

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 8 January 2020 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Mr A McCann; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Professor M Whyte and Dr R Williams.

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

In Attendance: Mr C Briggs (Director of Strategic Planning, for item 65); Mrs J Butler (Director of HR & OD); Mr J Crombie (Deputy Chief Executive); Dr B Hacking (Director of Psychology, for item 63); Mrs N Jones (Strategic Programme Manager, for item 63); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications and Public Engagement); Ms T McKigen (Site Director, for item 63); Mr D Pickering-Gummer (General Manager, for item 63); Mr D Small (Director of Primary Care Transformation, for item 64) and Mr D Weir (Business Manager, Chairman, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Mrs J Campbell, Mr M Connor, Professor T Humphrey; Cllr G Gordon and Dr S Watson.

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 Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. In addition he welcomed Mr Briggs, Dr Hacking, Mrs Jones, Mrs McKigen, Mr Pickering-Gummer and Mr Small to the meeting advising they would be inputting in to particular parts of the agenda.

In addition the Chairman on behalf of the Board extended a warm welcome to Mr Crombie who had returned to work following a period of sickness leave.

61. Items for Approval

- 61.1 The Chairman sought and received the agreement of the Board to agree items 2.1 – 2.4. The following were approved.

- 61.2 Minutes of previous Board meeting held on 4 December 2019 – Approved.
- 61.3 Appointment of Members to Committees – The Board agreed to appoint Mr Bill McQueen to the Strategic Planning Committee with immediate effect and to nominate Dr Patricia Donald as voting member of East Lothian Integration Joint Board with effect from 1 February 2020 to 31 January 2023.
- 61.4 Healthcare Governance Committee minutes 10 September 2019 – Noted
- 61.5 West Lothian IJB (Integration Joint Board) minutes 10 September 2019 – Noted

Items for Discussion

62. Opportunity for Committee Chair or IJB Lead to Highlight Material Items for Awareness

62.1 No material items were reported.

63. NHS Lothian Recovery Plan Update

- 63.1 Mr Lock advised that it was his intention to provide a brief overview of the paper which included validated performance data over 6 specific items in respect of performance over the festive period. He commented in terms of the current process that since the previous NHS Board meeting there had been no further feedback from the Scottish Government in respect of NHS Lothian's escalation status. It was reported that a final recovery plan meeting was scheduled with the Scottish Government for 23 January 2020 and at that point it was hoped that a positive outcome would be obtained in respect of the escalation position. Mr Lock commented notwithstanding this that there still remained significant performance challenges in unscheduled care. The corporate risk register has been updated to reflect the risks specifically associated with the recovery programme and would be subject to ongoing review and update by the Recovery Programme Team. It was important to recognise that there were other performance areas that were not recovery based and that update reports on these would come forward on a quarterly basis.
- 63.2 Mr Lock commented that for the current Board meeting the themes of recovery would be around unscheduled care, scheduled care and mental health and learning disabilities. He commented that for the current meeting that particular focus would be on unscheduled care and that for the following Board meeting the focus would be around scheduled care. A detailed update would be provided at the current meeting on mental health and learning disabilities with it being proposed to provide an update to the Board every 3-4 months on this area.
- 63.3 The following performance updates were provided.
- 63.4 Unscheduled Care – Mr Lock advised that the matrix detailed in the paper commented that broadly speaking that there had been no significant changes since

October with the exception of the 4 hour waiting time position. It was reported that new data was now available that provided contextualisation in respect of variation against a backdrop of increased attendances last year with it being important to notice that NHS Lothian was not alone in the Scottish context in respect of Emergency Department (ED) performance. Mr Lock advised that the November performance moving into December had shown an increase in 8 and 12 hour breaches which effectively replicated broader system pressures and exit blocks with there currently being an increased focus on improving flow against a backdrop of significant activity. It was noted that a management team was in place and were taking workstreams forward. In terms of increased capacity the new East Lothian Community Hospital had opened with there being space on the top floor for 10 beds which would reduce pressure on the Royal Infirmary of Edinburgh (RIE). In addition additional beds were available at the Western General Hospital (WGH) in respect of the opening of ward 15. The Board noted however that there was a possible tension about opening beds and then being able to close them at a later stage.

- 63.5 The Board noted that there had been additional investment by Health and Social Care Partnerships (HSCPs) in respect of home first practice at the RIE and WGH as well as the creation of flow centres. It was noted that further winter plans would come on stream in December / January which would result in different staffing being in place. Mrs Mitchell commented in respect of paragraph 3.10 of the circulated paper and the reference to variation that occurred on a daily basis that she would welcome a flavour of the analysis provided to explain erratic performance to be included in the February Board paper. Mr Lock advised that the issue was about understanding drivers and improving reliability of performance and that work was underway with respective teams to address this position. He commented that it might never be possible to get to the root of the issues although it would be important to bring thoughts and ideas around this important area to the next Board meeting. Mr McQueen commented in respect of daily variation whether NHS Lothian as a learning organisation did not have access to learning / data and questioned whether the system would ever get to the root of the position. He commented that despite a mild winter that performance had deteriorated and that if the weather worsened that this would be an issue of concern.
- 63.6 Mr Lock commented in respect of variation on a daily basis that this reflected volume, complexity and pressures on the system. He concurred that it might never be possible to get to the root cause given that the issue was multifaceted although he felt there was a need to better understand the facts and their consequences. Mr Crombie advised that Mr Lock's appointment brought to the system the ability to have time to dedicate to look at specific issues and to undertake dedicated analysis.
- 63.7 The Chief Executive commented in respect of the multifaceted point that the process was about flow which often started with people contacting primary care. He commented thereafter things needed to happen simultaneously to ensure patient flow was enabled including physical buildings and staff availability. He commented all parts of the system needed to work to enable smooth flow and if at any point one of the gateways was not operating optimally then this might cause a blockage in the system. He commented at St John's Hospital (SJH) prior to Christmas and before access to the new space in the new year performance had been better prior to the additional space coming on stream. This might be as a result of a blockage in the system elsewhere for example in delayed discharges resulting in flow being slowed

down at the back door of the organisation. He commented in terms of the multifaceted approach the system needed to get all gateways functioning simultaneously and currently there was not sufficient total capacity in this system and until this position was resolved the difficulties would remain.

- 63.8 Mr Murray questioned whether there were too many specialties within the system for its own good. Mr Hill commented in terms of the complexity described by the Chief Executive that in terms of redesign it would be important to consider the appropriateness of reducing the number of gateways and to stand back and take stock around the need for the various gateways although he currently did not know how to do that conceptionally. The Chief Executive commented that the biggest correlating factor impacting on performance was the size of individual departments with it being noted that the biggest centres in Scotland were performing worst largely as a consequence of smaller centres being able to process patients quicker.
- 63.9 The Chairman commented in respect of a question raised by Mr Hill that it was pertinent that the Board should seek assurance that the work being undertaken by Mr Lock and his colleagues was addressing the underlying issue. He commented that it was largely for this reason that more regular Board meetings had been implemented in order to scrutinise and seek assurance around the recovery plan and other aspects of performance. The Chief Executive commented that in debate to be held later in the meeting around the Annual Operational Plan (AOP) that a lot of the issues expressed by colleagues would be covered in more detail. Dr Williams advised that he was delighted that a deep dive approach was being undertaken and questioned whether the system was mature enough to look at the possibility of revisiting previous decisions for example the closure of smaller units. The Chief Executive commented that the system would be unable to staff smaller units. Mr Hill commented that he felt that in many instances patients required generalist treatment and he felt that there was a need to be clear about the delineation of specialism. He commented that there was a need to consider whether the system was making best use of the people available to it. The Chairman commented that performance recovery in the first instance was about immediate actions to get the system deescalated from its current performance status and that he felt that service transformation was a different issue.
- 63.10 Professor Whyte commented that whilst gateways in the system could be barriers that they also ensured that specialist care was available where it was needed although it was easy to over provide rather than divert people more appropriately. She commented that the key issue was about where generalist and specialist care was required. Ms Gillies commented that in the shorter term work was under way to look at variation in terms of patients referred for assessment with it being noted that there was a need for better consistency in respect of diagnostics and to reduce gateways albeit this was dependant on capacity. She felt that there was also a need to broaden the workforce with it being noted that NHS Lothian had recently appointed physician associates. The point was made in respect of the December 2020 targets set by the Scottish Government that there was a need to work back from this deadline and identify areas of vulnerability and reflect these in future Board papers in order to provide assurance around appropriate mitigation. Mr Lock advised this process was already underway for the scheduled care programme and also in respect of the mental health team. The Chief Executive commented that the AOP to be discussed later in the agenda and also in the private session would cover

in more detail issues around this. He commented however that elective capacity largely depended on the level of resource on the table.

- 63.11 Mr Murray commented in respect of the risk register that he had questioned what the system thought it was able to provide and that if current constraints remained what a sustainable solution would look like. He also questioned what Chief Officers would say in respect of community aspects in respect of getting flow correct. He questioned whether even if the NHS system managed to get the numbers correct whether there was clear evidence that other parts of the system were working together and were able to evidence this. Professor McMahon suggested that this issue would be discussed under the AOP in the private session later in the day.
- 63.12 Scheduled Care – Mr Lock provided an update in respect of outpatients, treatment time guarantees (TTG) and cancer waiting times. It was noted in respect of inpatient TTG that the system remained on track. The outpatient position had reduced in November and was currently now ahead of trajectory. The position in respect of cancer waiting times was broadly unchanged although significant work was being undertaken behind the scenes. It was noted in respect of cancer that weekly meetings were being held with the Scottish Government and that work was underway to address the current backlog.
- 63.13 Mr Crombie spoke to the circulated paper advising that it replicated the format seen previously by the Board. He advised that there continued to be pressure on outpatient performance albeit a month on month improvement had been seen with a reduction of 1000 cases against the October position although this was subject to validation. Despite this there remained a pressure in this area.
- 63.14 Mr Crombie commented that several specialties had reported challenges in meeting trajectory capacity assumptions due to workforce issues as well as increases in demand over and above levels declared within AOP plans. It was noted in terms of reduction in waiting list initiatives that work undertaken at midyear indicated that there had been a 11% reduction in waiting list initiative activity against original plans. The most significant impact had been seen in colorectal, urology, ENT and general surgery.
- 63.15 The Board were advised of mitigating actions taken to address these issues as there remained a significant mountain to climb in respect of the remaining 23695 patients on the waiting list. It was noted that increases to capacity were being factored in to the equation.
- 63.16 The Board were reminded that there had been concern at the beginning of the year around delivery in respect of urgent suspicion of cancer with the position now having moved to 8-16 days for people waiting for a colonoscopy and 7 days or less for an endoscopy. It was noted that a targeted focus had been made in respect of the most vulnerable patients. Mr Crombie advised that the inpatient and day case position was positive with the prediction being below trajectory. He commented however that the TTG impact was a real issue and steps taken elsewhere would result in a wave of TTG demand. Elective cancellations to support unscheduled care delivery were discussed.

- 63.17 Mr Crombie advised in respect of radiology that there had been an impact in not being able to run the service out of hours and that there would be a need to put radiographers on shifts once they were recruited. The impact of Christmas was detailed to the Board.
- 63.18 Mr Crombie advised in respect of cancer performance that whilst the 31 day position had not been a significant concern the 62 day performance was the issue of most risk. There had been a 5.4% improvement in performance related to a focus on endoscopy with further areas of focus being considered.
- 63.19 The Board were advised in respect of the Edinburgh Dental Institute (EDI) that there remained a further evolution of issues and that the integration to Trak had now happened.
- 63.20 The Board noted that the Waiting Times Improvement Programme Board continued to oversee the programme of work of the current recovery phase, implementation of WTIP for the end of March 2021 and the longer term sustainability actions.
- 63.21 Mrs Butler in response to a question from Mr McCann updated on the position in respect of the temporary changes in tax that would be in place until 31 March 2020 advising that this related to HMRC policy and was not within the remit of NHS Lothian given that it was a UK treasury issue. She commented that she was aware that discussions were ongoing on a UK wide basis. It was noted that work had been undertaken on an East Regional basis with KPMG to better identify the risk to the workforce in terms of the potential impact of pension and taxation in order to better assess risk and inform future planning.
- 63.22 Mrs Butler advised that NHS Lothian had participated in the international recruitment event hosted by NHS Scotland in respect of radiologist and anaesthetists. Professor Whyte questioned whether the system maximised the opportunities afforded by virtual clinics and the distance screening of issues like skin lesions. Mr Crombie commented that further work was needed in this area and updated on a dermatology project which demonstrated real technological opportunities.
- 63.23 Mrs Hirst advised that she would welcome more information around feedback from patients and families particularly in respect of whether they were able to attend outpatient appointment and whether technology could help in this respect. She commented that it would also be important to find out why people were not keeping their appointments. The Board were advised that a 2019 outpatients survey had provided some important intelligence in this area and that a pilot minor injuries unit initiative was about to commence to test some of the issues discussed. The point was made that more elegant patient and public engagement was relevant. The Chief Executive commented that part of the recovery agenda would be to look at aspects like artificial intelligence and robotics. He commented that NHS Tayside had adopted an approach around this position although this had been difficult to implement in Lothian for a variety of reasons.
- 63.24 The Chairman questioned whether recovery plans were addressing these issues. The Chief Executive commented that this was not currently the position although this would need to change. Dr Donald advised that she felt that the recovery planning process allowed the opportunity to look down on the position from a more strategic

perspective and to flatline performance away from current mountainous peaks as there was clearly a need to do things differently.

- 63.25 Cllr O'Donnell commented on the need to continue to engage with GP practices and patient participation groups who were good sources of feedback. In response to a further comment Mr Crombie provided an update on the position in respect of the endoscopy improvement. He advised that there was a need to move to a position where patients were seen within 7 days and commented on issues in respect of direct access to diagnostic services.
- 63.26 Mr Murray commented in respect of issues raised about the need to make changes in the radiographer rota and issues around difficulties in accessing services during predictable holiday periods that other emergency services would consider these to be part of normal working days. Mr Crombie commented that this was a good point and advised that the CT issue was elective and access could therefore be closed down. He commented however in respect of urgent suspicion of cancer that CT and MRI services still continued to work over these periods in order to ensure that emergency issues were addressed.
- 63.27 Mental Health and Learning Disabilities – The Chairman welcomed Mrs McKigen, Dr Hacking, Mr Pickering-Gummer and Mrs Jones to the meeting with it being noted that they would provide a presentation based largely around patient focus booking and the cognitive behaviour therapy (CBT) computerised approach.
- 63.28 Professor McMahon commented that the attendance of colleagues and the presentation would provide an opportunity to give the Board more oversight of what was happening within mental health and learning disability services. He advised that work was underway looking at systems and processes as well as the option of using technology in addition to supporting people into psychological therapies and child and adolescent mental health services (CAMHS).
- 63.29 Mrs McKigen provided an update in respect of adult acute mental health beds advising that since August 2019 that no patients had been inappropriately placed. She advised that a report was submitted to the Mental Welfare Commission on a monthly basis. The Board noted that this continued to be an area of challenge and was monitored on a daily basis.
- 63.30 Professor McMahon commented that the position was showing an improving trend largely as a consequence of the introduction of the new management team and the focus on working better with the 4 HSCP's. Professor McMahon advised that the first meeting of the Programme Board had been held earlier in the week and a very positive discussion had been held around the need for collaboration.
- 63.31 Mr Hill commented that he was delighted to hear about the impressive progress in respect of the Royal Edinburgh Hospital (REH). He sought an update in respect of the impact of the changes on clinical and treatment regimes and current policies in place as well as seeking assurance that there was satisfaction that these were not impacting inappropriately and whether the position was bench marked. Mrs McKigen advised that patients and staff now felt safer and that staff were encouraged that they were able to spend more time with patients. In addition the Patients Council had responded positively. She advised that the management team continued to look

at issues like readmission rates. In terms of benchmarking the Board was advised that NHS Lothian had the lowest numbers of acute beds and the lowest level of stay in Scotland albeit this had always been the case.

- 63.32 Dr Williams commented that he was pleased to receive this reassuring good news and referred back to previous discussion around the need to revisit previous decisions particularly in respect of whether the REH had access to enough beds and whether the additional beds were being provided on a permanent basis. Professor McMahon commented that performance was currently at 90% and that any acute hospital would welcome that position. He commented in respect of phase 1 of the REH development that the commissioning of community rehabilitation services in Edinburgh had taken around 1 year to come on stream and had not yet made a significant impact. He commented that a major feature of the process moving forward would be to ensure that an appropriate community response was in place from the 4 HSCPs prior to new facilities opening. He advised that a 15 bedded facility had been built for contingency and resilience purposes although it was hoped to find capacity to bring the position back down to the required number of beds. He commented that not all beds were currently funded and this was an issue.
- 63.33 Professor McMahon in response to a question in respect of measuring the impact of investment advised that this was multifaceted area and that the quality initiative and data as well as better working with HSCPs would bring a different discipline. Mr McCann commented that it would be important to replicate lessons learned at the REH. Professor McMahon assured the Board that phase 2 would take on board lessons learned particularly in respect of the need to ensure that community resources were in place prior to the opening of the new facility in order to move to the reduced bed number.
- 63.34 Mr McQueen questioned whether there as an understanding of why the estimation of bed numbers had been wrong in the first instance and again sought assurance that lessons had been learned. Professor McMahon advised that the fundamental issue was that the proposals had been predicated on the basis of no delayed discharges and this would not be a feature of the phase 2 development. The Chief Executive advised that there had actually been an increase in bed numbers between the publication of the outline business case and the final business case in recognition of concerns that bed numbers were tight. He commented that with the benefit of hindsight that bed numbers perhaps should have been increased further. The Board were advised that there had always been a view that further phases of the REH reprovision would be able to address issues that became evident in respect of phase 1. The Chief Executive commented that it was important to remember that the initial business case had not been affordable and that the revenue to support beds had not been adequate with this issue having been fully discussed at the Board. It was noted that the provision of an additional 15 beds was not a reality in terms of the resource available. The Chief Executive commented that again there was an issue about the need for capacity across the system. He commented that an immediate impact had been evident at the REH with increased bed numbers having increased flow. He commented that if this position was contrasted to the unscheduled care debate then the Royal Infirmary of Edinburgh was currently operating at a 97% occupancy level which provided no headroom and in that respect it would be important to learn lessons from the REH experience.

- 63.35 Mr Murray questioned what the projections, if any, were in respect of the Scottish Governments action 15 proposal to increase mental health support as well as the potential impacts of patient flows both in and out of the service. Professor McMahon advised that this would be covered as part of the CAMHS debate with connections being made to maximise resource and consider potential impacts on plans. The Board in general welcomed the better integration and collaboration with HSCPs. The percentage impact of the additional beds were detailed to the Board.
- 63.36 Mrs McKigen in response to a question advised that most acute patients did not come in to the REH with a package of care. The position was different in respect of rehabilitation and older patients. Professor McMahon commented that learning disabilities was an area where if support packages broke down then the impact was catastrophic and that this would be a key component of future phase 2 planning. It was noted that the impact of the new arrangements at the REH had made it easier to recruit staff.
- 63.37 Adult Psychology Overview – Dr Hacking provided the Board with a detailed presentation of key actions being undertaken in respect of the adult psychology service including a situation of analysis and computerised Cognitive Behavioural Therapy (CBT). It was noted that the key actions were around the standardisation of processes, standardising operational plans as well as a phased implementation and revised job planning by HSCPs starting with West Lothian. Additional recruitment had also been made in Midlothian and Edinburgh. A single central waiting list for the administration of longest waits and Edinburgh had been created. In addition there had been an expansion of computerised CBT and other digital interventions. It was noted that in terms of the projected December 2020 performance that this was expected to be around 77-79% as well as reducing those patients waiting more than 18 weeks.
- 63.38 Mr Murray commented that his question also impacted and overlapped on the CAMHS debate and referenced the fact about whether the system knew the impact of people not being seen within the prescribed time and whether their conditions improved or deteriorated. It was noted that the Board did not keep contact with everyone on the list and that some peoples conditions might change because of other factors and this might include a deterioration. The Board were assured however that there were mechanisms for GPs getting back in touch with the service to obtain escalation if patients conditions merited this and in that regard it was important to recognise that people were not always seen in chronological order as groups of people might get prioritised for early intervention if they met appropriate criteria. Mr Murray questioned how achievable it would be to review and contact people on the list. Dr Hacking advised that there were a range of other organisations and areas where patients could link in to the service including the use of computerised CBT. It was noted with so many people waiting it was difficult to provide constant input on an individualised basis.
- 63.39 Mr Ash commented that in the past he had been engaged with a process of increased access to psychological therapies which had resulted in increased referrals meaning that a number of organisations had gave up on this model. He commented however that those who had persevered had experienced additional capacity improvement and good community intervention. He questioned whether the proposals outlined in the presentation would result in opening up increased demand.

Dr Hacking advised that she recognised the value of increased access to psychological therapies services that these provided greater clarity around pathways with people engaging in simpler effective interventions in the build up to more complex requirements. She commented that this would be reflected as part of future redesign although there was a need to work out a reasonable process albeit this was in her mindset to progress. She commented that there would always be a group of individuals who would never need to move to higher level interventions. Dr Hacking advised that there was always an issue about increased demand when new models were introduced. She felt that there was a need to consider a more public health type of approach to manage demand for specialised intervention.

- 63.40 Dr Donald advised that the transformation of primary care included the employment of practice mental health nurses into the team and this had resulted in increased work load which could not currently be met. She advised that she had visited GP clusters where there had been concerns raised in respect of mental health about the 'knock back' of referral letters and in that regard she welcomed the standardisation of procedures and criteria. Dr Hacking advised that there was a need to work on a collaborative basis about what constituted a referral and there was a need for greater clarity with GPs around this position. It was noted that a GP practice audit was being undertaken.
- 63.41 Mrs Ireland commented in respect of fixed term contracts that it would be important to learn lessons from the CAMHS service where it had been demonstrated that this was an inhibitor to positive performance. She commented that the organisation should consider taking a risk and recruiting to substantive permanent posts. Professor McMahon advised that the investment principle around this had been discussed and agreed with Chief Officers and that a recurrent investment programme would be adopted moving forward. Mr McQueen commented in respect of the process of engaging with clinical leads whether this challenge was different in Lothian from other parts of Scotland. Dr Hacking advised that the opportunities and tensions were not different and work had been underway with other Health Boards for some time albeit they had lighter case loads. She commented that a key issue was around cultural change and that people were always ambivalent about this with there being a need for colleagues to understand the improvements and benefits of the change process.
- 63.42 The Chief Executive commented that in terms of the complexity of stakeholder engagement that it was important to recognise the following nuances. In terms of adult services NHS Lothian managed services that were strategically commissioned by IJBs. In respect of psychological therapies and this service was managed by HSCPs and strategically planned and advised by them. The position in respect of CAMHS was different with NHS Lothian being the only stakeholder with total responsibility. He commented therefore that it was critical that plans for phase 2 etc at the REH required robust HSCP engagement.
- 63.43 CAMHS – Mr Pickering-Gummer provided a presentation on the CAMHS overview providing details of a situational analysis as well as the development of a strategic plan. A full resume of key actions was provided including the recruitment of additional psychology, administration and occupational therapy support, service diagnosis, stakeholder engagement / review, reshaping CAMHS service and the building of an internal and external campaign around CAMHS with an accompanying

communications strategy. The final part was the progression of a CAMHS digitalisation project (TRAK).

63.44 Mr Murray commented that discussion had been held around stakeholder engagement and access to a QI project. He advised that he assumed in terms of consultation with the community setting that a child's referral was much less likely to be challenged than an adults by general practitioners and questioned therefore what the engagement process needed to be to address this. Mr Pickering-Gummer advised that a process would be undertaken in terms of the consultation exercise to engage with GPs, HSCPs and other corporate parties to discuss key questions. In terms of GP pushback it was agreed that GPs would be consulted with at each stage of the process. Mr Pickering-Gummer stressed that communication would be important to ensure that no false expectations developed. Professor McMahon advised there would be a requirement to rebrand what tier 3 services were as well as also being clear about tier 1 and 2 services. He advised that community and schools planning and communication would be an important part of the process.

63.45 Dr Williams commented that there was a significant issue in primary care in respect of the development of allied health practitioners and psychological health and wellbeing services. He commented that a significant amount of the longer term case handling was due to the need to monitor medication. He commented that it would be important to reflect on the impact of the extended primary care team. Professor McMahon advised in terms of school councils and school nurses that the assumption was that they would deal with tier 1 and 2 patients. He commented in terms of patients with AHD and autism that there was a need to reflect on the prescribing issue as this was currently only undertaken by consultants. He stressed that there was a need to knit together an understanding of who was doing what and to clarify appropriate referrals.

63.46 Dr Williams advised that he was not aware of any evaluation being undertaken on the impact of new people in to the primary team either nationally or locally. He commented that he felt there would be benefit in undertaking such an exercise locally. Professor McMahon commented that there was a need to get better at comparing patient feedback and that this would be an important part of the communication process. Professor McMahon reiterated previous comments about a renewed sense of collectiveness amongst the 4 HSCPs as well as shared responsibility and collaboration and he felt that this was encouraging in terms of the system coming together. It was agreed that a further update report on mental health and learning disabilities would be made to the Board in 3-4 months times.

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

64. Operational Performance throughout the Festive Period

64.1 The Chairman welcomed Mr Small Director of Primary Care Transformation to the meeting advising that he would provide an overview of the festive period from a primary care perspective.

64.2 Mr Small advised that the presentations main focus was around the general practitioner out of hours services although it would also touch on in-hours general

practice during the festive period. The Board were provided with an update on the care home service which involved planned visits to care homes by practices to improve quality and prevent admission and calls to the Lothian Unscheduled Care Service (LUCS). This service had run on 22, 26 and 29 December and had involved 26 practices, 48 care homes and 1700 residents. In addition a festive practice had been established which had run on a day time service basis on the 1 and 2 January 2020 and had seen 41 patients in total. It was noted that this activity had been quieter than in the previous year. In addition a GP had been located at the Royal Hospital for Sick Children and had seen 16 patients in total which was a reversal of normal proportions with the A&E being quieter than normal.

- 64.3 The Board also received an update on the LUCS festive operation which had operated at the RIE and SJH on Christmas day. This had included an enhanced home visiting service. During other days in the festive period a normal based service had applied throughout. A breakdown of Christmas and New Year activity was provided which included details of patient sources. In terms of staffing the service it was reported that recruitment challenges remained and that despite earlier predictions that some bases might have to close that all bases had opened as planned thanks to a huge effort by the LUCS team. It was noted that there was a particular vulnerability around nurse practitioners in respect of vacancies and sickness.
- 64.4 In summary Mr Small advised that daytime practices had seen 80-90,000 patient contacts whilst LUCS had received 6256 contacts. It was difficult to compare festive periods but the demand on LUCS was typical. It was noted that NHS24 were resolving higher proportions of calls without using LUCS. As previously commented there were staffing challenging within LUCS with a continuous effort being made by the team to maintain services.
- 64.5 Mr Small in response to a question from Mr Murray commented that the sustainability of the LUCS service was dependant on doctors and nurses with there currently being a doctor base with a desire to move more to a more nurse practitioner model which would require training to be undertaken. It was noted that a shared training programme had been agreed with HSCPs as well as shared staffing appointments into LUCS and other initiatives elsewhere in the system particularly in East Lothian. It was estimated it could take up to 5 years to get to a stable cohort of nurses. The point was made that there was need to look at terms and conditions that NHS Lothian could influence in order to enhance and stabilise the staffing position although it was recognised that many of these were nationally set and incapable of local influencing. Mr Small advised that work moving forward was being undertaken on the assumption that the HSCPs would wish to maintain the current 5 bases and a collective view on the funding issues around this would be required.
- 64.6 Dr Williams advised that it was reassuring that things had gone well over the festive period albeit it had been a relatively easy one in terms of winter weather pressures. He observed in terms of the percentage of attendances ending up at the ED that in the past patients would have been referred directly to wards and therefore in that respect the data might be slightly misleading. He felt that it would be important to look underneath the figures and see how many patients could have waited for treatment as he felt there was a need to educate patients in that regard. Mr Small

advised that a pilot exercise would be undertaken around the psychiatric nursing out of hours service over the course of the next year.

- 64.7 Mr Hill commented that it was important to recognise that albeit it had been a relatively quiet weather scenario over the festive season that it had still been well managed. He questioned what work had been undertaken in respect of the potential for NHS24 to do more in the future. He commented also that there had been no influenza over the festive period and that he had been advised there had been a poor uptake of vaccine. He felt that there was a need to work through such a situation in future. In terms of NHS24 it was noted that a musculoskeletal and mental health service was provided by them. The point was made that influenza performance was relatively static if the 2009/10 was factored out. Professor McCallum advised that there had been an early onset of influenza that had suggested that another 2009/10 outbreak position might occur. She stressed that there was still the possibility of a second peak with there being cases of acute respiratory infection within the system. She advised that her team were looking at local data. She commented however that the larger area of impact was the delay in access to the children's vaccination. The Board were advised by Professor McCallum that the uptake of the flu vaccination by staff and patients appeared to be good although she was happy to discuss this with Mr Hill off-line.
- 64.8 The point was made that patient demand for services was traditionally low over the Christmas period partly as a result of more family support being available as people came together which was not a factor of modern day society in general.
- 64.9 Mr Ash questioned whether there was any scope for professional research to be undertaken rather than relying on speculation given the level of investment in this area. He felt that a professional market research exercise into people's behaviours would be of benefit. Mr Small recalled that some qualitative research had been undertaken a number of years ago although he would capture the suggestion made by Mr Ash.
- 64.10 Acute Performance over the Festive Period - Mr Crombie provided a presentation covering current performance, performance against the 4 hour emergency access standard covering the period 23 December - 30 December 2019/20 and 30 December – 6 January 2019/20 versus the position for 2018/19. The Board were advised of 4 hour emergency access attendances versus discharges over these periods. In summary the main issues emerging from the presentation were that there had been queues for admission, high numbers of boarding, high acuity with more resuscitation activity, overcrowding and high occupancy rates. In addition there had been higher acuity at the backdoor leading to a lower discharge profile. The system had not discharged as many people as had been the case in the previous year.
- 64.11 Mr Crombie advised that an additional 10 beds had been opened in East Lothian and that ward 15 at the Western General Hospital had come on line. All those additional beds were already full and experiencing congestion. It was noted that efforts to open additional beds at East Lothian were predicated on nursing availability. The position was exacerbated by an unexpected care home provider issue in Edinburgh resulting in 30 patients requiring to be relocated which was impacting on NHS capacity.

64.12 The Board noted that the acute system was under significant duress and that in the previous year there had been discussions about safety and the impact of this on patients particularly in respect of overcrowding at the ED. The position was continuing into January with some inpatients at the RIE being accommodated in day surgery areas which had consequently resulted in a reduction in day surgery capacity. The Board were advised that the system was starting to see care package availability improvements during the course of the week with it being hoped that this would bring some relief to the system. Notwithstanding this the system was under duress with this being an ongoing issue. Mr Crombie advised that the majority of planned winter initiatives had been deployed although there had been some delays because of recruitment issues. It was noted that over 20 patients had been cancelled from the elective programme. He commented that there was a significant issue about resilience in respect of the acute sector having to support the whole system over the festive period as a consequence of winter plans elsewhere not obtaining the anticipated traction.

64.13 Mr Murray commented that the new minor injuries unit at the RIE had 30,000 attendances and he questioned whether this was in addition to those who had presented at the front door. Mr Crombie advised that this was a combined position and was at the level anticipated although it had not changed the percentage of people being seen on time. He reminded the Board of the Chief Executive's comments about all of the 12 gateways requiring to work simultaneously with the point being made that the number of people who had attended services was in excess to the capacity available. It was noted that delayed discharge issues had impacted on the service. It was noted that acuity amongst patients had been more complex which made it a multi-factorial issue. Mr Murray commented that he would welcome an additional analysis of the contribution of the minor injuries unit. Mr Crombie advised that the minor injuries unit was embedded in the hospital and was provided from a modular unit and was not a new service. This approach had been adopted to allow focus on protocols and improvements in performance with the demand profile being under constant review.

64.14 The Board noted the update position in respect of operational performance over the festive period.

65. Towards a System Transformation Plan

65.1 Professor McMahon advised that the update report was before the Board as a follow up to a previous session. He advised that the deadline for the submission of the AOP was the end of the calendar year and that he had committed to bring a report back to the Board in advance of this. The Board noted that there had been a change in the guidance from the Scottish Government about what the AOP should be with it having been advised that this should now reflect a 3 year position. Professor McMahon advised that a move to a 3 year planning position was to be welcomed and would require further work with the Scottish Government. He commented that he felt that it was helpful that the guidance provided space to bring the plan together in a more comprehensive way and that this would provide an opportunity to address comments that he had received about previous plans being 'bitty' from a patient and staff perspective.

- 65.2 Mr Hill advised that he was impressed with the approach that had been undertaken commenting that this was the correct way forward and that the Board should be supportive of this as it represented a more meaningful and beneficial way of knitting together various documents. It was noted that this item would be discussed in further detail in the private session of the Board.

66. RHCYP, DCN and CAMHS Update

- 66.1 Mrs Goldsmith advised that a letter of agreement had been agreed by the Oversight Board following the previous discussion at the private session of the Board in December. She undertook to circulate a copy of the minute to Board members. It was noted that the letter of engagement had been signed by IHSL on 16 December 2019. It was noted that a new contractor was on site this week and Mrs Goldsmith understood that informal discussions were underway in respect of outlining the scope of work with a high level programme plan being anticipated in the next few weeks. It was noted that a process of due-diligence on the scope of work and how this needed to be signed off was being discussed and currently represented work in progress.
- 66.2 The Board noted the update report and the fact that this issue would be discussed in more detail in private session later in the day.

67. Any Other Competent Business

- 67.1 **Professor Tracey Humphrey Valedictory Comments** - The Chairman advised that he had only just received a message from Professor Humphrey representing her departure as a Non Executive Board member. He commented that Professor Humphrey wished him to inform the Board how much she had appreciated the opportunity and members support over the last couple of years. She commented that she had learned a lot and could only hope she had made a positive contribution in some way to the governance of the Board. She had commented that the Boards continuing commitment to quality and sustainability was impressive and she had always been confident that this had been at the forefront at all times. Professor Humphrey had commented that there had been and would continue to be significant challenges ahead but she knew the Board would do its very best within its span of control to overcome these and wished everyone the very best in the future. The Chairman commented that he would like to record the Board's thanks to Professor Humphrey and her contribution and in particular through her adept chairing of the Healthcare Governance Committee.

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

- 68.1 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.

69. Date and Time of Next Meeting

69.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 12 February 2020 at the **Edinburgh Training Centre, 16 St Mary's Street, Edinburgh.**

Signed by the Chair

Date 12-02-2020

(Original on file)