

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 06 April 2022 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Prof. S. Chandran; Mr M. Connor; Dr P. Donald; Mr J. Encombe; Cllr G. Gordon; Ms C. Hirst; Ms K. Kasper; Mr A. McCann; Cllr J. McGinty; Mr W. McQueen; Cllr D. Milligan; Ms T A Miller; Miss F. Ireland; Cllr S. Akhtar; Ms E. Gordon; Ms N. Akta; Mr P. Allenby and Mr P. Knight.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms D. Milne (Director of Public Health and Health Policy); Mrs S. Goldsmith (Director of Finance); Ms G. McAuley (Interim Executive Director, Nursing, Midwifery & AHPs).

In Attendance: Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Mr P. Lock (Director of Improvement); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (REAS Services Director); Mr C. Briggs (Director of Strategic Planning from 11am); Ms J. Ferguson (Foundation Director); Ms M. Campbell (Director of Estates and Facilities) Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms A. White (Chief Officer, West Lothian HSCP); Ms W. Macmillan (Business Manager, Deputy Chief Executive Office) (Item 7); Ms J. Bennett (Associate Director for Quality Improvement & Safety)(Item 12); and Mr C. Graham (Secretariat Manager).

Apologies for absence: Dr R. Williams; Mr J. Crombie and Ms V. de Souza.

1. Declaration of Financial and Non-Financial Interest

- 1.1 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. There were no interests declared.

2. Chair's Introductory Comments

- 2.1 The Chair welcomed Ms Gordon, Ms Akta, Mr Knight, Mr Allenby, and Ms de Souza to their first Board meeting as members having started on 1st April 2022. The Chair also reported that Mr Andrew Fleming had been appointed and would join the Board next week on 11th April.
- 2.2 The Chair highlighted that this may be the final Board meeting for Council Stakeholder Members ahead of the upcoming elections. The Board noted that Cllr Gordon would be standing down from City of Edinburgh Council but would re-join the Board as a Non-Executive Lay Member on 16th May.

- 2.3 The Chair also mentioned that this was Ms McAuley's first Board meeting as Interim Director of Nursing and that this would be Mr Lock's final Board meeting as he had now returned to his previous role with Deloitte's.
- 2.4 The Chair thanked Mr Lock for his role in helping NHS Lothian address the matters that the Board were on escalation for, being a key member of the Performance Oversight Board since its creation, his leadership role directly managing Dermatology and Oral Health Services performance and his work on ensuring effective oversight and management of the Board's vaccination programme.

2.5 Susan Goldsmith - valedictory comments

- 2.5.1 The Chair reported that this would be Mrs Goldsmith final Board meeting as she retires from NHS Lothian having worked in the NHS for the past 40 years.
- 2.5.2 Mrs Goldsmith started her journey in the NHS as a national financial trainee in England and subsequently worked in several healthcare systems across Scotland.
- 2.5.3 Mrs Goldsmith's relationship with NHS Lothian had spanned several reorganisations and structural changes, and she had performed the role of Director of Finance at the Sick Children's Hospital, Western General Hospital, St John's Hospital, Royal Infirmary Edinburgh and latterly as the Director of Finance of Lothian Health Board.
- 2.5.4 The Chair added that Mrs Goldsmith had a proud record of delivery against financial targets set against the backdrop of the fastest growing population in Scotland. Her focus throughout had stretched beyond the boundaries of finance and her knowledge and understanding of the service had been invaluable in redesigning services to meet the needs of the population of Lothian. Her leadership of the capital programme leaves a rich legacy of modernisation of the Primary Care estate and significant investment on the Royal Edinburgh Hospital site together with the world leading new build Royal Hospital for Children and Young People and DCN.
- 2.5.5 The Board Members passed on their thanks to Mrs Goldsmith for her support and direction and wished her all the best for her future in her retirement.

Items for Approval

- 3. 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.
- 3.1 Minutes of Previous Board Meeting held on 09 February 2022 – Minutes were approved.

- 3.2 Healthcare Governance Committee Minutes – 25 January 2022 – Minutes were noted.
- 3.3 Audit and Risk Committee Minutes – 22 November 2021 – Minutes were noted.
- 3.4 Staff Governance Committee Minutes – 15 December 2021 – Minutes were noted.
- 3.5 West Lothian Integration Joint Board Minutes – 13 January 2022 – Minutes were noted.
- 3.6 Midlothian Integration Joint Board Minutes – 09 December 2021 – Minutes were noted.
- 3.7 Edinburgh Integration Joint Board Minutes – 07 December 2021 & 08 February 2022 – Minutes were noted.
- 3.8 East Lothian Integration Joint Board Minutes – 24 February 2022 – Minutes were noted.
- 3.9 Appointment of Members to Committees – The Board:
- Agreed that Mr. Peter Murray will stand down from the Audit & Risk Committee on 30 June 2022.
 - Appointed Mr. Peter Murray to the Healthcare Governance Committee with effect from 1 July 2022.
 - Re-nominated Mr. Peter Murray as a voting member of the City of Edinburgh IJB for the period from 27 June 2022 to 31 January 2024.
 - Appointed Mr. Philip Allenby to the Finance & Resources Committee and the Audit & Risk Committee with effect from 6 April 2022.
 - Nominated Ms. Val De Souza and Ms. Elizabeth Gordon as voting members of East Lothian IJB for the period from 1 August 2022 to 31 March 2025.
 - Nominated Ms. Val De Souza as a voting member of Midlothian IJB for the period from 1 August 2022 to 31 March 2025, and as the lead NHS voting member from 1 September 2022.
 - Appointed Mr. George Gordon to the Finance & Resources Committee with effect from 16 May 2022.
 - Appointed Mr. George Gordon to the Pharmacy Practices Committee with effect from 16 May 2022.
 - Nominated Mr. George Gordon as a voting member of West Lothian IJB for the period from 1 August 2022 to 15 May 2025.
 - Appointed Mr. Peter Knight to the Healthcare Governance Committee with effect from 6 April 2022.
 - Nominated Mr. Peter Knight as a voting member of City of Edinburgh IJB for the period from 1 May 2022 to 31 March 2025.
 - Appointed Ms. Nadin Akta to the Staff Governance Committee with effect from 6 April 2022.
 - Appointed Ms. Nadin Akta to the Remuneration Committee with effect from 6 April 2022.
 - Nominated Ms. Nadin Akta as a voting member of Midlothian IJB for the

period from 1 September 2022 to 31 March 2025.

- Appointed Mr. Andrew Fleming to the Finance & Resources Committee and the Healthcare Governance Committee with effect from 11 April 2022.
- Appointed Ms. Elizabeth Gordon to the Pharmacy Practices Committee with effect from 6 April 2022.
- Nominated Ms. Elizabeth Gordon as a voting member of City of Edinburgh IJB for the period from 1 August 2022 to 31 March 2025.
- Nominated Mr. George Gordon as a voting member of City of Edinburgh IJB for the period from 1 June 2022 to 15 May 2025

3.10 National Whistleblowing Standards - Quarter 3 Performance Report – the report was noted.

Items for Discussion

4. Board Chair's Report – March 2022

4.1 The Chair reported on a recent Royal Infirmary of Edinburgh Accident and Emergency visit by the Mr JP Marks, Permanent Secretary to the Scottish Government and Ms Caroline Lamb, Chief Executive of NHS Scotland and Director-General Health and Social Care. The visit to this key operational unit had been to get an understanding of the pressures the system was facing, and efforts being made by staff. There had been a series of presentations from staff on respiratory medicine, workforce, and nursing.

5. Board Executive Team Report – March 2022

5.1 The Board noted the Board Executive Team report. The Chief Executive confirmed that Mr Craig Marriott had been appointed as Director of Finance to replace Mrs Goldsmith following her retirement and that Mr Alan Payne, Head of Corporate Governance had been seconded to the Scottish Government and that his post had now been recruited to with a new Board Secretary appointed.

5.2 There was discussion on the following topics:

5.2.1 NHS Tayside – Oncology Workforce - Miss Gillies reported that there had been a significant amount of work by tertiary boards across Scotland to consider how best to support NHS Tayside with oncology workforce challenges. It was acknowledged that helping NHS Tayside would impact on some of NHS Lothian's patient pathways and this was being worked through at a detailed level with Scottish Government colleagues to minimise detriment to other cancer service providing boards as well as NHS Tayside.

5.2.2 National Treatment Centre - Mr McQueen asked for an update on work to advance the development of the National Treatment Centre at St John's Hospital and the start and completion dates for the build. The Chief Executive explained that the timeline remained as previously reported however there is an emerging risk in that in the process of taking the Initial Agreement (IA) to the Scottish Government Capital Investment Group for the Cancer Centre we were planning that this would go in May 2022. However, NHS Assure had

now indicated that they require 3 months to review the IA. This delay was counter to the Scottish Government request to speed up the process. There had also been a request for the build to be net zero, whilst this was hugely important it would increase costs and would require refinement.

- 5.2.2.1 The Chief Executive had agreed the internal governance process with the Chair which would be through Finance and Resources Committee, Planning Performance and Development Committee (PPDC) and then to the Scottish Government Capital Investment Group for August/September 2022. There may be a requirement to hold an additional virtual PPDC session so as not to delay submission to the Capital Investment Group. The Board agreed to this internal governance process.
- 5.2.2.2 Ms Kasper asked about the workforce planning for the National Treatment Centre and timelines around capital investment and provision of new physical infrastructure. What conversations had been started with Scottish Government around provision of workforce to staff the new treatment centres as there would be a long lead time to train medical staff and bring physical facilities forward. Mrs Butler confirmed that shared workforce, and 5-year recruitment plans were underway with Scottish Government as were discussions on the funding for the phased recruitment plan. It was hoped the outputs of these discussion would be known in the coming weeks and the recruitment plans for year 1 would commence. The Chair added that the plan was to recruit an additional 1500 staff of which Lothian would get its proportion. When funding arrives, it would partly answer the NRAC question. Finance and Resources Committee would investigate the future funding and charging mechanisms.
- 5.2.3 **Ukrainian Situation** – The Board noted that there were regular liaison meetings discussing impact on displaced people arriving and making sure there were proper connections to address issues. Mr Crombie was chairing the Board's Silver Tactical group that was dealing with any Ukrainian aspects and any urgent issues from there would be escalated to the Board's Gold Command group.
- 5.2.4. **Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust** - Miss Gillies confirmed that this was a deferred item at Healthcare Governance Committee. The Committee had received the first part of the report but was waiting on the final report. This would go back for discussion at Healthcare Governance Committee to decide if there was anything that needed to be escalated back for further Board discussion. There would be learning for the organisation from this report around maternity care and aspects of how adverse events are reported through. Prof. Chandran asked if there were any statistics showing the proportion of midwife led births versus others, mapping outcomes. These statistics would be helpful in the further discussion on the report. Miss Gillies would take this forward with Miss Ireland as chair of Healthcare Governance Committee.
- 5.2.5 **NRAC (National Resource Allocation Committee) Funding** - Cllr Milligan asked about negotiations with Scottish Government colleagues about the disproportionate allocation of resources and the Board's constant firefighting

and ability to meet targets with the current funding mechanism. The Chief Executive welcomed Cllr Milligan's comments. NRAC funding had been a long-standing issue. NHS Lothian had handled the pandemic well with some areas deteriorating slower than in other boards which showed the high level of work that been undertaken. However, having the headroom and ability for recovery was directly associated to NRAC funding. The issue of allocation of funding was being raised regularly with Scottish Government.

- 5.2.6 **SBRI Challenges & Long Covid App** - Mr Allenby asked for information on the SBRI challenges and long Covid App. Miss Gillies would provide further details and would also make the long Covid App demonstration recording from Healthcare Governance Committee available to Non-Executive Board Members.

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

- 6.1 No updates given.

7. NHS Lothian Board Performance Paper

- 7.1 Ms Macmillan introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

- 7.2 Ms Macmillan summarised the current performance position as follows:

- Positive COVID-19 cases for Lothian residents had increased in January and February, with a marked increase in COVID positive inpatients. Staffing availability remained the key challenge across the Board, particularly evident in our nursing workforce and in social care settings due to a combination of COVID isolation, sickness absence, annual leave, and vacancies.
- In February, there was a further drop in performance in emergency department (ED) attendances across Lothian, however 4-hour attainment remained significantly below the standard which had been observed in various boards across Scotland. The significant issue for the Acute Sites is that the ability to admit patients from Emergency Departments has reduced, with hospital occupancy remaining high.
- The total number of delayed discharges has shown recent signs of variation and deterioration, with January 2022 delays across Lothian reaching the highest point in 2 years. The position in February and March is improving as the Board continues to focus on reducing and avoiding delays.
- The overall trend for outpatients was relatively stable, with a further reduction in those waiting over 12 weeks observed in February compared to previous months. This was a very different picture for inpatient and day case waiting lists, with patients waiting over 12 weeks and over 52 weeks further increasing due to the limited capacity available. Although most specialties were performing at or better than the Scottish average. For cancer services, staffing challenges continued to impact services and

referral numbers remained high into the final quarter of 2021/22 and notably above pre-COVID levels.

- In Mental Health Services there has been a deteriorating position in Psychological Therapies performance (% of patients seen within 18 weeks). In February CAMHS were ahead of their trajectory for reducing the number of patients waiting over 18 weeks. Members were already aware from previous briefings that meeting the trajectories agreed with Scottish Government in the recovery plans was reliant on recruiting additional staff to support this activity and this remained challenging.

- 7.3 The Chair asked about the system of review for patients with significant waiting times and whether regular assessment was part of the process. Mrs Campbell confirmed that several processes were in place for patients with long waits. This included regular contact with patients to check on for any change to clinical condition and the option to refer to consultant for clinical review.
- 7.4 It was acknowledged that the volume of patients waiting was significant and a process had been agreed with eHealth for more automation around Outpatients. Inpatients and Day Case continued with manual processes which had significant resource implications on top of the significant numbers waiting.
- 7.5 Mr McCann highlighted revisions and improvements to pathways and asked for further explanation on how pathways are structured and can be changed. A session for Board Members on this would be welcomed. The Chief Executive confirmed that an option appraisal would take place in 2 weeks' time, and it would be helpful if the Board Members could go through the outcome of this appraisal and improved pathways. The Chair and Chief Executive would discuss this further outside the meeting and look to arrange a session, perhaps sacrificing one of the Non-Executive informal sessions.
- 7.6 Mr Connor asked about increased Covid admissions and the intelligence breakdown as to whether patients were vaccinated, unvaccinated or if this was a mix. Also, what was the progress with use of treat at home antivirals to prevent admissions? Miss Gillies clarified that most patients being admitted to hospital were coming in with Covid rather than because of Covid and that all options around therapeutics were being offered on an outpatient basis. Antivirals were being delivered through pharmacies as independent prescribers with access support from specialist clinicians as patients did not receive hospital treatment when they were outpatients.
- 7.7 Mr McQueen asked about CAMHS and Psychological Therapies (PTs) performance, CAMHS reduced backlog and being ahead of trajectory and whether the need to appoint staff needed to be revisited. Ms McKigen confirmed that there had been significant improvements in CAMHS, and the staffing model was constantly being reviewed. At the moment Helios remained in use and there remained work to do on the neurodevelopmental pathway so staff would be required to support that in future.

- 7.8 In relation to PTs there remained disruption caused by changes to the TRAK system which was impacting on access to the patient focused booking system. However there had been significant investment in staff. The changes to TRAK meant that staff were unable to outcome patients and there was due to be a cohort of patients coming off the system which would show in the next performance report with additional measures bringing performance back on track at the end of April 2022.
- 7.9 There was discussion on the challenges around recruitment and workforce. The Chief Executive commented that appropriate staffing levels had been a struggle across the organisation during the most recent Covid peak. It would take time to get workforce back to the right balance.
- 7.10 The Vice Chair asked about the ability to recruit to various roles that may be impeded by cohorting and distancing requirements. The Chief Executive referred to the example of the challenge at the RIE front door where the skill mix must be regularly reviewed due to staffing numbers and a current shortage of band 5 nurses. This situation was replicated across the whole system.
- 7.11 The Vice Chair asked for an update on the action in the Performance Report around Upper Gastrointestinal (UGI) Focus on UGI Multi-Disciplinary Team meetings (MDTs) to ensure Unscheduled Care prioritisation and target dates to be clearly shown on MDT (multidisciplinary team) lists. Mrs Campbell would provide the detail on that outside the meeting.
- 7.12 Ms Hirst asked about section 3.2.3 in the performance report which related to Flow. The Board noted that it had been reported to Healthcare Governance Committee and Planning Performance and Development Committee that overall attendances and numbers self-attending were reducing but performance figures were worsening, and this was the same picture throughout the UK not just in Lothian. Ms Hirst questioned whether the right model was being focused on or whether the model we have had to be revisited and whether this model was still fit for purpose. The Chair thanked Ms Hirst for this complex question and suggested that this would fit into the Non-Executive Board Members pathway session for further discussion.
- 7.13 Mr Knight commented on the charts within the performance report and inpatients waiting over 12 weeks. The Chair suggested that Mrs Campbell provide Mr Knight with further detail around the clinical prioritisation process and active management of clinical risk to give some assurance. The Chair also asked the Chief Executive to look at a briefing meeting for Non-Executive Board Members on options around recovery.
- 7.14 The Chief Executive clarified that in relation to inpatients waiting over 12 weeks the waiting times were significantly over 12 weeks with a significant number waiting in excess of 104 weeks. The whole system was recovering and the large number of delayed discharges in the system was a challenge for which whole system solutions to free up capacity were needed.

- 7.15 Ms Kasper asked about unscheduled care redesign progress. The Chief Executive confirmed that pathway development could be seen in the LSDF with reference to two evaluation reports from Derek Bell and Sir Lewis Ritchie.
- 7.16 The Board agreed the recommendations in the Performance paper:
- The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
 - The Board recognises the performance challenges detailed in this paper including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
 - To note the ongoing work seeking to refresh the Public Board paper, incorporating active governance principles which will further enhance coordinated and aligned performance reporting across the system.
 - If deeper analysis regarding the mitigation plans or assurance provided for the corporate risks is required, these will be addressed via existing governance channels and designated board sub-committee.
 - If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

8. NHS Lothian Corporate Objectives 2022/23

- 8.1 The Chief Executive presented the 2022/23 Corporate Objectives to the Board for approval.
- 8.2 The Board noted the previous discussion on the Corporate Objectives at the March Planning Performance and Development Committee (PPDC). These were laid out in the same way as the Lothian Strategic Development Framework with a direct tie into the Strategic Performance Framework. The Corporate Objectives would be monitored quarterly by CMT and at mid and year end by the Board Members at PPDC.
- 8.3 The Chair picked up on the point around connectivity between the Corporate Objectives and LSDF. It was noted that the Corporate Objectives also picked up on points made as part of the NHS Lothian Annual Performance review by the Cabinet Secretary and Scottish Government colleagues. The Vice Chair suggested that it would also be helpful if a correlation could be drawn between the Corporate Objectives and Corporate Risk Register.
- 8.4 Dr Donald asked about workforce challenges and the move to an East Region Recruitment Service. Mrs Butler confirmed that this Service was part of a national commitment on shared corporate services and related to transactional delivery. This would not address workforce pipeline of supply issues which would be part of the national workforce plan.
- 8.5 The Board agreed to approve the 2022/23 Corporate Objectives with the regular review as outlined to assess progress. The Corporate Objectives would now be circulated across the organisation and publicly.

9. Lothian Strategic Development Framework Update

- 9.1 Mr Briggs introduced the report seeking Board approval to proceed to external engagement on the Lothian Strategic Development Framework (LSDF).
- 9.2 Mr Briggs outlined the engagement process and timescale for this. Mr Briggs would also have a session with new Non-Executive Board Members out with the meeting to bring them up to speed.
- 9.3 Mr Briggs explained the intention to build a relationship with Lothian citizens and third sector organisations and engage on needs and wants. This would be done as close to virtually as possible but some in person sessions would be needed to cover those who could not engage virtually.
- 9.4 The LSDF was now as user friendly as possible with the summary document to be translated into plain English and placed on both NHS Lothian's intranet and internet. The Board and the Planning Performance and Development Committee (PPDC) were being asked to approve the LSDF before proceeding to external engagement.
- 9.5 Since the last PPDC meeting the entire suite of documents had been formatted and a visual representation of the LSDF had been developed. Mr Briggs thanked Dr Donald for her assistance in proofreading the documents. Discussion at PPDC had identified areas to develop in relation to private sector interaction and tertiary education interaction (research and development). Mr Briggs had taken these areas forward with chambers of commerce and Prof. Chandran and Miss Gillies around research and development.
- 9.6 The Chair and Mr Briggs had also discussed the need for a clearer, punchier vision statement as part of the LSDF documents and at the centre of the visual representation. Mr Briggs would also consider how best to demonstrate links to the NHS Lothian values. The Chair acknowledged that whilst the NHS Lothian values could not be imposed onto other organisations, there was nothing wrong with the document highlighting the NHS Lothian values as a reference point.
- 9.7 Dr Donald welcomed the inclusiveness of the outlined engagement process and the establishment of the NHS Lothian Citizens Reference Group and congratulated Mr Briggs for bringing this mammoth piece of work to this stage. Ms Hirst added her congratulations and highlighted this would be a challenging and exciting time for health and social care systems. Ms Hirst asked about the Board's stewardship role with the LSDF engagement strategy. The Chair commented that Ms Hirst's remarks in relation to the Board's as stewards should be applicable to the entire system.
- 9.8 Mr Briggs confirmed that engagement was about having grown up conversations and that it was clear that NHS Lothian and its four partners had an equal say in this work. The Corporate Management Team as systems leadership, were focused on avoiding assuming things and taking on the role as stewards in a different way to previously.

- 9.9 Ms Mackay clarified that the establishment of an equalities reference group was work in progress with help from the Board's equalities lead. This would tap into the wider citizens reference group and EVOC expertise. Continuous engagement has been used for some time now and this piece of work gives greater scope to reach out more widely. Cllr Gordon suggested that the Inclusion Scotland toolkit would also be worth looking at.
- 9.10 Mr Encombe highlighted the importance of quality methodology and strategy to support the LSDF and the need to translate vision, mission, and values to support leadership as part of change culture. Keeping things simple was important as well as clarity and drawing on expertise from others such as universities and business schools.
- 9.11 The Vice Chair pointed out that the Corporate Objectives contained references to Chief Officers bringing to life a clear drive towards system connectivity as described by Mr Briggs.
- 9.12 Mr Briggs welcomed the positive feedback received from the Board. In terms of timescale the intention would be to have everything on the NHS Lothian website by the end of the week and launched through social media for awareness. There would also be work on internal communications and a postcard programme over the next couple of weeks. It was hoped to hold the first of the virtual sessions also in the next two weeks.
- 9.13 Mr Briggs explained that as most comments had now been captured in the LSDF and this document would now be frozen with a summary coming to the June Board meeting which would then lead to engagement and consultation. Mr Briggs emphasised this was the first phase of ongoing engagement throughout the adaptive life of the LSDF.
- 9.14 Ahead of bringing a paper back to the June Board Meeting, Mr Briggs would also circulate regular updates after the end of May once feedback had been gathered. There was discussion on the impact of ongoing engagement with the upcoming local elections in May. It was acknowledged that the Chair would be part of the spearheading of engagement with new leaders with the local authorities from their administrations. Cllr Gordon suggested that engagement should not wait for the formation of administrations in any of the areas, but it would be useful to submit a briefing paper to any appropriate groups. The Chair suggested that Mr Briggs continued to take advice of elected members.
- 9.15 The Board thanked Mr Briggs and his team for their work on the LSDF and the visual representation and agreed the recommendations in the paper, to:
- Approve the plan for external engagement, subject to minor changes to the visual representation (mission statement)
 - Note timelines and arrangements for returning to the June 2022 Board with a final version of the LSDF

10. NHS Lothian Finance

- 10.1 February 2022 - YTD Financial Position - Mrs Goldsmith updated the Board on the financial position at Period 11 and NHS Lothian's year-end forecast position.
 - 10.1.1 Mrs Goldsmith confirmed that as reported to Finance and Resources Committee in March there was now significant assurance of a breakeven position. The finance team were working on the year end accounts and a break-even position or even small underspend would be delivered.
 - 10.1.2 In relation to Covid costs, Mrs Goldsmith confirmed the uncertainty made for a difficult year to manage to get to the breakeven position for 2021/22. The Chair, on behalf of the Board, thanked Mrs Goldsmith for her stewardship during the recent volatile period.
 - 10.1.3 The Board agreed to accept the report as a source of significant assurance that NHS Lothian would achieve a breakeven outturn this financial year.
- 10.2 NHS Lothian 5 Year Financial Outlook and Outline Plan 22/23 - Mr Goldsmith updated the Board on the development of the NHS Lothian Financial Plan for 2022/23 for approval by the Board.
 - 10.2.1 The Board noted that this was consistent with the Board's Standing Orders which states the requirement: "The Board shall approve its Financial Plan for the forthcoming financial year, and the opening revenue and capital budgets." Finance and Resources Committee, in its consideration of the Financial Plan for 22/23 and longer-term financial strategy had endorsed the plan, for initial budgets to be set.
 - 10.2.2 The Board also had a requirement to set budgets for the delegated functions of the Integration Joint Boards (IJBs) for 2022/23. The outline plan presented would form the basis of a formal allocation of budgets to the IJBs.
 - 10.2.3 Mrs Goldsmith highlighted the link between the plan, the Board's statutory duty to breakeven, the Corporate Objectives and Corporate Risk Register. There was also discussion around wholesale cost increases for electricity and gas and the impact for NHS Lothian despite forward purchasing. This had not been built into the plan and further conversations with Scottish Government around mitigations would be required.
 - 10.2.4 In relation to Covid costs for 2022/23, Mrs Goldsmith confirmed that funding would be passed to IJBs and there would need to be dialogue as to how to manage the flow of funds back from IJBs. There was also work to do on funding of Covid costs for social care services.
 - 10.2.5 Mrs Goldsmith also talked about NRAC funding which impacted the ability to plan for population growth. There was around a £100M cumulative deficit which meant lost opportunities to invest in services. The gap year on year was 1% (£12-14M). There was also a need for investment in physical capacity as part of the National Treatment Centre development.

- 10.2.6 The Chair commented that it was remarkable how much of the plan connected with the points made around links to strategy, performance, and workforce. It would be key to have clarity on the level of financial support for the new National Treatment Centres as soon as possible as the links to recruitment, workforce plans, and costs were important.
- 10.2.7 The Vice Chair and Ms Kasper asked about efficiency savings, the risks, assumptions, and organisational impacts around these. Mr McQueen added that any organisation with turnover of £2Bn should not be able to achieve more efficiency savings with less input and that aspiring to 2 or 3% should be the limit of ambition.
- 10.2.8 Mrs Goldsmith confirmed that 2% was the uplift from Scottish Government and not NHS Lothian's assumption. The 2% only met the pay awards and remained a huge risk to us along with the energy costs. A spending review was being worked on to secure additional resource.
- 10.2.9 The Vice Chair commented that there was a need to invest in areas in the financial plan such as Home First and the Community structure. There remained a capacity issue with growing population, even if a zero delayed discharge position was to be reached to deal with population growth that would not deal with the front door challenge where people come for assessment.
- 10.2.10 Mr McCann as chair of the Finance and Resources Committee confirmed the Committee would continue to monitor the financial position, push on capital and revenue, and consider the risks around the care deficit.
- 10.2.11 The Board agreed to:
- Approve the Financial Plan as a basis for opening budgets only and submit to Scottish Government as required.
 - Acknowledge that, based on the latest information available at this time, the F&R Committee accepted that the financial challenges around Covid next year means that we cannot offer assurance that NHS Lothian is able to deliver a balanced financial position for 2022/23 at this stage.
 - Endorse the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting.

11. Initial 2022-23 Forward Plan Covid and Flu Vaccination

- 11.1 Mr Lock highlighted a couple of issues seen in the press recently. These administrative errors, now addressed, were encountered last week, and related to scheduling of patients and the inviting of a small number of 74-year-olds into the 75-year-olds booster programme and some children being wrongly sent the immunisation letter for children at clinical risk with a pre-existing condition. This error had been addressed by way of press release. For both errors there had been no health or adverse impact on patients.

- 11.2 Mr Lock outlined the report articulating current plans for the 2022-23 Covid and Flu vaccination programme. These plans had been developed based on planning assumptions provided thus far by the Scottish Government as well as local assumption about Winter 2022. The plan will be subject to revision pending further Joint Committee for Vaccination and Immunisation (JCVI) recommendations and national policy guidance associated with Covid vaccination.
- 11.3 The forward plan sets out steppingstone in terms of moving from the full mass vaccination emergency programme to a more sustainable long-term programme. This was being viewed as the transition year as JCVI guidance and numbers of people to be vaccinated was still being amended at short notice. The plan was based on several principles including maintaining local access for elderly and vulnerable people. Four of the large mass vaccination centres (MVCs) had now or would be closing as part of the move to a locally based model. There would also be a more sustainable workforce put in place to deliver the programme, with the Covid and Flu vaccination programme being aligned with other current vaccination programmes.
- 11.4 Mr Walls asked about glitches and the ongoing JCVI uncertainty and policy announcements and how the programme was positioned to react if changes did come out. Mr Lock emphasised that the team were working hard to rectify any glitches experienced and that additional quality assurance was being put in place as part of lessons learned. In terms of the programme being reactive, there was flexibility built into the plan, with an overall high level of capacity in the system to deliver vaccinations and this level was not currently being required. Take up rates were important as well. Planning the number of people depended on how many turn up. Current rates were 25% for the children's programme and 4th booster for over 75s was just under 50%.
- 11.5 Mr Lock added that the Scottish Government had requested surge plans on a contingency basis and how vaccination numbers delivered would be doubled over 2 weeks. At present there would be a challenge around locations and the maximising of capacity and staff. Delivery of surge plans would be clearer by the end of April 2022. Going forward the link between the immunisation delivery board and public health would be key. Mr Lock confirmed that Ms Milne would be bringing this update to future Board meetings.
- 11.6 Mr Allenby asked about digital consent, workforce, and flexibility of contracts. Mr Lock confirmed that there were people on staff bank that could be brought into the programme at short notice and that teams were looking at current workforce numbers and plans for future delivery. Mr Lock would provide further information on digital consent outside the meeting.
- 11.7 Ms Gordon asked about surge capacity staffing and potential impact on other services if staff were redeployed. Mr Lock clarified that there was current headroom for surge capacity but identifying sites to move to would be an issue. The hierarchy of staff for surge capacity had been looked at pre-Christmas due to the Omicron variant and at that time there was enough capacity within existing permanent workforce, additional hours, staff bank and

additional contractors with training for others. There would have to be consideration of the cost versus extra capacity balance.

- 11.8 Cllr Gordon welcomed the paper as the outgoing chair of the EICC MVC. Staff had worked extremely hard to deliver the vaccination programme but there was now a need to make sure appropriate communications are sent out about where the vaccinations would now take place. Current pharmacy capacity across Lothian seemed low and needed to be expanded for further cohorts during the year. Mr Lock explained that pharmacy capacity was important with one of the design principles being local access wherever possible. With Community Pharmacy there had to be a balance between delivery of the programme and delivery of core NHS services and in some areas, there was a shortage of pharmacist resource and well as the issue of how to schedule people into pharmacies for vaccination going forward.
- 11.9 Mr McQueen asked about permanent workforce. Mr Lock acknowledged there was further work to do around permanent workforce and in this transition year it was not yet clear what the sustainable settled programme would look like, at the moment it was difficult to be 100% clear what a permanent workforce should be. This work was being done by the Health and Social Care Partnerships and they were close to completing structures.
- 11.10 The Chair asked about clarity around funding of workforce. Mr Lock confirmed that Scottish Government had clarified there would be an NRAC share of £100M into NHS Lothian. It had been pointed out that NRAC was not the appropriate funding model for distributing vaccination expenditure. There was not yet funding clarity around estates and non-pay areas of the future programme and the risks were still being worked out. The Chair added that Finance and Resources Committee would continue to monitor the funding model and risks around this area.
- 11.11 The Board accepted the recommendations in the paper, to:
- note progress in the development of 2022-23 delivery plans.
 - recognise progress associated with implementation of the Covid spring booster and universal vaccination of those aged 5 -11 years following publication of JCVI recommendations in February 2022.
 - be aware of developments in HSCTPs vaccination centre premises plans and recognise capital investment and leases would need to be met once these costs are finalised.
 - note ongoing work to finalise workforce requirements, and to note that fixed term contracts for vaccination staff have been extended for three months (to 30th June 2022) to maintain required surge capacity associated with spring booster programme and allow further time to appoint staff to permanent posts.
 - note programme works with the Immunisation Delivery Board to ensure there is coordinated oversight across all vaccinations.
 - note that 2022-23 financial allocations have not been confirmed for non-pay elements of the programme and that work is ongoing to ensure costs fall within the current pay allocation provided.

- 11.12 The Chair thanked Mr Lock for all his work done with the Board and wished him all the best for the rest of his career.

12. NHS Lothian Quality Strategy Interim Review

- 12.1 Miss Gillies introduced the paper setting out the findings of an interim review of the Quality Strategy and the priorities for 2022/23.
- 12.2 Miss Gillies commented that the paper included a good level of detail and linked well with the Lothian Strategic Development Framework as previously discussed and looked to make the most of future opportunities. The new Non-Executive Board Members would be offered a briefing session with Ms Bennett out with the meeting.
- 12.3 Ms Bennett added that it had been important for all information to be included and that services see their words as part of improvement activities being described at Board level. The 2018 Quality Strategy had included several deliverables which the interim review had been set around. There were good examples of where quality management was being applied but it was fair to say that momentum had been lost during the pandemic. Leadership teams had signed up to practical engagement and it was a testament to frontline teams that planning, monitoring and improvement of services had continued throughout the pandemic.
- 12.4 The networks and care pathway work had matured but not at the rate, that would have been liked to see, however the six dimensions of quality remained woven through all work as could be seen in the paper.
- 12.5 Miss Gillies added that the interim review was a useful bedrock to help consideration of what to build into the Board's Corporate Objectives and what the next Quality Strategy may look like over the coming year.
- 12.6 The Chair welcomed this ethos and approach to delivering services and this runs through the organisation. The Chair noted that this answered and expanded on questions he had about the assurance system when he first joined the Board.
- 12.7 Mr Encombe asked about Integration Joint Boards (IJBs) Involvement Plans and if there was a 'Quality Light' version of the Strategy for areas unable to implement the full version. Miss Gillies commented that previously IJBs had been outside immediate purview, however initiatives such as the primary care network and patient safety work with Health and Social Care Partnerships now offered areas for local influence and allowed system leaders to work together on quality.
- 12.8 In relation to 'Quality Light', Ms Bennett stated that there was now increased access to training and a key strategy was for Quality Improvement coaching to be embedded into services, with coaches no further than two connections away from anyone. The Midlothian work around frailty and the use of GP practices to identify improvement opportunities was a good example of this.

- 12.9 Mr McQueen welcomed the offer of further briefing on the Quality Strategy and asked about how quality of care was consistently measured, it was not clear how progress on that was made in terms of quality-of-care outcomes. Miss Gillies stated that there were many things not routinely measured and that analytics support could be a constraint with this work. Thinking more strategically was a work in progress as was a shift to using quality planning and quality management in day-to-day work for every aspect of the organisation.
- 12.10 The Board agreed the recommendations in the paper to:
- accept the review findings against the Quality Strategy deliverables.
 - approve the priorities for 2022/23 which seek to regain the momentum developed prior to the pandemic to implement the Quality Strategy, acknowledging the current service constraints.
 - accept that, as we enter the final year of the Quality Strategy and conduct the final review, we will be laying the foundations for the next NHS Lothian Quality Strategy.

13. Corporate Risk Register

- 13.1 Miss Gillies introduced the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 13.2 The Board noted the Corporate Management Team (CMT) recommendations following agreement at the February 2022 Board meeting to approve the description and grading of the Cyber Security risk and to remove the Care Home risk from the CRR and put it onto the Corporate Nursing Risk Register.
- 13.3 The Board further accepted the following CMT recommendations:
- The removal of the complaints risk based on comparative performance and risk grading and put it onto the Corporate Nursing risk register
 - That the current Covid-19 risk is closed and a new risk accepted with a public health focus.
 - Accept the new risk description related to timely discharge which has been re-framed to focus on hospital bed occupancy.
 - A change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee.
- 13.4 The Board noted that the Staff Governance committee had reduced its level of assurance for the violence and aggression risk from moderate to limited, based on internal audit findings.
- 13.5 The Board also noted that a paper setting out risks associated with performance was considered by the Planning, Performance and Development Committee at its March 2022 meeting, to inform a schedule of reporting. Healthcare Governance Committee continues to consider the impact of these risks to the delivery of person-centred, safe effective care as part of routine service reporting.
- 13.6 The updates provided by the executive leads on risk mitigation, set out in the Assurance Table at Appendix 1 of the paper were reviewed and noted.

14. Any Other Business

14.1 None.

15. Reflections on the Meeting

15.1 The Chair welcomed the improvements in the performance report and engagement with the Non-Executive Directors. There was also support for the way the Executive Directors were now updating the Board.

16. Next Board Meeting future dates

16.1 The next Board meeting would be held on Wednesday 22 June 2022 at 9.30am (Annual Accounts meeting).

Signed by Prof. John Connaghan CBE
Chair – Lothian NHS Board
22 June 2022