

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 05 October 2022, using Microsoft Teams.

Present:

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

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Mr C. Marriott (Director of Finance) and Dr D. Milne (Director of Public Health and Health Policy).

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); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications and Public Engagement); Ms T. McKigen (REAS Services Director); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms J. Proctor (Chief Officer, Edinburgh IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms W. Macmillan (Business Manager, Executive Office)(Item 53); Ms S. Cosens, Senior Programme Manager, ECC (Item 55); Mr C. Stirling, Hospital Director, WGH (Item 55); Mr B. Currie, Senior Programme Director - Major Projects Programme (Item 55); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Mr M. Connor (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Mr J. Crombie (Deputy Chief Executive) and Ms A. White (Chief Officer, West Lothian IJB).

46. Declaration of Interests

- 46.1 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.

47. Chair's Introductory Comments

- 47.1 The Chair welcomed board members, attendees, and observers to the first "in-person" Board meeting since February 2020.

ITEMS FOR APPROVAL OR NOTING

48. Items proposed for Approval or Noting without further discussion

- 48.1 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 any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.

- 48.2 Minutes of Previous Board Meeting held on 03 August 2022 – Minutes were approved.
- 48.3 Audit and Risk Committee Minutes – 20 June 2022 – Minutes were noted.
- 48.4 Healthcare Governance Committee Minutes – 19 July 2022 – Minutes were noted.
- 48.5 Finance and Resources Committee Minutes – 31 May 2022 – Minutes were noted.
- 48.6 Midlothian Integration Joint Board Minutes – 16 June 2022 – Minutes were noted.
- 48.7 West Lothian Integration Joint Board Minutes – 29 June and 17 August 2022 – Minutes were noted.
- 48.8 East Lothian Integration Joint Board Minutes – 23 June and 25 August 2022 – Minutes were noted.
- 48.9 Edinburgh Integration Joint Board Minutes – 19 April 2022 – Minutes were noted.
- 48.10 National Whistleblowing Standards - Quarter 2 (2022) Performance Report – Quarter 2 Performance Report was noted.
- 48.11 Approval of MAT Standards Implementation Plan – The Implementation Plan and Integration Joint Board (IJB) Appendices were approved, subject to a couple of minor amendments with the Midlothian plan. The Chief Executive flagged that the MAT standards would be taken by each area's Alcohol and Drugs Partnership to their respective IJB for discussion.
- 48.12 Appointments of Members to Committees and Integration Joint Boards – the Board agreed to approve the appointment of Dr Robin Balfour as a non-voting member of the Edinburgh IJB and specifically as the “registered medical practitioner whose name is included in the list of primary medical services performers” (retrospectively) from 1 October 2022 to 30 September 2025.
- 48.13 NHS Lothian 2023 Board and Committee Meeting Dates – The 2023 dates were approved.

ITEMS FOR DISCUSSION

49. Board Chair's Report – October 2022

- 49.1 The Chair recognised the exceptional pressures currently being experienced across the entire health and social care system, both locally and nationally. There would be fuller discussion on system pressures under the performance report item. This Chair acknowledged that all staff continued to make significant efforts and positive contributions, despite the very challenging circumstances.
- 49.2 The Chair reported that he had attended a recent leadership conference and that a new health and social care leadership strategy for Scotland was in development. The Director for HR and OD added that the new strategy would focus, initially, on system leadership and the roles of Chief Executives and Executive leaders. The

strategy would be taken to the Board's Staff Governance Committee for discussion in the first instance.

- 49.3 The Chair reminded members that the Board's Celebrating Success Awards Ceremony would be taking place on 6 October 2022.

50. Board Executive Team Report – October 2022

- 50.1 The Board noted the Board Executive Team report for October 2022. In response to questions from Board members, the following points were noted:

System Pressures

- 50.2 The Chief Executive emphasised clearly that ongoing system pressures had created very significant challenges across the three main acute sites and the Royal Edinburgh Hospital. There continued to be COVID-19 associated issues on sites which presented challenges around infection control. Staffing, delayed discharges and finances were also challenging.

- 50.3 The Chief Executive confirmed that a Gold Command group had been established to consider system pressures and this was meeting twice weekly. The usual challenges of winter were being anticipated and planned for and mutual aid had been requested from other boards. However, other boards were facing similar challenges and no significant offers of aid had been received. The Chief Executive highlighted a need to focus on the short-term, heavily determined by winter pressures and current staffing challenges, and anticipated that a Board-level discussion of immediate priorities would be required.

- 50.4 In response to Board members' concerns about staffing levels, particularly in nursing, it was explained that, whilst a range of interventions and initiatives were in place, there was no easy or quick fix. The increased recruitment of registered nurses and Band 4 roles to support wards was a particular area of focus for the coming months.

- 50.4 The Chief Executive confirmed that challenges arising from potential industrial action were being factored in to planning activity and discussions were ongoing with trade union representatives to mitigate these. Ensuring the continued delivery of safe and effective patient care remained the priority.

Cost of Living Pressures

- 50.5 The Director of Public Health and Health Policy outlined staff support measures in relation to the cost-of-living pressures. These included direct support to local populations, maximisation of services and the establishment of cost-of-living taskforce in some areas.

- 50.6 It was noted that the NHS Lothian Charity had recently agreed to allocate funds to support non-core activity and initiatives in this area. A paper summarising the range of activities being proposed to support staff would be discussed at the next Staff Governance Committee.

Treatment Time Guarantee (TTG) Performance

- 50.7 The Chief Officer of Acute Services confirmed that other NHS Boards in Scotland were facing comparable challenges to NHS Lothian in trying to meet the TTG.

Nursing Workforce

- 50.8 The Board welcomed the recruitment initiatives around Retention of Newly Qualified Nurses and the Skills Boost Programme.

- 50.9 The appointment of Mercedes Perez-Botella as new Director of Midwifery was noted and welcomed by the Board.

Armed Forces Champion

- 50.10 The work to support reservists and veterans, including recruitment was welcomed. The development of a national programme between NHS Education Scotland and the Scottish Government was noted.

Vaccinations

- 50.11 The Director of Public Health and Health Policy confirmed that there was a lot of work ongoing to encourage staff to take up annual flu and COVID-19 booster vaccinations, including the establishment of staff drop-in clinics. The Director agreed to provide further information outwith the meeting in response to a question from Mr Fleming about Monkeypox and the relevant control measures in place within Lothian.

Hospital Decontamination and Sterilisation Unit (HSDU) closure

- 50.12 The recent incident that had led to the temporary closure of the HSDU facility had now been addressed and rectified. The Finance and Resources Committee would continue to seek assurance on the pre-existing corporate risk relating to the overall sustainability of the HSDU.

Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022

- 50.13 The Board noted that new regulations had come into force on 5 September 2022 that prohibited smoking outside hospital buildings within a perimeter of 15 metres.
- 50.14 The Chief Executive acknowledged the Board's legal responsibility in this area. Appropriate signage will be provided by Scottish Government and when received will be installed at all sites. No smoking policies and associated guidance are being refreshed to align with the new legislation and smoking cessation support enhanced. In light of the current financial pressures, the decision had been taken not to employ dedicated wardens to enforce compliance, at this time.

Scottish Government Oversight group (City of Edinburgh delayed discharges)

- 50.15 The Chief Executive confirmed that learning and good practice from the work being led by Elma Murray Wallace would be shared and the final report would be shared with Board members once available.

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

51.1 The Chair of the Finance and Resources Committee reiterated the financial risk as covered by the Director of Finance in the Executive Team report.

51.2 The Chair of the Healthcare Governance Committee reported on three areas:

- Paediatric audiology - The Committee continued to monitor progress in addressing the recommendations of the Paediatric Audiology Review. A final report would be discussed by the Committee and presented to the Board in due course.
- Drug Related Deaths – In future, the Annual Report on Drug Related Deaths will come to the Healthcare Governance Committee each year for review and approval, after which it will be shared with the Board for information. The 2022 Report would come to the Board in December.
- HSCPs Annual Assurance Reports – The Healthcare Governance Committee had accepted moderate assurance overall from the Edinburgh Health and Social Care Partnership's Annual Report, with the exception of the specific issue of delayed discharges, on which it had agreed to take limited assurance.

52. Outpatient Redesign Programme – Status Update

52.1 The Medical Director updated the Board on the progress of the Outpatient Redesign Programme which had been instigated in the summer of 2019.

52.2 The Board recognised that the current outpatient model of care had remained largely unchanged since the inception of the NHS and welcomed the focus on this important change project, influenced partly by the impacts of the COVID-19 pandemic.

52.3 The paper outlined progress made with the Redesign Programme to date. The Board welcomed this as a strong example of innovation in action and commended the Medical Director and the Director of Digital for their efforts. At the same time, it was recognised that digital solutions proposed may not suit some categories of patients, such as those with dementia, or those who may be more reluctant to adopt new technologies.

52.4 There was discussion on patient involvement and changes around pathways. The Medical Director would discuss these areas with Mr McCann and Mr Encombe outside the meeting.

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52.5 The following additional points were made during the Board's discussions:

- Anticipated benefits of the project would take time to realise in full but early indicators (e.g., Rheumatology) were encouraging. The Board would welcome a full benefits analysis in due course;
- The primary locus for sharing best practice in innovation amongst Boards was the Centre for Sustainable Delivery (CfSD);
- The desire for greater patient involvement in the design and implementation of such programmes;

- Closer involvement with university partners on such projects may yield further innovation opportunities and benefits;
- Ensuring equality of access was often a complex consideration but Healthcare Governance Committee would consider such issues in future; and
- Staff would be supported to fully embed the new approaches to bring about permanent changes in practice that benefit patients and address resource challenges.

52.6 The Board agreed to the recommendations in the paper:

- To note the redesign priorities underpinning the programme, the approach taken and the achievements to date.
- To note the specialties that have been prioritised for inclusion in the relevant phases by the Acute senior management team.
- To acknowledge the risks and challenges to delivery and the need to maintain momentum with this complex transformation programme.

53. NHS Lothian Board Performance Paper

53.1 Ms Macmillan introduced the Board Performance Report, inviting the Board to discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.

53.2 Ms Macmillan informed the Board that the performance data in the report was indicative, overall, of the very significant challenges and severe pressures present within the system. The flow of patients in and out of hospitals was not keeping up with the rate of required care and current levels of activity in scheduled care remained significantly below pre-pandemic levels, such that the Board was unlikely to meet the Scottish Government milestone to eliminate two-year waits for inpatient/day cases in most specialties by the end of September.

53.3 The Board discussed the performance position set out in the Report, with a particular focus on the 4hr Emergency Access Standard; outpatient activity; impact of activity on the Treatment Time Guarantee performance; ongoing recruitment challenges, and patients waiting over 18 weeks. The Chair was keen to see what improvement could be made to non-admitted pathways performance in addition to admitted pathways. This will be carried forward as a standing item at PPDC.

53.4 The Chair asked about the Scottish Government target for inpatients. The Board noted that the number waiting had grown since the time of the Performance Report being created and currently there were around 1,100 patients waiting over two years. There had also been a reduction in Golden Jubilee Hospital capacity made available to NHS Lothian as this access had been rebalanced to other boards that were in a worse position. The Chair requested that a forward forecast of available resource be added to the paper ahead of presentation at the next PPDC meeting. Ms Macmillan would give thought on how best to present this. PPDC would also pick up the recovery trajectory for TTG and Outpatients as we move into 2023.

WMac

- 53.5 The Board discussed the high volume of delayed discharges. It was asked if any analysis had been undertaken to understand if conditions being presented had changed and if this might inform efforts to address the issues. Although no formal analysis had been undertaken, it was observed that, generally, patients accessing acute services were more unwell than pre-pandemic, contributing to an increasing average length of stay and exacerbating current pressures.
- 53.6 The Board 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.

54. NHS Lothian Annual Delivery Plan (ADP) 2022-23

- 54.1 The Director of Strategic Planning introduced the paper requesting approval from the Board for the NHS Lothian Annual Delivery Plan 2022-23. The Board was reminded about the ADP's purposeful alignment with the pillars and parameters of the Lothian Strategic Development Framework (LSDF).
- 54.2 The Board recognised that it was also important to look at the approaching delivery period of 2023-24, although the Scottish Government had not yet confirmed its priorities for the next financial year. Initial details for the next financial year would be presented at the November PPDC meeting.
- 54.3 The Director of Strategic Planning reported that the response from Scottish Government to the 2022-23 ADP had been broadly positive, and elements highlighted in this feedback would be brought out in the Quarter 2 update that was currently being prepared.
- 54.4 Board members queried the extent to which the strategies of the IJBs and local authorities were visibly aligned to or reflective of the LSDF and whether this might be more clearly articulated. The Director of Strategic Planning confirmed that three of the four IJBs had signed off the LSDF and sign off from City of Edinburgh IJB was awaited. The Board members were reminded that the Unscheduled Care and Mental Health and Wellbeing Programme Boards were currently chaired by IJB Chief Officers, reflecting their close involvement.
- 54.5 The Board noted that NHS Borders had also looked closely at NHS Lothian's LSDF as they developed their own Framework. The Director of Strategic Planning and the Chief Executive were also involved with national work to develop the strategic framework for Scotland over the next five years.
- 54.6 The Board agreed to approve the Annual Delivery Plan 2022-23, noting the commission from the Scottish Government for an Annual Delivery Plan, NHS Lothian's response to this commission and feedback from the Scottish Government.

55. Edinburgh Cancer Centre Initial Agreement

- 55.1 Ms Cosens introduced the report recommending two Initial Agreements for the Board's approval: The Initial Agreement for Edinburgh Cancer Centre (ECC) Reprovision and The Initial Agreement for Advanced Demolitions and Decant for ECC Reprovision. The development and submission of an Initial Agreement was the first stage of development in the Scottish Government's capital investment process. The Board was also shown a short video which supported the case for change.
- 55.2 Mr Stirling reminded the Board of the background to the development of the ECC proposals, which included increasing regional demand, now and in the future, for cancer services, the recognised lack of capacity within the current centre and the limitations of any further increase in its scope without a full reprovisioning exercise. The replacement of the ECC had been an election manifesto commitment of the current Scottish Government during 2019.
- 55.3 The Board was informed of the internal governance approval routes undertaken which included robust scrutiny and endorsement by the Lothian Capital Investment Group, the Board's Finance & Resources Committee as well as an assessment by the Board's Planning, Performance and Development Committee confirming the proposal's strategic fit with the objectives of the Lothian Strategic Development Framework. Support had also been secured from neighbouring NHS boards. Following this process of review, it was intended that an extended planning horizon would be developed, beyond the initial ten-year period. This would be modelled and applied once approval to proceed beyond the Initial Agreement phase was secured.
- 55.4 Board members strongly welcomed this significant development, noting its critical importance for the future provision of cancer services in Lothian, which was facing the most significant demographic change of any region in Scotland over the next few decades. In discussion, it was suggested that other opportunities and wider community benefits were likely to arise from this major project, including strengthening research capacity by linking academic endeavours with patient-led discovery. It was recognised that cancer research was often a "pathfinder" for other services and could result in wider improvements, for example in targeted medicine.
- 55.5 The Board unanimously agreed to approve both the Initial Agreement for Edinburgh Cancer Centre (ECC) Reprovision and the Initial Agreement for Advanced Demolitions and Decant for ECC Reprovision.

56. Anchor Institution Programme Board Update

- 56.1 The Director of Public Health and Health Policy provided an update to the Board on the Anchor Institution work programme, with specific reference to the NHS Lothian's successful application for Living Wage accreditation, procurement activity and the award of new funding to support NHS Lothian's income maximisation services.

- 56.2 The potential that staff may be reluctant to access support services due to the stigma attached to poverty had been considered. However, it was felt that the current cost-of-living crisis was affecting a broader section of society and that this was likely to reduce such stigma. A national portal was available to match private sector providers with things that local communities need. The importance of working with the third sector was recognised, as was the need for an active communications strategy to highlight the programme's achievements to both current and prospective staff.
- 56.3 The Board noted the update, NHS Lothian's accreditation as a Living Wage employer and supported a strategy for effectively communicating its commitment to the principles of the Living Wage and its benefits. The Board also noted engagement with the NSS community benefits portal and the inception of a programme of engagement with local businesses focusing on procurement. New arrangements for income maximisation services at acute and community hospitals, supported by grants from the NHS Lothian Charity, were also noted.

57. August 2022 Financial Position

- 57.1 The Director of Finance presented an update to the Board on the financial position so far for 2022-23, highlighting the key messages within the report, including:
- Continuing improvements in the projected 2022-23 deficit position (currently £19.6m against an original projection of £28.2m);
 - Effective management of in-year COVID costs;
 - An ongoing revitalisation of efforts to deliver internal efficiency savings, with several thematic workstreams established and currently being embedded; and
 - Continuing uncertainty around the Agenda for Change pay settlement.
- 57.2 The Chief Executive noted the recent announcement by the Cabinet Secretary of the allocation of £600m to Scottish NHS boards to alleviate winter pressures. He confirmed that this sum included previously allocated funds. A medium-term (five-year) financial outlook would be developed, with the first version to be considered by the Finance and Resources Committee in October.
- 57.3 The Board recognised its ability to achieve a break-even financial position in previous years and noted that the Finance and Resources committee would keep a close eye on the 2022-23 position. The Chief Executive noted that, whilst the aim would always be to achieve a break-even position, this would not be done at the expense of failing to deliver safe and effective patient care. The option to engage in brokerage would be considered if it was felt to be advantageous to the Board's position.
- 57.4 There was also consideration of the impact of increases in energy costs and interest rates. The Director of Finance confirmed that energy was currently stable as 90% had been purchased in advance through a national procurement contract. The Finance and Resources Committee would look more closely at energy costs, with specific input on ensuring resilience in supply.

- 57.5 The Chair acknowledged the effective financial stewardship provided by the Chief Executive, the Director of Finance and rest of the Executive Leadership Team. Despite this, it was recognised amongst the Board that increased external cost and service pressures, combined with diminishing returns on annual efficiency efforts, would require strategic and potentially challenging decisions by the Board on both service reforms and delivery priorities.
- 57.6 The Board noted the improved financial position, compared to the 2022-23 Financial Plan, and the revised year end forecast. The Board accepted limited assurance on its ability to achieve a breakeven financial position in 2022/23. The Chair advised that brokerage should not be sought without the Board's agreement (or by agreement between Chair/Vice Chair/ Director of Finance and Chief Executive if out with the Board meeting schedule) As we move into the second half of 2022/3 financial year the Board agreed that Break Even should be a prime objective qualified by the patient safety obligations highlighted in 57.3 above.

58. Corporate Risk Register

- 58.1 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.
- 58.2 The Medical Director reminded members that the CRR was retrospective in nature and considered the impact of recent or planned mitigating actions on the treatment of acknowledged strategic risks. It was likely that matters discussed, and actions agreed elsewhere on the agenda would feature in future iterations of the CRR.
- 58.3 As with previous iterations of the CRR, Board members welcomed the improved approach to identifying, recording, and addressing corporate risks. It was suggested that more significant system and service reforms may now be required to fully respond to and mitigate some of the more challenging risks in the CRR. The Chief Executive agreed with this assessment and noted that this would require an environment where the need for change was fully embraced and that the Board would be required to consider options and take decisions that may be challenging.
- 58.3 The Board noted the information provided and accepted the recommendations within the paper, noting that the Corporate Management Team was not recommending any changes to the current CRR at this time.

59. Any Other Business

- 59.1 No Other Business identified.

60. Reflections on the Meeting

- 60.1 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.

61. Next Board Meeting

61.1 The next Board meeting would be held on Wednesday 07 December 2022 at 9.30am.

Chair's Signature

Date

John Connaghan
Chair – Lothian NHS Board