

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 4 March 2020 in the Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr M Hill (Vice Chair in the Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Ms F Ireland; Mr A Joyce; Mrs K Kasper; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Professor M Whyte and Dr R Williams.

Executive Board Members: Mr T Davison (Chief Executive); 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 Butler (Director of HR & OD); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications and Public Engagement); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Ms T Gillies and Mrs E Robertson.

Declaration of Financial and Non-Financial Interest

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

83. Chair's Introductory Comments

- 83.1 The Vice Chair advised that in the absence of the Interim Chair he had been asked to conduct the business at the current Board Meeting.

84. Welcome and Introductions

- 84.1 The Vice Chair welcomed members of the public and press to the Board meeting.

85. Items for Approval

- 85.1 The Vice 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 Vice Chair reminded members they had had the opportunity to advise in advance if they wished matters to be moved out of this section. No such requests had been made. The Vice Chair however advised that he

would like to take the minutes of the previous Board meeting separately and discuss these as a request had been for an update on coronavirus that would be provided by Professor McCallum.

86. Minutes of the Previous Meeting Held in 12 February 2020

- 86.1 The minutes of the previous meeting was approved as a correct record subject to the following:-
- 86.2 Ms Hirst requested that the following comments made by her at the previous meeting in respect of minute 77.4 should be added and this was agreed:-
- 86.3 'Ms Hirst also thought that the document was a valuable reminder, in current circumstances where there is understandable focus on the recovery plan and the delayed move to the new hospital, that we do not lose sight of all NHS Lothian priorities as set out in the document. The importance of improving staff health was stressed as being part of improving the health of the general population.
- 86.4 In addition Mr McCann requested the following additional amendment:-
- 86.5 Minutes 75.5 Royal College of Child and Young People to read Royal College of Paediatrics and Child Health and minute 77.4 last sentence to read Mr McCann concurred ...'

87. Matters Arising from the Previous Meeting

87.1 COVID-19

- 87.2 Professor McCallum provided an update on the current global situation as per World Health Organisation (WHO) reporting. The Board noted as of 3 March 2020 there had been 19870 reported cases, 8000 in China and the rest elsewhere. There had been around 2000 cases reported between 2 – 3 March and 93% of these cases were outside China. There had also been 2946 reported deaths in China and 166 elsewhere.
- 87.3 The Board noted it was important to recognise that this was a global outbreak with sustained community transmission in most countries. There had been 53 confirmed UK cases as of 3 March and there had been 915 tests undertaken in Scotland. Professor McCallum explained that this was an evolving situation with an increasing number of UK cases. The current UK risk remained at moderate and Scotland continued to be in the containment phase, testing many potential positive people and those showing suspicious symptoms.
- 87.4 The Board noted that the number of cases in Scotland was expected to increase and work was underway with service improvement and national level colleagues to minimise the risk of community transmission, delayed sustained community transmission and the onset of illness within the vulnerable parts of the population. Professor McCallum reported that the Boards Executive Team had met and moved from the outbreak phase to a sustained incident management response approach

using organisational systems along with specialist advice to allow the Public Health Team to plan and prepare for the next phase which was around detailed contact tracing which took time and staff focus. The moving of phases also required the need for more enhanced command and control responses. It was noted there would now be weekly Corporate Management Team (CMT) Strategic Group meetings along with a daily response Hub meeting, which would prioritise issues, pull in necessary support and provide information for staff.

- 87.5 Professor McCallum outlined the coordination structure which included operational teams, primary and secondary care and Health and Social Care Partnerships (HSCP) engagement. There was also engagement with the multi agency Scottish Regional Response Forum which included Local Authorities, police, fire and others.
- 87.6 The Board noted that at this stage the precautionary approach continued and assumptions were in place to plan for a bad flu season in late spring, early summer 2020 and a bad flu season for winter 2020. Planning had to be put in place for any required sustained response and this was for the worst case scenario.
- 87.7 Professor McCallum requested that as a consequence of the increased global and UK risk that COVID-19 be added to the Boards corporate risk register given the impact on current service objectives and the potential for serious illness and potential death within the population.
- 87.8 The Board noted the work that teams had undertaken across the system to set up 3 new clinical services – laboratory, community and drive through testing. These had been established rapidly and had received positive feedback from patients and staff. Professor McCallum confirmed that the best approach was for people to wash hands thoroughly with soap and water, to catch coughs and sneezes, to avoid touching the face and to clean frequently used surfaces often.
- 87.9 Professor McCallum provided further details around the single system response. It was noted that the Boards CMT was the overarching structure and there were expert groups established for all areas including HSCPs. These people had been pulled together as an incident management team which had been led by Public Health and supported by management and Site Directors. This work was now in a phase where a lot of activity had to become business as usual to allow the movement of specialists to solve the next set of problems.
- 87.10 The Chief Executive stated that the CMT Strategic Management Group would be meeting the following week and the response hub ‘huddles’ led by the Executive on call that day would happen every day to review the situation, disseminate up to date information to staff and stakeholder colleagues as required and move actions quickly if needed.
- 87.11 Mr Murray asked if there was any need to consider any potential impact on recovery plans by way of actions taken and whether there was a need to pause any of the recovery work. The Chief Executive stated that there was an escalation process in place to consider if work needed to be cancelled, delayed or maintained and this point had not yet been reached.

- 87.12 Cllr O'Donnell asked about advice to staff around self isolation. Professor McCallum confirmed that the Public Health Scotland Act ensured that no one would be left destitute. Mrs Butler advised from the employers perspective anyone needing to self isolate would be fully paid from the onset.
- 87.13 Mr McCann asked about the use of technology such as 'attend anywhere' remote consultations and whether the pace of investment in this area could be increased. There also needed to be consideration of conferencing technologies for the Board and sub committees to ensure continuity of Board business. Mrs Campbell stated that testing of 'attend anywhere' was underway within the Minor Injuries Unit at the Western General Hospital and rapid deployment potential was being considered. Dr Williams suggested that there could be an opportunity to use the situation as a catalyst for change and would have a significant impact on freeing up resources.
- 87.14 There was discussion on planning arrangements for the most severe end of the disease, this included ventilation capacity and intensive care support.
- 87.15 Mrs Campbell reported there was work underway with the Acute Group which also had a specialty focus. Pandemic plans included critical care capacity and this was being updated at the moment. The secondary care group were also considering plans. In relation to contingency planning the Board noted there was a physical limit to capacity that could be turned on and having 3% of the population hospitalised would provide a challenge for the whole of the UK and not just NHS Lothian. There was also the issue of sick staff that would dictate on physical capacity to deliver services.
- 87.16 Mr McQueen asked about approaches to engage recently retired GP's and health professionals and issues around supplies of masks. Mrs Butler confirmed that there was a workforce section in the pandemic plan to look at recently retired staff and the question would be at what point this would be enacted. Professor McMahon advised there was an issue around the supply of appropriate masks and the Scottish Government were picking this up with procurement at a national level.
- 87.17 The Board noted there would be a staff communication issued later in the day and Board members would be included in this. Further information would be disseminated as appropriate from the Strategic Group and the Hub meetings. There would also be information and sign posting to Government and Health Protection advice available on the NHS Lothian website. The Board agreed the COVID-19 briefing would become a formal standing Board agenda item.
- 87.18 The Chair sought and received the agreement of the Board to agree items 2.2 - 2.9. The following were approved.
- 87.19 Finance and Resources Committee Minutes – 22 January 2020 – approved.
- 87.20 Audit and Risk Committee Minutes – 25 November 2019 – approved.
- 87.21 Staff Governance Committee Minutes – 30 October 2019 – approved.
- 87.22 Midlothian IJB Minutes – 5 December 2019 – approved.

- 87.23 East Lothian IJB Minutes – 5 December 2019 – approved.
- 87.24 Edinburgh IJB Minutes – 4 February 2020 – approved.
- 87.25 Appointment of Members to Committees – the Board approved the proposals contained in the circulated paper.
- 87.26 Review of NHS Lothian's Standing Orders – approved.

88. Items for Discussion

88.1 Opportunities for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

- 88.2 Mrs Mitchell as Chair of the Staff Governance Committee advised that at the February meeting traffic management had been discussed as it was felt there had been an increase in the risk level. Mr Crombie advised this issue had also been discussed at the Health and Safety Committee. He felt that the situation was evolving particularly at the Western General Hospital and St John's Hospital campuses in relation to construction work and the length of time that this would be underway thereby compromising parking and traffic movement. It was noted that the Health and Safety Committee and the Staff Governance Committee would receive regular updates. It was noted that the Staff Governance Committee had taken limited assurance about the arrangements in place.
- 88.3 Mr Ash as Chair of the Audit and Risk Committee provided an update on the continuing internal audit process in respect of the RHCYP/DCN project. A final report would be submitted to the Audit and Risk Committee on 27 April 2020 and thereafter to the NHS Board in May 2020. Mr Ash advised that following consideration at the Audit and Risk Committee on 27 April 2020 the report would be in the public domain and he would ensure that Board members received a link to the final version of the report.
- 88.4 Mr Ash advised that the corporate risk register was now complete and had been issued to the Healthcare Governance Committee, Staff Governance Committee and the full Board. He felt there would be benefit in holding a development session about how to use the opportunities presented by the new corporate risk register.
- 88.5 The Vice Chair advised as Chair of the Finance and Resources Committee that there had been ongoing scrutiny around the programme for completion of the RHCYP/DCN building. He advised that Mrs Morgan, Senior Programme Director had attended the meeting and that he had also met her in private.

89. NHS Lothian Recovery Plan Update

- 89.1 Mr Lock advised that the main focus of the discussion at the current Board meeting would be around scheduled care. He commented however in advance of that he would like to provide a brief overview of key issues that had happened since the previous Board meeting. The Board were advised that the Royal College of

Paediatrics and Child Health had visited the St John's Hospital (SJH) site and had provided a largely positive preliminary letter around their findings. Issues of fragility of rota's had been raised and a full report would be received shortly. Mr Lock advised the Board that there had been no significant changes in mental health performance since the last Board meeting. He commented however that progress continued in respect of recruitment as well as moving into discussion with staff around changes particularly in psychological therapies.

- 89.2 Mr Lock advised in respect of unscheduled care there continued to be challenges in January and February. He commented that a number of the Executive Team had undertaken site visits to provide support to frontline staff at the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH). It was noted that in the week following these visits that overall organisational performance had improved albeit the position remained challenging.
- 89.3 The Board noted that delayed discharges had spiked in January 2020 and since then there had been a small degree of improvement. The Edinburgh IJB had put in place a 1 week 'Home First' test of change at the RIE. If this was successful consideration would be given to how best to roll this approach forward throughout the remainder of the organisation.
- 89.4 The Board noted in terms of recovery pledges made to the Scottish Government that a number of these were on track. Mr Lock advised that the achilles heel was in respect of unscheduled care and that further work was being undertaken which would roll into the Annual Operational Plan/ System Transformational Plan to be presented to the Board in April 2020 for approval.
- 89.5 The Vice Chair commented that he assumed that the report made by Mr Lock was predicated on no significant deterioration of the coronavirus outbreak leading to a pandemic.
- 89.6 Mr Crombie commented in respect of the increasing number of attendances that the Board should be assured that the Executive Leadership Team was monitoring the situation on a real time basis across all campuses with site visits having been undertaken by Executive Directors. He felt that the main benefit of Executive's visiting various campuses was to show real time support to staff and to allow them to outline the difficulties that they were experiencing. Mr Crombie commented that the commitment of the whole clinical team in campuses had been commendable.
- 89.7 The Chief Executive felt in respect of 'Home First' that the key issues were around cultural and behavioural change and that this would not happen overnight. Part of the issue was around the risk appetite to discharge patients earlier. He reminded colleagues that a key issue was that the Emergency Department at the RIE was too small.
- 89.8 Mr Murray advised that at the recent Cosla meeting a health and social care paper on joint accountability across the whole system had been positively received. He felt that a key issue was for IJBs to come up with radical ideas and to move these forward at a faster pace. Updates were provided on initiatives being undertaken across the 4 IJBs in Lothian with it being noted that in particular East Lothian were the best delayed discharge performer in Scotland.

- 89.9 Ms Hirst commented that individual IJBs had different relationships with the housing sector and that the impact of capacity in housing was an important issue in order to ensure that adequate housing was available for patients to move back into after discharge from hospital. It was suggested that this and related items would be suitable for discussion at the reconstituted Integrated Care Forum.
- 89.10 The point was made around the importance of HSCPs and other agencies working together particularly in respect of schools and school nursing and other services not solely related to the NHS. Professor McMahon advised that these issues were being picked up and progressed.
- 89.11 Professor McMahon in response to a question from Cllr O'Donnell advised that performance data across the patch could be made available to HSCP Chief Officers. Mr McCann advised that delayed discharge remained an issue from the Edinburgh HSCP perspective although he felt that there was commitment to improvement through the transformation plan and it would be important to protect this position.
- 89.12 Dr Williams commented in respect of the recommendations contained in the circulated paper that he felt there was a disconnect between the two recommendations. He felt that the Board could take significant assurance around processes but less assurance around actions taken to produce a different answer to the current performance position. He felt there was a need for more detail about what needed to be done differently to determine the desired outcome. Professor McMahon as an example provided details of significant workstreams and progress being made in respect of CAMHS and Psychological Therapies where recurrent investment had been supported by HSPC Chief Officers. Another key element of the programme of improvement was around increased and improved productivity. It was noted in terms of mental health there had been a lot of external support and advice and this might be useful in informing the unscheduled care plan in respect of the front door at the RIE. Engagement and interfaces with other parts of Scotland were reported.
- 89.13 Mrs Goldsmith reported that she felt there was an issue about capacity and the financial step up in order to sustain progress. She felt this position was not yet clear in respect of unscheduled care albeit it was recognised that this was being worked on at the moment to include issues around population drivers.
- 89.14 The Chief Executive advised that at the April Board meeting the Annual Operational Plan / System Transformational Plan would be presented with it being noted this would seek to extend beyond an annual plan into a system sustainability plan. The budget setting process with Councils and the impact on social care were discussed in terms of how this related to assumptions required in order to meet trajectories. Cllr O'Donnell referred to the recent letter in respect of the Scottish Governments budget for 2020/21 which had confirmed that the health portfolio would transfer a further £100m to Local Authorities for investment in social care and integration and for continued support for school counselling services. It was noted that similar to the previous year flexibility would be available to Local Authorities to off-set their adult social care allocation to integration authorities by up to 2% in 2021 based on local needs. Impacts and consequences of this were discussed. It was felt that although this allocation would be sufficient for some HSCPs it was not felt this would be the

case in Edinburgh with it being reported by Mr McCann that this issue was being worked on.

- 89.15 Mrs Kasper advised that at Board level she felt there was a need for visibility of specific actions and the timelines of these. She commented that currently it was difficult to see how well some issues were working and also aspects of where the recovery plan was not delivering as anticipated. The Chief Executive commented that this was a reasonable challenge and the key analysis was that there was insufficient social care capacity in place at the point of need.
- 89.16 Mr Lock and Mrs Campbell provided the Board with a power point presentation in respect of scheduled care progress. It was noted that the outpatient performance had improved but remained an outlier in respect of the rest of Scotland. The TTG position was better but deteriorating partly because of a reduction in outpatients and a conversion to inpatients. Cancer and endoscopy performance had been improving but radiology capacity remained stretched. The Board were advised that the system was out of balance particularly in respect of demand exceeding core capacity, the increased reliance on the independent sector and the impact of improvement work.
- 89.17 Mrs Campbell advised that NHS Lothian was on track to deliver at the end of March 2020 on outpatient and TTG targets. There was a significant issue in respect of dermatology with an update on mitigating actions being provided.
- 89.18 The Board were advised that the Edinburgh Dental Institute (EDI) position was reporting as at risk following the move to Trak with there being evidence of an increase in 12 week performance with additional management input being required in this area to reduce the gap.
- 89.19 Mrs Campbell advised that 2020/21 trajectories had been completed for all acute service areas in Lothian and that an initial analysis was reporting a 36,000 inpatient gap and a 4,000 TTG gap.
- 89.20 Mrs Campbell advised that at March 2020/21 the outpatient 12 week breaches would reduce to 13,200 (excluding EDI numbers) and that the TTG 12 week breaches would remain relatively unchanged at 3,200. The 31 day cancer target would be at 95% and the 62 day target would be 91%. It had been agreed for the first quarter of the year that EDI would not be recorded as there was a need to undertake a DCAQ process to understand the position better.
- 89.21 The Board noted in respect of the TTG trajectory of 3,200 that the Scottish Government had asked for this to be reduced further and the position in respect of capacity constraints and theatre and workforce issues was explained to the Board. An update was provided on ongoing discussions in respect of creating additional capacity including consideration of improved theatre utilisation.
- 89.22 The Board noted that the long term strategy for scheduled care was developing and would include endoscopy capacity plans, short stay elective care and the Western General Hospital Cancer Centre Redevelopment.
- 89.23 Mr Lock advised that in respect of scheduled care there was more granularity of data available and the key issue was to look at areas of opportunities in psychological

therapies and CAMHS and to consider how to expand this into more complex areas. The Board were assured that significant work was ongoing on how to undertake more work in the secondary care and other sectors. The primary care position was also being discussed including funding requirements in order to allow the shift in the balance of care from the acute sector into the primary care arena to happen.

89.24 Mr McQueen commented in respect of scheduled care that for the next Board meeting it would be helpful to have a paper detailing the sense of how Lothian was progressing and how it benchmarked against the rest of Scotland. He commented that it would also be prudent to look to other areas to see if any lessons could be learnt in respect of theatre utilisation whilst recognising the different levels of demand and capacity evident elsewhere in Scotland. Mr Lock undertook to provide this detail.

89.25 Mrs Campbell commented that the introduction of the short stay elective centre would address fundamental core capacity for 5 of the largest services and would provide an additional 11 theatres as well a significant investment in diagnostics. It was noted that work was underway in tandem with the Director of Primary Care Transformation in respect of developing different pathways.

89.26 Ms Hirst questioned whether enough work was being undertaken to share the issues discussed at the Board meeting with the population particularly in respect of people on waiting lists through patient groups etc. She felt that it would be important to share the problem and to facilitate people to make their own decisions about what they wanted to do in respect of their health and care. Mrs Campbell commented she agreed more could be done in respect of communication which she felt was good on an individual basis but perhaps less so in respect of the wider population. She would give consideration on how to progress this suggestion.

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

90. Royal Hospital for Children and Young People, Department of Clinical Neurosciences and Children and Adolescent Mental Health Services (RHSYC, DCN and CAMHS) Update

90.1 The Vice Chair advised that further detailed discussion on this issue would be held in private session due to issues of commercial confidentiality.

90.2 Mrs Goldsmith updated on progress around the packages of work since the previous Board meeting. It was noted that works on air handling units were the responsibility of Multiplex and had been concluded at the end of February with the exception of some minor issues. She provided an update in respect of Medium Value Changes (MVC) for fire safety elements in DCN with it being noted that the scope and content had been agreed by all parties with the issue now being around the number and location of smoke detectors. The Board were advised that in parallel the contractor had been progressing work in order not to compromise timescales. Mrs Goldsmith advised that as soon as the MVC change was issued to IHSL a detailed programme of plans would be received which would hopefully confirm the ability to move DCN in to the new hospital in the spring of 2020.

- 90.3 The Board were advised in respect of the children's aspect of the move and the rectification of issues around the clinical care unit and haematology/ oncology that it would be early March before a detailed programme was available. The Board were advised that the next stage of design works would be received later in the week with it being felt it would be detailed enough to make progress. There would then be a need to consider the business cases to allow the issuing of the contract to provide the replacement air handling units and to firm up on the timeline. Mrs Goldsmith reminded the Board that following installation there would still require to be a period of testing and assurance in order to confirm compliance.
- 90.4 The Board noted that an update on the internal audit report had been provided earlier in the meeting.
- 90.5 Mrs Goldsmith provided an update in respect of the public enquiry draft terms of reference. Her only concern was that the production of documentation files would require input from the project team who were already busy working on the delivery of the completion of the hospital and this would represent a resource pressure that would need to be addressed.
- 90.6 Mr McQueen questioned whether the terms of reference gave any indication of the start date of the public enquiry. He further advised that a secondary issue would be to ensure that current and ex employees called to give evidence were equipped and supported to do this on an individual basis at the correct time. Mrs Goldsmith advised there was no formal indication of timelines and confirmed employees would be supported at the appropriate time. The Chief Executive confirmed that all former employees would be entitled to the same level of legal support as current employees.
- 90.7 Dr Williams advised that the Board had always encouraged a culture of support and learning from missed opportunities. He commented however that it was important to remember that within this project there had been factors outwith the control of NHS Lothian and he questioned whether this would be factored into the public enquiry. Mrs Goldsmith advised that she did not have the answer to that question although she did report that NHS Lothian's own internal audit had contained a strong piece of context. The Vice Chair advised that this question would be worth revisiting once the content of the NHS Lothian internal audit report had been finalised.
- 90.8 Mr Ash questioned whether NHS Lothian would have an opportunity to comment on the terms of reference for the public enquiry. Mrs Goldsmith advised that her understanding was that NHS Lothian was not being asked to specifically comment. The Board were advised however that the Scottish Government had asked NHS Lothian to write out to parents and families asking them to make their comments.
- 90.9 Mrs Goldsmith would circulate the draft terms of reference as had been received for engagement with patient groups and would also clarify with the CLO the position in respect of NHS Lothian's ability to comment on the terms of reference.
- 90.10 The Board noted and agreed the contents of the circulated paper.

91. Any Other Competent Business

91.1 Valedictory Comments – Dr Simon Watson, Chief Quality Officer – The Vice Chair paid tribute to the work undertaken by Dr Watson and commented in particular his contribution to quality improvement and strengthening the underpinning of work around culture had been particularly impressive. He wished Dr Watson well in his new role as Medical Director for Health Improvement Scotland. Dr Watson provided a few words in response and thanked the Board for their support.

92. Invoking of Standard Order 4.8 – Resolution to Take Items in Closed Session

92.1 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.

93. Date and Time of Next Meeting

93.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 8 April 2020 at the **Scottish Health Services Centre, Crewe Road, Edinburgh.**

Signed by the Chair on 08-04-20

Original in file