

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 07 August 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Hill (Vice Chair); Mr M Ash; Mr M Connor; Dr P Donald; Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Cllr D Milligan; Mrs A Mitchell; Mr P Murray; Dr R Williams; Cllr G Gordon; Professor M Whyte (from 11am) and Mr W McQueen (from 9:55am).

Executive Board Members: Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare)(from 11am).

In Attendance: Mrs J Butler (Director of Human Resources and Organisational Development); Mrs J Campbell (Chief Officer of Acute Services); Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Mr A Payne (Head of Corporate Governance); Dr S Watson (Chief Quality Officer)(from 11am); Dr A Harper, Public Health Registrar and Miss K Dee, Consultant in Public Health (shadowing Professor A K McCallum) and Mr C Graham (Minutes).

Apologies for absence were received Mr J Crombie, John McGinty, Angus McCann and Cllr F O'Donnell.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting. The Chairman passed on the Board's best wishes for a speedy recovery to both Mr Crombie and Mr McCann.

Declaration of Financial and Non-Financial Interest

The Chairman 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.

Chairman's Announcements

Reporting of Committee Minutes to the Board - The Chairman announced that following the issue that was raised at the previous meeting. The Board would now only receive committee minutes which a committee had approved, and were the final version. There would remain a standing slot on the Board agenda for committee chairs to make the Board aware of any material items which had arisen from recent meetings.

26. Items for Approval

26.1 The Chairman sought and received the agreement of the Board to approve items 2.1 – 2.12. The following were approved;

26.2 Minutes of Previous Board Meeting held on 26 June 2019 – Approved.

26.3 Outline Business Case - Western General Hospital Energy Infrastructure Phase 1 – The Board agreed the following:

- To approve the Outline Business Case
- To accept in principle the proposal to divert and decommission part of the steam network and install boiler plant within SHSC to supply Phase 1 new build and redevelopment.
- To approve increase in site electricity supply capacity in place of HV network upgrades.

26.4 Full Business Case – Haematology - The Board agreed the following:

- To approve the Full Business Case for the Haematology Service Capital Development.

26.4.1 Dr Donald asked whether the facilities being put in would comply with current guidelines. The Chairman would take this forward with Dr Donald out with the meeting and if necessary this could be brought back to the Board at a future date. Mrs Goldsmith would arrange for the project team to report back to Dr Donald or the Healthcare Governance committee as appropriate.

26.5 Outline Business Case - Short Stay Elective Centre - The Board agreed the following:

- To note the Outline Business Case had been approved by the NHSL Finance and Resources Committee on 24 July 2019, subject to Scottish Government funding;
- To note that the current capital budget of £280m is available for elective centres nationally;
- To Take significant assurance that the project team and capital finance, through interrogation of the OBC cost report, understand the drivers for an increase in capital costs since Initial Agreement;
- To accept the work undertaken by the Design Team to identify thematically the drivers for an increase in Gross Internal Floor Area which is the principal reason for an increase in capital costs;
- To note the risks associated with progressing the current Outline Business Case design, factors primarily driven by the necessity to meet ministerial timescale commitments and the constraints of the site;
- To note that following agreement at NHSL Finance and Resources Committee additional assurance steps will be implemented across the project with appropriate technical expertise appointed to challenge and critique developing architectural, mechanical engineering, fire and civil engineering design as NHS Lothian progress through the business case and design process;

- To note that at present no recurring revenue funding has been identified to fund the incremental recurring revenue costs and that Finance and Resources Committee approval of this Outline Business Case is subject to confirmation of the required recurring funding;
- To note this Outline Business Case would be submitted to the National Elective Centres Programme Board on 5th August 2019.

- 26.6 Audit and Risk Committee Minutes – 17 June 2019 - Noted
- 26.7 Finance and Resources Committee Minutes – 24 July 2019 – Noted.
- 26.8 Healthcare Governance Committee Minutes – 09 July 2019 – Noted.
- 26.9 Strategic Planning Committee – 20 June 2019 – Noted.
- 26.10 Midlothian Integration Joint Board Minutes of – 11 April 2019 – Noted.
- 26.11 East Lothian Integration Joint Board Minutes - 25 April and 23 May 2019 – Noted.
- 26.12 Edinburgh Integration Joint Board Minutes – 24 May 2019 – Noted.
- 26.13 West Lothian Integration Joint Board Minutes – 23 April 2019 – Noted.

Items for Discussion

- 27. Opportunity for Committee Chairs or Integration Joint Board (IJB) Leads to Highlight Material Items for Awareness**
- 27.1 Midlothian IJB – Ms Hirst congratulated West Lothian IJB on the appointment of a new Chief Officer. This however created a vacancy at Midlothian IJB which was currently out to advert with an interview date of 29 August 2019.
- 27.2 Finance and Resources Committee (F&RC) – The Vice Chair reported that at the meeting of 24 July 2019, F&RC had considered revisions to committee's terms of reference to incorporate responsibilities in relation to sustainability. It had been agreed that rather than make a recommendation to the Board at present the F&RC would await any further outcomes in relation to the ongoing governance review and then bring a recommendation back to the Board.
- 28. Update on the Royal Hospital for Children & Young People and the Department of Clinical Neurosciences**
- 28.1 The Chairman commented that rightly, this item was a matter of wide continuing public concern and interest. The Board could not overstate its level of disappointment around the situation that had occurred, in particular the immediate impact on staff and patients.
- 28.2 The Board expressed gratitude and admiration for the way staff at both institutions had reacted to the situation despite the shock and disruption caused. Staff continued to manage patient interfaces admirably, carrying on as business as usual in what was a highly complex and sensitive situation.

- 28.3 The Board noted that there were two ongoing investigations for which reports were awaited and as such the Chair requested that any questions from Board Members avoid any speculation.
- 28.4 Mrs Goldsmith introduced the report updating Board members on the delay to the opening of the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at Edinburgh Bio Quarter ('the Facility'). In particular, it covered the reviews underway and NHS Lothian's response to the work required by the Cabinet Secretary to address all the associated issues.
- 28.5 There was discussion on the Scottish Government Oversight Assurance Board which would begin meeting on 8th August 2019; the importance of regular staff communication and the requirement for capital and revenue resource which was yet to be identified.
- 28.6 The Board members also discussed any potential finance risk associated with running two sites. Mrs Goldsmith confirmed that there was ongoing dialogue with the old site purchaser and this sale remained secure.
- 28.7 Professor Humphrey stated that the current issues had been discussed at the last Healthcare Governance committee meeting and asked about if phased occupancy remained a legitimate option going forward and was being explored, with a particular focus on DCN.
- 28.8 Mrs Campbell confirmed that DCN and partners had undertaken a full risk assessment and concluded that there were no critical interdependencies with children's services that would prevent an advanced move if required as long as the work at the new hospital was signed off and all safety checks complete.
- 28.9 The Board recognised that as well as capital and revenue resource implications there were also people implications and given the comprehensive approach the management team were undertaking and the extra burden for all levels of the organisation, was additional resource being provided. Mrs Goldsmith confirmed that this was currently being considered. The project team were under a lot of pressure and doing their best to deal with snagging and defects and responding to requests for data, information and views on the planning for rectification.
- 28.10 Mr Connor asked about future builds and safeguards against using the same model route again and how learning could be factored in. Mrs Goldsmith stated that lessons from this project would be around the relationship between quality of build and infection control and assessment of technical support required for projects. Health Facilities Scotland were building up a resource and taking stock of how to support major capital builds.
- 28.11 Dr Williams stated that this was a complicated project with fast moving, ongoing investigations around complex remedial actions and expressed concern that as a Non Executive Board Member it was important to be kept up to date with what was happening in a timely manner. The Chairman stated that some of this updating had to be at an informal level which was why the Chairman's briefing meeting was now on a weekly basis.

- 28.12 Mrs Goldsmith added that work had been full on over the previous weeks and would soon get into a position where she would be able to provide regular updates once the Scottish Government Oversight Assurance Board was in place.
- 28.13 Mr Murray asked about the current position with the water issues in the new hospital. Miss Gillies stated that there had been a workshop looking at these issues held this morning. This had considered the review against the standard and where the Board was at the moment and the learning from Health Facilities Scotland (HFS) and Health Protection Scotland (HPS) in terms of future proofing.
- 28.14 Ms Hirst made to point that it was important that, when the Board was looking for assurances around who made decisions about what, this was not part of a blame search. Mrs Goldsmith confirmed that this had been made clear at one of the first internal workshops. This was about trying to understand what had happened and what had gone wrong and not about apportioning blame.
- 28.15 There was discussion on the two awaited critical reports and if when available the Board would have the opportunity to review and discuss these with the report authors.
- 28.16 Mrs Goldsmith stated that the KPMG report had been commissioned by the Cabinet Secretary so would go there with NHS Lothian having the opportunity to review these for accuracy. It was likely that the report would be made public between the Cabinet Secretary receiving them and NHS Lothian having the opportunity to consider what the report said and any implications. This would be the same for the HFS/HPS review.
- 28.17 The Chairman thanked Board Members for the full discussion and the provided update was noted.

29. NHS Board Performance Escalation Framework: NHS Lothian Recovery Plan

- 29.1 The Chairman introduced the report advising Board Members that the Director-General Health and Social Care and Chief Executive of NHS Scotland had concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian been placed at level 3 of the NHS Board Performance Escalation Framework.
- 29.2 The Board now had to develop and implement a formal Recovery Plan with clear milestones. The report set out the six challenging service areas that require further improvement and presented the initial thinking of the Corporate Management Team on how best to direct the development of a Recovery Plan, and determine the nature of a package of tailored support to assist with its development and implementation.
- 29.3 The Chairman made the point that although there was no objection to the escalation which had taken place there was a view that the timing of the escalation could have been better. It was noted that plans had already progressed against a lot of the specified items which had now surfaced. The timing had now led to items being dictated by RHCYP+DCN issues and had placed an additional pressure on the already exacerbated leadership and management system. However the Board

should remain positive about engaging with the escalation work and the Scottish government.

29.4 The Chief Executive stated that this was a lengthy paper covering a broad range of themes. He outlined the key challenging areas:

- Mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- Cancer waiting times;
- Scheduled care;
- Unscheduled care;
- Delayed discharges; and
- Paediatric services at St John's Hospital

29.5 The paper set out all six of the key areas and the challenges involved. The biggest challenge was how to knit together a coherent whole system plan which would become sustainable in terms models of provision and meet Scottish Government and IJB performance targets.

29.6 Any whole system plan would need to pull together the Board, the four IJBs and the four HSCPs to develop single financial and workforce plans for a sustainable service covering the short, medium and longer term period. At the moment each area had its own plans.

29.7 The Chief Executive also highlighted that the paper included the proposition to appoint a recovery or improvement director at Board level and that this was a common appointment for health boards at level 3 escalation or above. A programme director would be commissioned to work alongside the Board's executive team, IJBs, HSCPs, and the local authorities to knit together a coherent plan across the totality of all agendas over 18 to 24 months.

29.8 The paper set out immediate work which was ongoing and also what was hoped to be achieved by March 2020. Focus was on particular target areas such as 4 hour performance, 62 day cancer target, Royal Edinburgh Hospital bed pressures and capacity and more inpatient provision and targeted discharge.

29.9 The Chief Executive commented that the next key date would be March 2021 where there would be more whole system and proactive engagement around IJB strategic plans, workforce plans and financial plans. This would see a move away from recovery mode to reliable business as usual sustainable services at April 2021, ahead of a new parliament and spending cycle.

29.10 Dr Donald welcomed the concept and approach behind the paper and asked where the Integrated Care Forum sat within this work. It was recognised that this was a new age where greater collaboration and working together better was needed. Dr Williams added that work within four of the six key areas lay with community services and wondered what resource implications would be.

29.11 Mr Ash made the point that it would be helpful if the Board could confirm the addition of the escalation of NHS Lothian on the NHS Board Performance Escalation Framework and the risks associated with the development and implementation of

the formal Recovery Plan to the NHS Board risk register, ahead of the Audit and Risk Committee (ARC) meeting later this month. Adding the new risk overlaps existing risks and it was recognised that the work already done would be kept in a hierarchical fashion and not duplicated.

- 29.12 ARC's Function was to confirm the degree of oversight the Scottish Government were taking in this process and not take away responsibility of existing governance processes. There would be an overview paper taken to the next ARC meeting.
- 29.13 Mr McQueen stated that this was an impressive and comprehensive plan, delivery of which depended on securing additional resources. Was there any learning being taken from other level 3 boards; when there was a plan to match against deliverables how would tasks be properly managed around that and how would the Board monitor that through what arrangements to ensure speedy interventions? The Chief Executive explained that learning from other boards in a similar situation had been largely around finance and that Lothian were the first board to be escalated due to performance.
- 29.14 Mr Murray confirmed that the paper was exactly what was needed to spell out the shared agenda. Mr Murray suggested that the next Board development session on integration presented an opportunity to revisit governance arrangements to check nothing had been missed. An added complexity to consider would be other public bodies' governance, sharing the need to attend to issues e.g. public health Scotland and community planning arrangements (since 2003).
- 29.15 Ms Hirst asked if a comparison between what it was intended now to do and what had previously been outlined in the Annual Operating Plan would take place. Mrs Mitchell endorsed the direction of travel and asked about the time frame around the ambitions.
- 29.16 The Chief Executive addressed some of the points being raised and confirmed that at this stage governance arrangements remained unchanged the biggest challenge was to develop the whole system approach. The issue was not about creating new committees or changing governance arrangements. The intention of the Integrated Care Forum was to be a reference point and sounding board where all partners talked about important principles and developing shared work could be presented. It should be noted that the Integrated Care Forum was not a detailed decision making governance body. There was already committee involvement through ARC and the Finance and Resources Committee.
- 29.17 The Chief Executive clarified that the Programme Director resource would be the only role with a genuine whole system remit and that the governance arrangements would probably need revisited as part of a whole system recovery plan.
- 29.18 The Vice Chair gave his support to the direction being taken which had been built upon over the last months. He hoped that this exercise going forward would allow for meaningful debate with the Scottish Government on the impact of a lot of these areas to develop a recovery plan within policy context. The accountability inconsistencies between the Board, IJBs and local authorities would need to be revisited. There would need to be parliament level join up as well as part of the whole system approach.

- 29.19 Consideration should also be given to how to move away from throwing short term money at things such as waiting list initiatives to seek sustainable and affordable long term solutions. The Chief Executive added that the Scottish Government would only consider medium to long term solutions if the short term pressures were being addressed. The long term agenda would be from 2021 onwards as this would be part of a new parliament and spending review.
- 29.20 Professor Humphrey asked about the support that would be required to deliver the Board's recovery plan and how the required skill set would be sourced in a timely way.
- 29.21 The Chief Executive reported on the current approach to appointing an overarching programme director, commissioned from a consultancy with extensive experience in the areas the Board was looking for. The programme director would work alongside the Board's executive team and report to the IJB Chief Officers and the Board Chief Executive. The Chief Executive also outlined the plans around the acute services programme and additional posts that would be supporting this work.
- 29.22 The Chairman welcomed the good discussion had around this item and suggested that Mr Murray's plan of taking the opportunity to revisit governance arrangements at the next Board development session be investigated further to see if the session could be retuned into something around a whole system approach and the adequacy of governance structures needed to make that happen.
- 29.23 The Chair also made the point that his weekly informal briefing sessions could also be a vehicle for updating on developments with the programme board and the framework of escalation factors.
- 29.24 The Board agreed to note the placing of the board at level 3 of the NHS Board Performance Escalation Framework; the 6 challenging service areas where further improvement was required; the initial thinking of the members of the Board's Corporate Management Team in formulating a whole system Recovery Plan that would include the NHS Board, the 4 IJBs/Health and Social Care Partnerships working collaboratively with each other and with our Council partners to achieve performance improvement and noted the CMT's initial conclusions on the nature of the tailored package of support which would be made available to the Board to support the development and implementation of a formal Recovery Plan.
- 29.25 The Board agreed to receive a further report on progress with the Recovery Plan at the October Board meeting.

30. Waiting Times Improvement Plan (WTIP)

- 30.1 Mrs Campbell updated the Board on progress in developing NHS Lothian's response to the national WTIP; the Scottish Government financial allocation and capacity allocations and provided details of performance against agreed trajectories for 2019/20.

- 30.2 There was discussion on AOP trajectories; cancer 62 day standard performance; endoscopy investment plan; bowel screening performance; urology pressures redesign work; access to new theatres at Forth Valley as part of the national elective centre work; risk around the RHCYP+DCN delayed move and the impact of consultant pensions and tax implications on waiting list initiatives.
- 30.3 Mrs Campbell reported that the Scottish Government had commissioned the North of England Commissioning Support Unit for 5 weeks and that the Waiting Times Improvement Programme Board was reviewing its terms of reference to link in to sustainability moving forward and not just looking at recovery. The Programme Board would also look at technologies, innovation and alternatives to attendance.
- 30.4 Mr Murray asked if the number of people offered appointments out with the NHS Lothian area who then take these up was known. Mrs Campbell undertook to provide this information.
- 30.5 The Board noted the current performance against agreed AOP trajectories and accepted the report as a source of limited assurance that in June 2019, 75% of eligible patients were seen within the Inpatient/ Day case 12 Week Treatment Time Guarantee (TTG). The Board requested that future reports include a specific note on TTG
- 30.6 The Board also noted that of the £21.5m of non-recurrent funding, £18.9m has been committed to date and is reflected in submitted AOP trajectories, and that as agreed by the Board on 26 June 2019, remaining funding is being used for recurrent investment in high risk services. Trajectories will be updated aligned to this recurring investment. In addition NHS Lothian had been allocated £900k of non-recurrent funding to support improved cancer performance. Further performance improvement additional capacity support options had been identified and submitted to the Scottish Government Access Team on 18th July, for review and additional funding.
- 30.7 Finally the Board noted that Scottish Government had engaged the North of England Commissioning Support Unit to undertake a deep dive, focussed piece of work primarily focussed on 12 week TTG performance for five specialties: Orthopaedics, Urology, Colorectal, General Surgery and Vascular and acknowledged that issues arising from the delayed move of the Royal Hospital for Children and Young People may impact patient waiting times within Paediatrics, Diagnostics and the Department of Neurosciences.

31. Financial Position to 30 June 2019

- 31.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 3 and progress being made to deliver a balanced position in 2019/20.
- 31.2 Mrs Goldsmith made the point that the finance team were currently concluding the month 4 position and the quarter 1 review was underway at the moment. It was hoped that the assurance level would be able to be increased shortly with the caveat that any impact from the RHCYP+DCN challenges were not yet known.

- 31.3 The Vice Chair added that the last Finance and Resources Committee (F&RC) had received the financial report offering limited assurance prior to the RHCYP+DCN issues. The next (F&RC) would provide the opportunity for fuller consideration of the position.
- 31.4 The Board agreed to accept the report as a source of significant assurance that the F&RC had received and accepted a report highlighting the key areas for financial improvement in order to achieve an in-year balanced outturn, and accepted that limited assurance remains in place at this stage for the achievement of breakeven by the year end, based on the month 3 position. The F&R Committee had accepted this level of assurance.

32. Corporate Risk Register

- 32.1 Miss Gillies introduced the corporate risk register report for the Board's assurance and highlighted three particular areas to the Board:
- The addition of a risk related to the issues around the delay in moving to RHCYP+DCN
 - Risk around Level 3 Escalation
 - Escalation Recovery Plans delivery
- 32.2 Miss Gillies confirmed that two of the Board's Governance Committee had been involved in relation to the RHCYP+DCN delay. The Finance and Resources Committee (F&RC) had oversight of the business case for the original building and rectification work and the work to be done around clinical impact on patients was being reviewed by the Healthcare Governance Committee (HGC). Mr Ash added a point about the risks being kept in a hierarchical fashion which would need to be discussed with the Board's Audit and Risk Committee (ARC).
- 32.3 Miss Gillies also addressed concerns over the wide scope of the HGC. It was noted that the HGC reporting template was being amended in order to include specific questions related to risk and the actions take to mitigate these. The new template would be introduced from the 10 September HGC meeting.
- 32.4 Mr McQueen stated that the questions in the new template appeared to be pertinent and critical and he asked if the template was only for HGC as it may be useful to think about applying the questions to the templates of other committees that were validating levels of assurance. The questions get to the heart of how Non Executive Board Members believe what is said in a paper will be realised and make a difference.
- 32.5 Miss Gillies stated that the work on the template was trying to address the point made by Board members as part of the assurance statement. Professor Humphrey confirmed that focus had been on patient safety aspects and risks to patients but accepted that discussions could be broader than that. It was noted that the Corporate Risk Register would be at the end of the agenda at HGC meetings to give an opportunity for reflection on any impact to the register at the end of meetings.

- 32.6 Dr Williams asked about risk 3829 relating to GP Sustainability which remained high risk. Dr Williams made the point the GP Sustainability has not been considered by the Board for some time and that GP Sustainability (care in the community) was part of the 2020 vision which remained to be achieved. Miss Gillies replied that there had been discussion on this at HGC and that she would be happy to bring a report back around GP Sustainability.
- 32.7 The Board recognised that GP Sustainability was not just about GP recruitment and retention but also covered the new primary care contract and monitoring the impact of the new contract. The Chairman suggested that the appropriate route would be for a report to come to the Board via the Strategic Planning Committee. Professor McMahon added that Mr David Small had produced a paper for the last HGC meeting which would help to inform the report to the Strategic Planning Committee.
- 32.8 The Board agreed to
- accept a new risk on the Corporate Risk Register associated with the delay in providing clinical care at the Royal Hospital for Children & Young People (RHCYP) and Department of Clinical Neurosciences (DCN) on the Royal Infirmary of Edinburgh campus;
 - accept a new risk on the Corporate Risk Register associated with the delivery of NHS Lothian's Level 3 Recovery Plans;
 - accept the new Brexit risk had received moderate assurance from the July 2019 Healthcare Governance Committee (HGC).
 - note the HGC had agreed to embed a set of questions into the papers to improve identification and response to risks to quality of care.
 - accept that a range of workshops and one-to-one meetings had taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations.

33. NHS Lothian Winter Planning and Interface with IJBs

- 33.1 Mrs Campbell introduced the report providing the Board with an update on the process undertaken to develop the Winter 2019/20 strategy and engagement with the IJBs. The paper covered how whole system working had been strengthened as part of this process. Planning for this had been based on last year's experience and recommendations from the internal audit. This had changed and strengthened the criteria focus on integration and whole system approach.
- 33.2 The Vice Chair asked whether the imminent retiral of the West Lothian IJB Chief Officer would impede the progress of this year's plan. Mrs Campbell confirmed that in terms of the unscheduled care committee it had been agreed with the Chief Officers that an IJB Chief Officer would chair this group.
- 33.3 There was discussion around the criteria used to assess winter plan bids; bed based modelling; need for capacity; urgency of support and the ability to commission and open beds/wards quickly.
- 33.4 Mrs Campbell stated that winter planning has progressed and the principles around the criteria were right just now but there had to be an optimum staffing model behind that.

33.5 Mr Murray asked about the need for a bidding process and if this sat within the strategic planning context. Mrs Campbell confirmed that funding was non recurrent and there was a move away from bidding towards a whole system approach, managing patient flow safely and building on work that had a positive impact in previous years.

33.6 The Board agreed to accept the report as a source of moderate assurance that the Unscheduled Care Committee is developing a robust, inclusive winter strategy through learning from previous winter initiatives.

34. Date and Time of Next Meeting

34.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 02 October 2019 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

35. Invoking of Standard Order 4.8

35.1 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.

Chair's signature, 02-10-19