

Whole system oversight

- 38.14 Referring to section 13.1 in the paper, the Chief Executive reported that, due to the significant pressures on patient flow in Edinburgh, the Cabinet Secretary had agreed that a review team, led by Elma Murray Wallace, would work with the NHS Board, the IJB and the Council to review the situation and make recommendations for improvement. This process would take around six months, but some feedback was expected earlier to help with winter planning.

39. Opportunity for committee chairs of IJB leads to highlight material items for awareness

- 39.1 The following items were highlighted by the Chair of the **Staff Governance Committee**.

Three-year Workforce Plan

- 39.1.1 The Committee had reviewed and approved the NHS Lothian three-year workforce plan for submission to the Scottish Government. This was a comprehensive plan outlining local and national workforce challenges and recommended actions. Next steps would include meeting with Scottish Government representatives in August to receive feedback. Delivery would be monitored by the Staff Governance Committee.

- 39.1.2 The Board noted the importance of understanding the linkages and dependencies between national and Board-level workforce planning, including training and recruitment activity. It was agreed that the Director of HR would seek information from the Scottish Government on this and report to the Staff Governance Committee. **JB**

Nursing Workforce Pressures

- 39.1.3 The Committee had recently discussed ongoing pressures in the nursing and midwifery workforce caused by a combination of the existing establishment gap and increased absence rates. A working group was in place to discuss any further improvement actions that could be taken.

- 39.1.4 Following discussion, it was agreed that the Board would be provided with a briefing on the legal requirements around safe staffing levels and their projected impacts upon delivery. **CC / JB / FI**

Staff Wellbeing

- 39.1.5 The Committee had welcomed an update on staff wellbeing activity and plans and the evidence of that this was having a positive impact. The Committee had accepted moderate assurance, based on the wide range of efforts to support staff wellbeing in many areas. The Employee Director had also been present at the meeting and was supportive of the work being done.

- 39.2 The following items were highlighted by the Chair of the **Healthcare Governance Committee**.

Children's Services and Paediatric Audiology

- 39.2.1 The Committee had received an assurance update on Children's Services, alongside a verbal update on the recommendations from the external review of the Paediatric Audiology Service. The Committee had also heard directly from the parents of a child who had been affected by the issues highlighted by the Paediatric Audiology review.
- 39.2.2 The Committee had accepted moderate assurance on the Children's Services report overall and limited assurance, at that stage, on whether the actions from the Paediatric Audiology review were wide ranging enough to also cover broader issues indicated by the patient experience evidence, such as the effectiveness of liaison between NHS Lothian and education services. A separate, written update on Paediatric Audiology would be prepared for the next meeting of the Committee and the Medical Director reported that she had since held constructive discussions with the Director of Education at the City of Edinburgh Council.

Liaison Psychiatry

- 39.2.3 The Committee had also received a report on Liaison Psychiatry, noting that this represented a positive development in the governance and assurance process as this service crossed different reporting lines.

40. NHS Lothian Board Performance Paper

- 40.1 The Deputy Chief Executive introduced the Board Performance Report, noting that the system remained under significant pressure. He invited the Board to note the key issues contributing to this pressure, which included workforce challenges, covid staff sickness and flow problems. These were also highlighted in the Report's executive summary.
- 40.2 The Deputy Chief Executive reported that occupancy levels remained extremely high, impacted by delayed discharges, despite recent efforts to address this issue. The Board was not meeting the Scottish Government performance targets at this time and it was expected that seasonal winter challenges would soon bring further detrimental impact.
- 40.3 The focussed improvement work had had some positive impact. There had been a continued trend of gradual reduction in long outpatient waits in scheduled care with sustained routine activity above covid period levels. Psychological therapies waiting times had improved following recruitment which contrasted with the waiting times in the rest of Scotland.

40.4 The Deputy Chief Executive highlighted that a significant amount of leadership resource was deployed in addressing the ongoing pressures and he acknowledged the resourcefulness, commitment, and leadership of all staff in facing these challenges.

40.5 The Chair welcomed the report and invited the Board to discuss the content. Detailed discussion followed, covering a broad range of performance areas, including:

Improvement action plans

40.6 The Board wished to see information on when the Report's improvement actions might take more significant effect and to what level. The Deputy Chief Executive highlighted that the ability to provide robust trajectories depended upon analysis of future demand and capacity to identify gaps. The ability to project this reliably was compromised because of the demand, workforce and covid sickness pressures already acknowledged. However, efforts in this area would continue.

40.7 The Chief Officer for Acute Services advised that sites remained overfilled and that it was currently challenging to provide a service to urgent patients before considering the challenges in reducing long waits for routine procedures. An options appraisal had been carried out looking at optimisation options on an individual service basis for reducing long waits. The team was also working with the Scottish Government to utilise external capacity including the Golden Jubilee University National Hospital.

40.8 It was agreed that a future session at the PPDC would be scheduled to aid the Board's understanding of the capacity gap, the immediate constraints and expected improvements. **JCr**

Cancer treatment targets

40.9 In response to a request for greater detail on the plans for meeting cancer treatment targets, the Chief Officer for Acute Services advised that optimisation work was being carried out on patient pathways for each cancer type, leading to improvements in performance on 31- and 62-day waiting times since June. More information would be provided as part of the proposed discussion at the PPDC.

JCr

Medical secretary recruitment

40.10 The Board asked what steps were being taken to resolve the issues highlighted in the Report on the recruitment of medical secretaries. The Director of HR advised that this was a skilled role and therefore recruitment could be challenging. Work was being done to revise job descriptions and on training existing staff. Voice recognition technology was being introduced to mitigate the issue but could not replace the need for skilled staff in this area.

Safe staffing

40.11 Noting the previously agreed action (39.1.4 above) to provide a briefing to the Board on this issue, it was agreed that this should also provide a level of assurance on steps being taken to address and mitigate workforce issues.

CC / JB / FI

Dermatology long waits

- 40.12 In response to a query about the outlook for waiting times in dermatology, it was reported that nationally coordinated work was underway in this area, reflecting the specialist cohort of patient and the restricted availability of workforce. This included work with the Centre for Sustainable Delivery on pathway reviews. Options were being considered for a multidisciplinary staffing model to maximise the limited medical team capacity in this specialty

Childhood immunisation rates

- 40.13 In response to a query about the reduction in the immunisation rates for MMR and other childhood vaccinations, the Deputy Director of Public Health advised that vaccinations for children under five had historically been below the WHO recommended rate. A vaccination working group was working on improving uptake.

Impact of long waits on patient outcomes and population health

- 40.14 It was asked if it would be possible and helpful to analyse the impact of long waiting times on patient outcomes, to demonstrate any negative effect on wider population health. The Medical Director explained that, whilst this is sometimes considered at a specialist level, to do so more widely would or at a total system level would be challenging and would divert scarce resources from delivering clinical care.

Patient flow

- 40.15 The Board asked for clarification on the statement in the Report that a lack of appropriate placement opportunities for mental health and older people's services was impacting on patient flow. The Deputy Chief Executive advised that this was due to specific patient needs and capacity pressure on homecare services and care homes. This issue has been the subject of detailed scrutiny by the Executive.

Areas achieving performance targets

- 40.16 It was suggested that inclusion in the Report of services which were achieving targets might give a more contextual overview of how the system was working. The Deputy Chief Executive agreed to take this suggestion on board for any future revisions.

Staff wellbeing

- 40.17 It was queried whether the impact of initiatives to support staff wellbeing might be measured to target resources in the future. The Director of HR advised that level of evaluation was built into the staff wellbeing programme and was already used to inform planning.

Redesign of urgent care

- 40.18 It was asked how the impact of the redesign of urgent care might be measured. The Chief Officer for Acute Services advised that this process remained at the early stages and the impact was not yet being seen. A pilot at St John's Hospital did not show a reduction in numbers presenting at the front door, but feedback indicated that scheduling was helpful for both staff and patients.

- 40.19 Members accepted the recommendations within the Performance Report, noted the metrics reported, recognised that further analysis and mitigation work would

continue through governance channels, and that any specific pieces of work would be reported separately from the core performance report.

41. Financial Position

41.1 The Deputy Director of Finance presented an update to the Board on the financial position so far for 2022/23, highlighting following key messages:

- An overspend position of £7.8m at the end of Q1 2022/23, representing an improved but not yet optimal position;
- Covid-related costs to-date of £15.6m, representing a slight improvement on previous assumptions, with budget released from IJB Covid Reserves and anticipated Scottish Government funding to offset this cost;
- The core financial position was close to the projected level and an updated Q1 position would be reported to the Finance & Resources Committee in due course; and
- Focused actions were ongoing to reduce the gap further between the projected position and a breakeven target, including the delivery of agreed efficiency savings.

41.2 The Deputy Director of Finance recommended that the Board accept limited assurance on the Board's ability to deliver a breakeven financial position for 2022/23.

41.3 The Board asked how the new Scottish Government waiting time targets might impact the financial position. The Chief Executive advised that additional funding would be allocated to Boards according to the waiting position. Specific details on how this would be distributed would follow discussions with the Scottish Government. The Deputy Director of Finance advised that current financial plans assumed no additional cost pressure in working towards achieving the new targets.

41.4 The Board accepted the recommendations laid out in the paper and accepted limited assurance on achievement of a breakeven position in 2022/23.

42. Corporate Risk Register

42.1 The Medical Director introduced the latest version of NHS Lothian's Corporate Risk Register (CRR), highlighting the ongoing efforts to ensure that corporate risks and mitigating actions are reviewed and updated through the agreed framework. She invited the Board to consider and accept the recommendation in the paper, including the removal of the "Facilities Fit For Purpose" risk, following a recommendation made by the Corporate Management Team (CMT) in June.

42.3 The Chair reminded the Board that the risks and mitigations recorded in the risk register were discussed in detail at the Committees of the Board.

42.4 In response to questions from the Board, the Medical Director confirmed that:

- the recent heatwave had no implications for the Board's Corporate Risk Register; and

- the current impacts of covid related mainly to staffing, system flow and the delivery of the vaccination programme. No change to the risk was expected in the short term.

42.5 The Board noted the information provided and accepted the recommendations within the paper, including the removal of the “Facilities Fit for Purpose” risk, following a review by the CMT at its meeting on 22 July 2022.

43. Any Other Business

Ukrainian Refugees

43.1 In response to a query, the Director of Primary Care advised the Board of the current arrangements in place for the provision of primary care to Ukrainian refugees in Lothian, including those refugees temporarily housed on a cruise ship in Leith Harbour. A more detailed briefing would be prepared and circulated to the Board, for information. **JL**

National Care Service (Scotland) Bill Consultation

43.2 It was agreed that the Board would submit a response to the current consultation on a draft National Care Service (Scotland) Bill. The Vice-Chair was already seeking feedback from IJBs and would liaise with the Chief Executive on drafting a suitable response on behalf of the Board. **CC / PM**

44. Reflections on the Meeting

44.1 Board members were invited to contact the Chair or the relevant Executive if they had further questions on any of the areas presented to the Board.

45. Next Board Meeting

45.1 The next Board meeting would be held on Wednesday 05 October 2022 at 9.30am.

Chair’s Signature

Date

John Connaghan
Chair – Lothian NHS Board