

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 09 February 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; Dr R. Williams and Ms T A Miller.

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) and Mr P. Wynne (Interim Executive Director, Nursing, Midwifery & AHPs).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of HR & OD); Mr J. Crombie (Deputy Chief Executive); 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); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms A. White (Chief Officer, West Lothian HSCP); Ms H. Mallin (Communications Manager, NHS Lothian); Mr J. Cameron (Consultant Ophthalmologist, NHS Lothian); Mr A. Payne (Head of Corporate Governance, NHS Lothian) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Miss F. Ireland and Cllr S. Akhtar.

91. Declaration of Financial and Non-Financial Interest

- 91.1 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.

92. Chair's Introductory Comments

- 92.1 The Chair welcomed Ms Miller to her first Board meeting, having joined the Board on 1st January 2022 as the new Employee Director. This was also Mr Wynne's first Board meeting as the Interim Director of Nursing, Midwifery & AHPs. The Chair welcomed Cllr Milligan back to the Board after a period of absence.
- 92.2 The Vice Chair commented on a productive meeting held with the Director of Public Health and Health Policy which had covered a range of issues relating to public population health and how the Board would receive appropriate assurances on the ongoing work moving forward.

Items for Approval

93. 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.
- 93.1 Minutes of Previous Board Meeting held on 01 December 2021 – Minutes were approved.
- 93.2 Healthcare Governance Committee Minutes – 16 November 2021 – Minutes were noted.
- 93.3 Finance & Resources Committee Minutes – 13 October and 17 November 2021 – Minutes were noted.
- 93.4 Staff Governance Committee Minutes – 20 October 2021 – Minutes were noted.
- 93.5 West Lothian Integration Joint Board Minutes – 09 November 2021 – Minutes were noted.
- 93.6 Midlothian Integration Joint Board Minutes – 14 October 2021 – Minutes were noted.
- 93.7 Edinburgh Integration Joint Board Minutes – 26 October 2021 – Minutes were noted.
- 93.8 East Lothian Integration Joint Board Minutes – 28 October 2021 – Minutes were noted.
- 93.9 Appointment of Members to Committees – The Board agreed to:
- Appoint Martin Connor as a non-executive member of the Pharmacy Practices Committee from 9 February 2022 to 31 August 2023.
 - Re-appoint Peter Murray as a member of the Audit & Risk Committee from 6 February 2022 to 31 January 2024.
 - Re-nominate Bill McQueen as a voting member and the lead NHS voting member of the West Lothian IJB from 1 February 2022 to 31 January 2024.
 - Re-nominate Peter Murray as a voting member and the lead NHS voting member of the East Lothian IJB from 3 April 2022 to 31 January 2024.
 - Re-nominate Carolyn Hirst as a voting member and the lead NHS voting member of the Midlothian IJB from 7 January 2022 to 26 June 2023.
 - Re-nominate Patricia Donald as a voting member of the Midlothian IJB from 1 April 2022 to 31 July 2022.
 - Appoint Tracy Anne Miller as a member of the Staff Governance Committee and a member of the Remuneration Committee from 9 February 2022.
- 93.10 Flu and Covid Vaccine Programme Update – The update was noted.

- 93.11 Review of Governance of NHS Endowment Funds – The Board accepted the report as briefing on the proposed future arrangements for the governance of endowment funds.

Items for Discussion

94. Board Chair's Report – January 2022

- 94.1 The Chair reported on a recent meeting with the Cabinet Secretary, council chief executives and voluntary service leads to discuss the current social care position and possible options for resolutions. The Vice Chair and Mr McCann had also attended the session.
- 94.2 Mr McCann stated that the meeting had been encouraging and had provided a realistic and honest assessment of the challenges faced by social care with an acknowledgement of the issues and a willingness to consider options to address these.
- 94.3 The Vice Chair added that the Cabinet Secretary had been openminded to radical solutions and it would be interesting to see what radical options could be presented back to the Cabinet Secretary at a future session.
- 94.4 The Chief Executive confirmed that it had been a good conversation but there had not been any solutions presented. It was clear there would be an impact on unscheduled and scheduled care and taking the Cabinet Secretary at his word, what would be the radical solution to meet this challenge. The Chair would keep members updated on any progress with ideas outside of the Board meeting.
- 94.5 Non-Executive Board Member Recruitment Process – The Chair reported that the process was ending but was unable to confirm the new members until paperwork was finalised. The Chair did confirm that the objective to improve diversity and the range of skills on the Board had been achieved.
- 94.6 Paediatric Audiology – There would be an update on the Board's position later on the agenda.
- 94.7 Draft National Workforce Strategy – The Chair reported that this had been received this morning asking for comments by 11th February with the intention to have a published strategy in March 2022. Mr McQueen expressed concern at the short response time for the draft strategy. Ms Butler confirmed that there had been some engagement through the National Human Resources Directors Group but not as much as would have been liked. The Chair would leave further circulation of the draft to Ms Butler but suggested that the timescale may need to be extended and involvement of the Staff Governance Committee chair may be helpful.

95. Board Executive Team Report – January 2022

- 95.1 The Board noted the Board Executive Team report. There was discussion on the following topics:

Car Parking - Mr Crombie outlined the challenges relating to parking and traffic on the RIE Campus. This included several near misses and accidents, one involving a blue light ambulance. Due to the level of risk to patients and staff and the increased patient and staff numbers as part of remobilisation following the pandemic it had been agreed to implement a parking permit tool to allow the management of flow of traffic onto the campus. There remained no parking charge but there was an application process and criteria, the new permit system launched on 17th January 2022.

As part of the new system there had been engagement with staff with several concerns being highlighted and responded to. Staff had also provided feedback on ideas such as the use of Shawfair park and ride and car sharing. With Shawfair it had been agreed there was an opportunity for staff to use this and Midlothian council had advised that there was capacity for this. A Staff Shuttle was established with Lothian Buses to provide service at peak times up to 8pm. Car sharing was not able to progress due to Covid guidance and the mechanisms and process needed to be in place to support this. An additional 250 parking spaces at the Bioquarter were also identified for staff to access.

Since 17th January 2022 a lot of communications had been received, both internal and external. This had not been an easy decision to make, and alternatives had been considered. The implications for staff of this decision had been realised and as a result the Staff Shuttle service had now been extended for staff finishing at 8:30pm. The last Shuttle now leaving RIE at 9:15pm. Staff finishing after 8pm had voiced safety concerns about the Shawfair park and ride and these concerns had been flagged to Midlothian council and Police Scotland, an agreement was now in place where staff finishing beyond 8pm can now access the RIE car park, this makes parking tighter in the early afternoon until after visiting but the site was coping.

Cllr Gordon welcomed staff having access to the car parks if working into the evening but asked if there had been discussions with Midlothian Council and Lothian Buses regarding lighting and anti-social behaviour at the Shawfair park and ride. Mr Crombie stated that correspondence had been sent to Police Scotland outlining concerns and that as part of the risk assessment process, the Police would increase car presence in the area at specific times when this extra resource was available.

Mr Crombie reiterated that this had been a hugely complex situation and that this was week four of the change. There had also been a couple of meetings to brief MPs/MSPs and a cross party MSP meeting to detail progress being made.

Prof. Chandran welcomed Mr Crombie's update on what was a difficult situation. Prof. S. Chandran stated that he had been impressed with the work

that had been done to come to a thoughtful and considered response.

Ms Hirst asked if any similar issues on other campuses in relation to safety and parking were also being addressed and if appropriate reporting was in place to take lessons learned forward into the future.

Mr Crombie confirmed that there was a Pan Lothian Traffic Management group in place looking at the safety of all campuses and their control processes. Mr Crombie also reminded the Board about the St John's Hospital shuttle service that was now improved and busy. At the Western General Hospital there was a lot of focus on parking control given the ongoing construction on the site.

In relation to lessons learned Mr Crombie clarified that these were being identified and that partnership colleagues had been central to processes in challenging the management team, engaging with staff and supporting staff including briefing the Staff Governance Committee.

Mr Connor asked about parking arrangements for new ventures such as the new Eye Pavilion and Elective Centre. Mr Crombie confirmed that lessons learned were being built on and enabling works for the Eye Pavilion and Elective Centre would be proposing that parking be created before the building, within the constraints of planning and Scottish Government carbon reduction intentions and net zero requirements.

Mr McCann made the point about encouraging electric car behaviours and what this may mean for permit criteria. Ms Miller confirmed that there was already permit sharing in place with 1800 permits issued for 1200 spaces and there may be opportunity to extend this in future to maximise the sharing of permits.

Staff Wellbeing - Mrs Butler outlined developments with staff wellbeing during the pandemic and moving forward. Pre pandemic staff wellbeing offered a core occupational health service. During the pandemic and moving forward there were now well-informed wellbeing leads in place as well as a stepped care model with peer support for mental wellbeing. There was also a lot of self-help available online with both local and national resources available along with the 'Here for You' helpline which had input from psychology. The Board noted the success factor of these initiatives in helping staff return to work.

Mrs Butler also highlighted improved wellbeing spaces for staff, improved hot food vending for all sites and the rest and refuel boxes initiative for staff through the Edinburgh and Lothians Health Foundation. The Staff Wellbeing Strategy had also been launched based on the 4 pillars wellbeing (Physical, Mental, Financial and Social). Mr Encombe asked about the training of managers and leaders in ensuring staff wellbeing and management of behaviours to avoid significant impact. Mrs Butler confirmed that there was a significant amount of work ongoing with webinars and online sessions being provided.

National Treatment Centre - Dr Williams welcomed the introduction of a project team but raised concerns about the timeline with the final business case expected late 2024 with operational status in late 2026. What would be the steps to priorities this build given the need to reduce waiting lists and how could the build be expedited.

Mr Crombie pointed out that one of the issues was Scottish Government funding and that some elements of NHS Lothian's NRAC gap would be addressed through funding of this new centre. Mrs Goldsmith added that there was an agreed programme that was being worked to. There was workforce funding for the National Treatment Centre and Mrs Butler and colleagues were developing the workforce plan with the clinical service. This would be a fast-track approach to ensure workforce would be in place by the time the Centre opens. There was ongoing dialogue with Scottish Government on the reconciling of the NRAC position and further detail would be taken through Finance and Resources Committee and Staff Governance Committee.

Mr Crombie assured colleagues that everyone was very focused on delivering this project with project resources now been appointed for the National Treatment Centre, Eye Pavilion and Cancer Centre.

Recruitment Additionality Activity Update - Mr McCann asked about the Band 2-4 recruitment. Mrs Butler confirmed that this was straight forward recruitment and numbers would go over 150 with a positive outcome.

Vaccination programme - Mr McCann asked about the possibility of requiring a permanent facility and workforce for a vaccinations service. Mr Lock confirmed that a vaccination plan was being developed for 2022/23 with more attention to a sustainable programme and more permanent workforce. This would also cover sites and centres needed to deliver vaccination from. This year would be considered as a transition year, and it was not yet clear what the JCVI view around 4th booster doses and winter programmes would be.

Interim Care Home Beds and Consent – Cllr Milligan asked about the problems receiving consent from patients. The Chief Executive explained that in terms of consent people cannot be moved without appropriate due process. In relation to patients to care homes where the health or social care worker encourages a move the Scottish Government does not go as far as to say that the move can be dictated, and a balance must be found as the move cannot be enforced.

Stress Distress Programme - The Board congratulated Frances Aitken, Dementia Nurse Specialist at St John's Hospital who had recently received a Highly Commended Award from the Mental Health Nursing Forum for Scotland. This was a first for a mental health nurse working within an Acute hospital and celebrated the success of the work Frances has championed on the Stress Distress Programme. The Chief Executive would circulate a briefing on the detail of the Stress Distress Programme for Members information.

Paediatric Audiology - Miss Gillies reported on MSPs & MPs feedback as well as a recent progress meeting with the Cabinet Secretary. An update had been provided to Healthcare Governance Committee, the Scottish Government and the Ombudsman as part of the monitoring process. Progress from the action plan had been demonstrated with urgent actions now completed.

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

96.1 The Board noted the updates from the Chairs of the following Committees:

- **Healthcare Governance Committee** - At the recent meeting there had been full discussion on issues related to recalling of high risk and family breast screening patients. The increasing challenge to maintain the desired quality of care for those in inpatient areas due to the level of occupancy being experienced had also been noted.
- **City of Edinburgh Integration Joint Board** – Mr McCann reported on a recent meeting between the Integration Joint Board and the Cabinet Secretary at which there had been discussion on several areas to address along with the need for radical actions to increase workforce.
- **Finance and Resources Committee** - Work continued on the medium-term framework with increased confidence in projections. A risk had been added to the Risk Register on the Scottish Government policy for Boards to use new drugs with no increase in funding.
- **Staff Governance Committee** - Mr McQueen highlighted the Internal Audit review of violence and aggression towards staff and follow up work. It was noted that the level of assurance accepted by Staff Governance Committee on this area had been downgraded to Limited. A project manager had since been appointed as well as a short life working group to look at the outcomes from the report. There would be continued reporting through both Audit and Risk Committee and Staff Governance Committee.

97. NHS Lothian Annual Review 2021 Feedback

97.1 The Chair reported on the Annual Review session with the Cabinet Secretary and highlighted the radical restructure NHS Lothian undertook in response to the early stages of the pandemic. The Cabinet Secretary's deep appreciation to all health and social care staff for their performance above and beyond during the pandemic was also recognised.

97.2 The Board accepted the report as a source of significant assurance that the Scottish Government had carried out an annual review, and that the letter would be published on the Board's website after the Board meeting.

98. NHS Lothian Board Performance Paper

- 98.1 Mr Crombie introduced the report on the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans. The report presented key performance measures in new ways and for some, compared the performance by groups of services against the Scottish average. Each section was also accompanied with a concise explanation for the performance and an action plan. The Board noted that this was a far more informative report than what had previously been received.
- 98.2 Mr Crombie highlighted areas from the report including existing system pressures within acute, primary, community care and mental health as well as compromised social care provision and a reduction in inpatient admissions linked to Covid-19. The Board noted that the NHS Lothian Gold resilience command remained in play, meeting weekly to review the current system situation with escalation opportunities in place for more regular meetings if required.
- 98.3 The Board recognised that the report showed the impact of Covid-19 admissions on acute and that workforce issues were being well discussed by the Board and its Committees. The report highlighted constraints to flow in the system and backlogs within the inpatient environment which contributed to front door congestion.
- 98.4 It was important to note that while unscheduled care focus was detailed in the report there were also implications on scheduled care. There would be more detailed discussion and demonstration of indicators at Planning, Performance and Development Committee.
- 98.5 There was discussion on key indicators; improvement in the over 52 weeks position; Treatment Time Guarantee impact; effect of inequalities; impact of 2 metre distancing and Pan Lothian Delayed Discharges. The Chair referred to the Board Executive Team report and the one stop urology service which had potential to reduce waiting times and had interest from MPs and MSPs. This was a good improvement example within Lothian and would also be good to discuss in terms of recovery plan at a future Planning, Performance and Development Committee.
- 98.6 Ms Hirst commented that this report was now delivering the breadth and depth of information being received across the health and social care system in an improved layout. Ms Hirst asked about cancer journey work and if there was a plan to report on waits to access palliative care. Mr Crombie added that the control chart demonstrated increasing waits and demand in ultrasound. Miss Gillies added that there was understandable prioritisation for scans in unscheduled care patients as these support flow but had the impact of booked appointments waiting longer. There was also significant growth in urgent suspicion of cancer referrals and pelvic ultrasounds.
- 98.7 Mr Crombie picked up the issue of 2 metre distancing and the impact of this on remobilisation and through put. The Board noted that Ms Campbell was

establishing a test of change around this.

- 98.8 Ms Campbell reported that guidance was clear when patients are recovering, and work was undertaken to risk assess this. Some areas configurations would not mean any more gained recovery beds if the distancing requirement was removed.
- 98.9 Dr Donald asked about unscheduled care and the NHS Lothian Signposting policy that was being developed and circulated for consultation. Where had the embedding of the policy got to and how was the flow centre helping in that process in terms of interface work to help with signposting. Ms Macdonald confirmed that there was significant work in and out of the flow centre over the last few months as well as pathway work within unscheduled care.
- 98.10 Ms Campbell added that the Signposting and Redirection policy was being finalised ahead of implementation. There was a test of change at St John's Hospital which was showing positive results but was based on low volumes. This builds on the Minor Injuries signposting work away from the Emergency Department as part of managing flow and crowding.
- 98.11 Mr McQueen raised concerns around dermatology performance and the outlier position Lothian took against the Scottish average for other boards.
- 98.12 Mr Crombie confirmed that the dermatology graph was very powerful and that a series of interventions had been implemented and these had been discussed and escalated through the Corporate Management Team. Mr Lock was leading the dermatology improvement programme and results of interventions were being seen. The process was now returning to dermatology and to the acute leadership team.
- 98.13 The Board approved the improved report format and information contained in the paper and accepted the recommendations in the report:
- acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
 - recognise the performance challenges detailed, including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
 - consider the clinical reprioritisation exercise which continued on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
 - note the ongoing work following the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.
 - If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

99. Lothian Strategic Development Framework Update

- 99.1 Mr Briggs gave an update to the Board on progress in developing the Lothian Strategic Development Framework (LSDF). Mr Briggs reported that following the December board meeting a Strategic Development Framework session for Non-Executive colleagues had been held on 26th January. Mr Briggs thanked colleagues for the discussion held and input received. The intent would now be for the updated Framework to go Planning, Performance and Development Committee in April before coming back to the Board in June.
- 99.2 There was discussion on the need to sharpen our population health outcomes that were being sought the deliver in the next iteration of the Framework. The Board noted that the supporting documents for the Framework were reaching final stage with scheduled and unscheduled care making final changes ahead of these being frozen for the next stage of the Framework.
- 99.3 Mr Briggs added that the development of the Corporate Objectives also linked to the Framework, and these would be brought to March Planning, Performance and Development Committee to allow Members to see the linkage between high level day to day delivery of the Corporate Objectives, Performance reporting, Integration Joint Boards and the Framework.
- 99.4 Mr Briggs reassured Board Members that the NHS Lothian teams were working closely with Health and Social Care Partnership teams and the Chief Officers, this would be better demonstrated as the Corporate Objectives progressed. As the Integration Joint Boards brought their strategic plans to a conclusion the close links and strategic dovetailing would be seen.
- 99.5 Prof. Chandran requested that the references in the summary document to potential higher education research centre be strengthened and the supporting section be fleshed out to capture and read across to Miss Gillies' work as innovation lead.
- 99.6 Mr Briggs added that work on the design of the summary document also continued and that graphic designers had now been engaged to present and graphically represent the changes being described in the Framework and make the summary as succinct and readable as possible. Again, it was hoped to bring the whole package to Planning, Performance and Development Committee in March for discussion.
- 99.7 The Board noted that feedback on from the Consultation Institute had been positive and a good baseline for engagement had been set with RSA and IJB groups. Ms Mackay added that the work done so far on engagement had been encouraging and needs to be the start of a continued process of ongoing dialogue. There had to be caution in resisting temptation to explore solutions with people, there was a need to frame things in terms of setting out context of what the issues were. It was important to remain in listening mode. Formal consultation on specific elements of the plan would then take place later in the summer.

- 99.8 The Chair welcomed the clarification on the outcomes following the review of the first draft at the December board meeting which had been broad in terms of engagement. Being able to articulate more detail on the outcomes was useful for those engaging in the process. Proper engagement was important given failed processes in the past where consultation had happened where a decision may have already been made. Ms Hirst added that both language and presentation were also important and more attention to language being used in existing and new documents should be given.
- 99.9 Mr Briggs stated that the points as outlined along with staff and clinical support was a great example of why progressing to engagement was needed so that staff would be onboard and feeding in and also to make sure that when it was time to have a grown-up conversation with the public using the right language and testing it. That was why engagement in the right way and not consultation was important
- 99.10 Mr Encombe suggested that it would be helpful to produce an updated project plan with milestones and timelines. Mr McCann referenced the checkpoint with City of Edinburgh HSCP which would be helpful if aligned with IJB plans and the Lothian Strategic Development Framework. Mr Briggs confirmed that an update on the project plan would come to Planning, Performance and Development Committee and the plan with broad strategic vision and understanding around what to consult on would come to the Board in June and be genuinely broad and ambitious.
- 99.11 Mr McCann also asked about extending the scope of digital aspects as referenced in the December board minutes and how this was progressing. The Board noted that Artificial Intelligence and Analytics were a major source of current discussion between Mr Briggs and Prof. Chandran from a University of Edinburgh point of view. Miss Gillies and Mr Egan, Director of Digital were working on strengthening corporate objectives in relation to eHealth.
- 99.12 Mrs Goldsmith made the point that in terms of capital and enables there would need to be engagement with Scottish Government and that there was good work being progressed in Scottish Government on the National Infrastructure Plan.
- 99.13 The Chair added that it was important that the model of care supported reference to capital and primary care. The Vice Chair agreed with this point and paid tribute to Mr Briggs for his willingness to continue to listen to input despite any frustrations he must feel. It would also be helpful to see the Corporate Objective weightings against the Framework and how those matched up.
- 99.14 The Chair thanked Mr Briggs for his update and the Board noted the adaptive and reflective nature of the strategy. The timetable and next steps for the Framework were noted. Further updates would be through Planning, Performance and Development Committee and the Board in June 2022.

100. NHS Lothian Finance

- 100.1 November 2021 - YTD Financial Position - Mrs Goldsmith updated the Board on the financial position at Period 8 for NHS Lothian, and the year-end forecast outturn. The paper also set out the financial impact from Covid-19 up to November 2021.
- 100.1.1 Mrs Goldsmith reported that there had been good progress towards the breakeven position with a £4M overspend being reported to the last Finance and Resources committee meeting. The Scottish Government were ensuring that funding was in place across the system to ensure all boards achieved a break-even position.
- 100.1.2 Mrs Goldsmith stated that the main priority was to understand Covid related costs and operational performance and the main issue at year end would be around the receiving of additional funding through many allocations from Scottish Government and the Treasury. Work with Integration Joint Boards colleagues continued in relation to carry over of reserves and direction of these. This was work in progress and would take 2-3 months to finalise.
- 100.1.3 The Board accepted the report as a source of significant assurance that a breakeven position would be achieved in this financial year.
- 100.2 NHS Lothian Financial Outlook and Outline Plan 22/23 - Mr Goldsmith updated the Board on the consideration by the Finance and Resources committee of the draft Financial Outlook, and specifically the Financial Plan for 2022/23. The paper set out a summary of the financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources. The paper also highlighted the financial issues for next year relating to Covid-19. The key outstanding elements for the Financial Plan included the final pay award for 2022/23 and subsequent changes to the Scottish Government uplift settlement. The Board noted that Finance and Resources committee will review a draft when it meets on 21 March 2022, and the Board will be invited to approve the final version at its April 2022 meeting.
- 100.2.1 There was discussion on some of the main issues to consider including funding of pay uplift variation; non-pay and the extent needed to look at the non-pay gap considering increasing inflation; policy and demand (acute drugs, diagnostics and supplies); investment in infrastructure, backlog maintenance; index commitments for PPP portfolio of £6M in the next year with no funding source and delivery of efficiency savings.
- 100.2.2 Mrs Goldsmith confirmed it was unlikely that a balanced financial plan would be presented to the April Board meeting. The key thing would be to get down to a reasonable gap that can be covered. The roadmap to this breakeven position would come back to Board and depended on the progress over the next couple of months.

- 100.2.3 The Board noted that further updates would be taken through Finance and Resources Committee and Planning, Performance and Development committee. The Board agreed to the recommendations in the paper, to:
- Accept that the Finance and Resources committee had considered the details of the draft 2022/23 Financial Plan and acknowledged that, at this stage, NHS Lothian is not able to provide assurance on its ability to deliver a balanced financial position next year.
 - Accept that the Finance and Resources committee will receive a final iteration of the Plan for endorsement in March, for agreement by the Board at its meeting on the 6th of April.

101. Corporate Risk Register

- 101.1 Miss Gillies introduced the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose. The paper set out the agreements as per the December 2021 board meeting and outlines the more dynamic process around risk. The Corporate Management Team regularly reviews risks and agrees gradings and the report identifies some changes to risk gradings such as the increased grading around timely discharge.
- 101.2 Miss Gillies clarified that risks relating to performance were managed through the 2. Planning, Performance and Development Committee with Healthcare Governance Committee having line of sight on quality-of-care aspects (safety, person centred and effective care).
- 101.3 The paper also discussed the cyber security risk which was with the Board for acceptance and this risk would then be overseen by Finance and Resources Committee. Individual templates were presented for Board Members to review and were separated to give more clarity.
- 101.4 The care homes risk grading had been reduced and accepted by the Corporate Management Team. This risk would now move off the corporate risk register to the corporate nursing risk register with continued oversight from the care home oversight group.
- 101.5 There was discussion on the Community Premises Water Safety and Quality risk and the ownership around this given that many GPs would not have a skillset around this, and many premises were not fit for purpose or standalone builds.
- 101.6 Miss Gillies explained that the risk had been added due statutory requirements in relation to Legionella. Because of the change in use of premises and complexity of arrangements of premises in the primary care and partnership setting this had been escalated to the corporate risk register. There was no expectation on GPs to manage this. Local health and safety committees would have oversight of those premises and requirements for water safety work. Some buildings were owned and maintained by NHS Lothian hard and soft facilities management arrangements, but some were buildings rented by individual contractors where the totality of the premises sits with the Health and Social Care Partnerships. This led to their being a lot

of complex arrangements in place to be considered.

- 101.7 The estates and facilities team had a significant role in ensuring water safety but there were sometimes issues in accessing premises to make sure water was run daily. The use of premises determined the turnover of the water tank, and this was an important part of the risk. This risk had risen on the corporate risk register due to underuse of premises in the past two years and estates and facilities were working hard to address this risk.
- 101.8 In relation to the Delayed Discharges Risk, the Vice Chair suggested that it would be useful to line up the discharge risks relating to the Board and the Health and Social Care Partnerships. Mr Crombie confirmed that the Internal Audit on delayed discharges commissioned by Audit and Risk Committee had concluded and would report soon. Mr Crombie would check that the linked risks had been referenced.
- 101.9 The Board noted that the Covid risk remained standalone. This was because when last discussed how to change this another Covid wave (Omicron) had come through. This risk would remain and would be modified once the next phase of the pandemic was clear.
- 101.10 Dr Donald asked about the CAMHS risk (staff recruitment and patient safety within CAMHS). The Chair confirmed that the CAMHS issues would be dealt with through the Planning, Performance and Development Committee so that learning could be taken from staff working there as well as looking at risk and governance elements.
- 101.11 The Board accepted the recommendations in the report:
- Note the December 2021 Board agreed the following CMT recommendations:
 - A standard level of assurance for risk mitigation plans
 - A standardised committee paper to be used when submitting Board Committee
 - papers related to specific risks on the Corporate Risk Register (CRR)
 - Increase the grading of the Timely Discharge of Inpatients risk to Very High
 - Remove the EU/Brexit risk which will be kept under review.
 - Review the updates provided by the executive leads on risk mitigation, set out in the Assurance table in Appendix 1.
 - Approve the CMT description and grading of the Cyber Security risk following the agreement of the December 21 Board to include this risk onto the CRR.
 - Agree to remove the Care Home risk from the CRR and onto the Corporate Nursing Risk Register.
 - Note that management plans to mitigate risks associated with performance will be considered by the Planning, Performance and Development Committee, with Healthcare Governance continuing to consider the impact of these risks to the delivery of person-centred, safe effective care.

102. Any Other Business

102.1 None.

103. Reflections on the Meeting

103.1 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.

104. Next Board Meeting future dates

104.1 The next Board meeting would be held on Wednesday 06 April 2022 at 9.30am.

Signed by Chair
06-04-2022