

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 09 December 2020 using Microsoft Teams

Present:

Non-Executive Board Members: Ms E Robertson (Chair); Mr M Hill (Vice-Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Ms F Ireland; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr W McQueen; Cllr F O'Donnell; Mr T Waterson; Professor M Whyte; Dr R Williams and Ms K Kasper.

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

In Attendance:) Mr J Crombie (Deputy Chief Executive); Mrs J Butler (Director of HR & OD); Mr P Lock (Director of Improvement); Mrs J Campbell (Chief Officer, Acute Services); Mr C Briggs (Director of Strategic Planning); Mr D A Small (Director of Primary Care Transformation); Mr A Payne (Head of Corporate Governance); Ms A MacDonald (Chief Officer, East Lothian HSCP); Mr A Short (Chief Officer West Lothian HSCP); Dr Jane Hopton (Programme Director, Facilities, NHS Lothian) (Item 90); Professor Angela Timoney (Director of Pharmacy)(Item 97); Ms K Taylor (Communications Manager NHS Lothian); Mr A Jackson (Assistant Director of Healthcare Planning); Ms A Kirkpatrick (Waiting Times Governance Manager); Mr G Fender (Area Manager Soft FM, C Hirst Paired Learning Partner) and Mr C Graham (Secretariat Manager)

Apologies for absence: Mrs J Mackay (Director of Communications & Public Engagement) and Cllr D Milligan (Non-Executive Board Member).

85. Declaration of Financial and Non-Financial Interest

- 85.1 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.
- 85.2 Cllr O'Donnell declared that she, Mr McQueen and Cllr Gordon were members of the Board's Pharmacy Practices Committee. This was noted in relation to the Pharmaceutical Services Care Plan which is on the agenda. The Board agreed that the fact that Board members are also members of a Board committee does not create a conflict of interest.
- 85.3 Mr Hill declared an interest in relation to the Sustainable Development Action Plan as he was also a member of the SEPA Board. The Board agreed that this would not preclude him from the discussion on this item.

86. Chair's Introductory Comments

- 86.1 The Chair advised that this would be Professor Whyte's last meeting before stepping down from the Board. The Board thanked Professor Whyte for all her contributions as a Board Member and wished her well for the future.

Items for Approval

- 86.2 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. There had been no such requests.
- 86.3 Minutes of Previous Board Meeting held on 14 October 2020 – Minutes were approved
- 86.4 Finance & Resources Committee Minutes - 23 September and 28 October 2020 – Minutes were noted
- 86.5 Healthcare Governance Committee Minutes - 08 September 2020 – Minutes were noted
- 86.6 Audit and Risk Committee Minutes - 24 August 2020 – Minutes were noted
- 86.7 Staff Governance Committee Minutes - 29 July 2020 – Minutes were noted
- 86.8 Edinburgh Integration Joint Board Minutes - 24 August 2020 – Minutes were noted
- 86.9 West Lothian Integration Joint Board Minutes - 22 September 2020 – Minutes were noted
- 86.10 East Lothian Integration Joint Board Minutes - 27 August and 17 September 2020 – Minutes were noted
- 86.11 Midlothian Integration Joint Board Minutes - 27 August and 10 September 2020 – Minutes were noted
- 86.12 Appointment of Members to Committees - The Board agreed to appoint Professor Emma Reynish as a non-voting member of East Lothian Integration Joint Board for the period from 9 December 2020 to 8 December 2023.

Items for Discussion

87. Board Chair's Report – December 2020

- 87.1 The Chair briefed the Board on recent events and pieces of work that she had been involved with.
- 87.2 The Board noted that there had been a virtual Board Chairs' away day that had looked at Board constitutions, received presentation from Public Health Scotland and on the review of adult social care. There had also been the regular Board Chairs' group meetings which had considered Covid track and trace arrangements; vaccination programme; remobilisation and winter planning.
- 87.3 The Board also noted that there had been shortlisting and interviewing for new non-executive Board Members. There had been 84 applications and 8 interviews had taken place. The submission to Ministers was currently being worked through.
- 87.4 The Chair also referred to the recent NHS Lothian Annual Review with the Cabinet Secretary. The Chair thanked Mr Briggs and his team for the comprehensive preparation of the Annual Review submission. This had been a constructive session and the [Annual Review letter](#) had been circulated for members to note.
- 87.5 The Chair also reported that there had been regular MPs/MSPs meetings and an extra session had been scheduled before Christmas to brief on the Covid vaccination programme. There had also been a briefing session held with the Royal Society for Arts, Manufactures and Commerce (RSA) and colleagues to give a progress report on the Board's strategy.

88. Board Executive Team Report – December 2020

- 88.1 The Board received the Board Executive Team report.
- 88.2 Mr Connor asked about the St John's Hospital Elective Centre and the delay to the project. Mr Crombie stated the new design work was underway to protect the centre from the main hospital in the light of Covid and any future pandemic.
- 88.3 Mr McQueen asked for an update on the Covid vaccination programme and how the system was working for staff. Mr Small reported that staff vaccination had started on 08 December 2020. There had been a controlled start and 500 people to date had been vaccinated. There was currently around 4,500 members of staff booked in to receive vaccinations up to Christmas, but there was caution around bookings as the vaccine was being received on a day by day basis at the moment, so it was hard to commit far ahead. Work to build up the supply to start vaccination of care home residents was also underway and there would be a plan in place for care homes by the end of this week.

- 88.4 The staff booking call centre was currently extremely busy and internal measures were being taken to smooth the process and remove frustration. The line had now been made a freephone number to remove any financial disincentive to staff. At this time, it had not been possible to put an online booking system in place given the short notice and technical issues involved. However, management are exploring the functionality of TRAK as an option. It was hoped that for the mass public vaccination this would be through a large online national booking system. Mr Waterson asked that appreciation be recorded for the sterling work Mr Small and his team had undertaken around vaccination, given the circumstances and ever-changing protocols and information.
- 88.5 Mrs Mitchell highlighted the positive work being done within Human Resources and Organisational Development, as outlined in section 6 of the report, around the driving forward of excellent resources and work around mental health and wellbeing. The Chair's involvement with the Edinburgh Poverty Commission was noted and the Chair congratulated Mrs Butler and her team for their work on NHS Lothian becoming a 'trailblazer' organisation for the Young Persons Guarantee.
- 88.6 Ms Hirst asked about EU Exit and assurance around actions being taken particularly in relation to supply chain, medicines, PPE and vaccine. Mr Crombie confirmed that the Board's EU Exit Strategic Management Group had been meeting regularly again since September 2020 and remain assured that systems were in place although this was currently a dynamic situation as to whether an Exit deal would be agreed.
- 88.7 Mr McCann asked for clarification around Caldicott Guardian arrangements. The Chief Executive confirmed that this role was currently sitting with the Executive Medical Director as an interim measure until the skill set of the new Director of Public Health and Health Policy was known. It was noted that the interviews for the Director of Public Health post would be taking place on 10 December after interviews scheduled for 25 November 2020 were postponed.
- 88.8 Mr Murray asked about the new senior post in the organisation for infection prevention control. Professor McMahon outlined that interviews would take place on 17 December and that this post, a new business manager and a HAI Scribe post would give much needed capacity to the team.
- 88.9 Cllr O'Donnell raised contact tracing, current rates and compliance levels. Ms Dee agreed to circulate further data around themes. The Public Health Silver Tactical Group received reports from each of the local authorities and this data was looked at in depth at the weekly meetings.
- 88.10 Mr Hill asked about Realistic Medicine as mentioned under section 4 of the report. Miss Gillies confirmed that there was a session planned for 10 December, with the RSA, clinical directors and senior nurses. This session would pick up discussion around strategic planning work and there would be further updates to the Board in the coming months.

88.11 Dr Williams asked about unscheduled care and redesign nationally of the urgent care programme. It was noted that the new system was an add-on to be encouraged but not a replacement for people attending A&E. The Board agreed that the best route for monitoring of progress with this work would be through the Board's Healthcare Governance Committee, picking up on pathways, safety and satisfaction explicitly.

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

89.1 **Staff Governance Committee** – Mr McQueen provided an update on the Staff Governance Committee's progress on equalities issues. The Board noted that in response to concerns raised by the Black and Minority Ethnic ('BME') Staff Network, five actions had been undertaken, these were to:

- Support managers to talk to BME staff and support risk assessments
- Contribute to a national effort on risk assessments
- Prepare to support and protect staff at increased risk from a second wave of Covid
- Develop a Race Equality Action Plan
- Ensure leadership attendance at BME staff network meetings.

89.1.1 These actions were underway ahead of the receipt of two Scottish Government letters to Health Boards in June and July 2020 asking Boards to redouble their efforts on Race Equality, and to make various commitments including on clear governance and accountability to their Boards.

89.1.2 NHS Lothian currently has several workstreams in place, making significant progress through the Staff Governance Committee on equalities issues in conjunction with the Board's Lead for Equalities and Human Rights and BME Staff network lead. Progress included:

- The Chief Executive and Director for HR and OD attending BME Staff Network meetings in August 2020 and making public statements of support about involving staff networks in our actions and processes going forward;
- Making information available and running online sessions for managers to support staff returning from shielding and to help staff have effective risk assessments; the BME Staff Network has hosted workshops on this and on a Risk Assessment Toolkit;
- Relevant staff have been involved in the development of Scottish Government's national risk assessment tool which the Board adopted in July;
- Four Staff networks have been established for BME, LGBT+. Disability and Youth groups and each of these is working with HR to develop their own Equality Action Plan by April 2021, including a campaign for staff to record personal demographic data on the HR system;
- HR and Communications will produce a Communications Strategy with the Staff Networks to promote the action plans.
- In collaboration with Edinburgh Lothians Health Foundation, a series of short films are being produced to capture staff member's lived experience

and will be used for training and learning purposes.

89.2 **Audit and Risk Committee** – Mr Connor flagged recent discussions that had taken place around the effectiveness of the Board's risk management system and the process for assurance used by committees. It was noted that further review would be taking place at the Board's Corporate Management Team and it would be appropriate for a future whole Board development session to be held in the new year as part of the review of the whole risk system.

89.3 **Finance and Resources Committee** – Mr Hill reported that Finance and Resources Committee had also recently discussed risk and assurance and mitigation against actions out with the Board's control such as EU Exit and Covid-19. The committee had also recently discussed any impact EU Exit may have on the Board's capital programme. The Committee had also reviewed its terms of reference, including considering how it would work with the Board's new Performance, Planning and Development Committee.

90. NHS Lothian Sustainable Development Framework and Action Plan

90.1 Mr Crombie introduced the paper asking that the Board endorsed the Sustainable Development Framework and Action Plan. Dr Hopton provided a presentation on the Framework which looked at mitigation of climate change, carbon emissions targets, actions around sustainability goals, sustainable models of care.

90.2 The Board noted that there was significant challenge involved with the Framework but that having an agreed visible Framework would also help in accelerating engagement with national organisations and local partners.

90.3 Dr Donald highlighted that the Green Space and Health Group that she chaired was also actively involved in supporting this work.

90.4 Mr Hill added that Scotland had declared a climate emergency and that the Covid-19 pandemic had thrown up incredible levels of innovation and imagination in dealing with and mitigating against the virus. This is the type of approach required to tackling climate change and the Board should be looking in at more meaningful way at areas that can be influenced.

90.5 The Board noted that there was an invitation for NHS Lothian to become part of the Edinburgh Climate Commission and that Mr Crombie and Dr Hopton were looking at the commitments involved with that.

90.6 Mr McCann asked about the impact of the pandemic and what were the thoughts around a significant number of staff working at home and not travelling and how this may evolve into a hybrid working situation. Dr Hopton stated that there was now analytical support to help look at some of this. Outpatient redesign, environmental impact of changing travel patterns and staff travel to offices were all now being looked at and modelling undertaken based on literature was underway.

- 90.7 In relation to the Waverley Gate and Comely Bank offices review, Mr Crombie reported that a test of change was being undertaken to look at implications and impact of the pandemic. Feedback surveys had been completed with a vast majority of responses supporting a blended approach with continued working at home whilst retaining the wellbeing and mental health benefits engaging with colleagues in an office offers. Principles around home working would be established.
- 90.8 The Board agreed to endorse the Sustainable Development Framework and Action Plan, recognising the importance of the framework to set ambitions and a direction for engagement on the across NHS Lothian and with partner organisations and within NHS Scotland. The Board also noted the current opportunity for NHS Lothian to maximise the benefits of the high level of interest and motivation from staff and the important opportunity of a Green Recovery from Covid 19.
- 90.9 The Board accepted significant assurance that the Finance and Resources Committee on 23 September 2020 agreed to recommend the Sustainable Development Framework to the Board.
- 91. COVID-19 in Lothian – Descriptive Epidemiology (Phase 1)**
- 91.1 Ms Dee introduced the report briefing the Board on the incidence of COVID-19 during the first four months of the pandemic in Lothian from March to June 2020.
- 91.2 There was discussion on policy changes and dynamic reporting over the timescale of the report; how learning from data had been moved forward and how the Board had used the collected data to impact the future Public Health strategy. It was noted that there had been a move from data to intelligence, working with the Health and Social Care Partnerships and local authorities daily.
- 91.3 There was also discussion on learning from the pandemic, implications for delivery of services and projects in Lothian; the sustainability agenda; alterations to back room functions; effectiveness of PPE and infection prevention and control requirements and changes to how services are planned for the future.
- 91.4 The Board agreed to note the recommendations as outlined in the report:
- COVID-19 incidence in the first four months of the pandemic (March to June 2020) peaked in Lothian on the 22nd April 2020. Confirmed cases in the general population peaked first at the end of March 2020, followed by later peaks in health care workers and care home staff (20th April 2020) and care home residents (22nd April 2020).
 - Across Lothian, approximately one third of all positive cases during this first phase were in health and care workers and care home staff (32%), with just under a third in care home residents (29%).
 - There were significant differences in standardised incidence rates

between Health and Social Care Partnership (HSCP) areas which may result from differences in case ascertainment¹ and/or differences in exposure as a result of different geographies, proportion of population in health and care work occupations, and outbreaks in care homes.

- There was a pronounced socioeconomic gradient in COVID-19 infections. As the pandemic evolved, people from the most deprived communities in Lothian were more likely to test positive from the disease.

92. Scheduled and Unscheduled Care Performance

- 92.1 Ms Campbell updated the Board on performance for Scheduled Care standards: New Outpatient (OP), Treatment Time Guarantee (TTG), Diagnostic key test and 31 & 62 Day Pathway Cancer pathways; and the Unscheduled Care 4EAS and Delayed Discharge Standards.
- 92.2 Ms Campbell reported that there continued to be a focus on the Clinical Prioritisation Framework within Rehab, Inpatients, Outpatients and Diagnostics. Despite increased activity and the Clinical Prioritisation Framework there were concerns around the urgent suspicion of cancer waits.
- 92.3 There remained pressures on beds particularly at the RIE where elective bed numbers had been reduced to accommodate unscheduled flow. Dedicated orthopaedic elective bed numbers have reduced from 25 to 0, resulting in 150 routine procedures being cancelled. The site had implemented a small number of protected elective beds to maintain cancer and urgent activity. Theatre availability is maintained at 90%. Activity remains constrained due to increased turn-around time for infection prevention measures.
- 92.4 Ms Campbell added that cancer performance remained an area of significant focus but that September 2020 saw deterioration in both 31 and 62 days performance, with an oversight board and the reinstatement of weekly MDT pathway tracking meetings. Performance for Urology performance, one of the largest tumour groups decreased slightly for the 31 day pathway but improved for the 62 day pathway. Prostate and Bladder pathways will benefit from an additional robot that will be sited at SPIRE, scheduled to start in December 2020. It was anticipated this additional capacity would support a reduction in bladder cancer backlog and reduce the Robot Assisted Prostatectomy waiting list. Ms Campbell also reported on Endoscopy diagnostic activity; Endoscopy mobilisation plans and the Regional Endoscopy Unit.
- 92.5 In relation to unscheduled care, Ms Campbell stated that the national redesign of urgent care programme was accelerating to improve access to urgent care pathways so people receive the right care, in the right place, at the right time. This would be achieved by:
- clear and concise public and staff information;
 - access and triage through a national single point of access (111) 24/7;
 - implementation of a flow navigation centre in each NHS board;
 - optimising technological solutions for urgent care needs;
 - scheduling attendances for urgent care
- 92.6 There was discussion about the recommendation in the report around the

limited assurance being offered that remobilisation actively underway would mitigate growing volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21. Ms Kasper asked what would need to happen for the Board to be more confident of getting through the waiting times backlog.

- 92.7 Ms Campbell stated this work was part of the Clinical Prioritisation process and it was noted that there remained constraints due to implementation of 2 metre social distancing requirements which meant that there was currently not enough activity to manage all the backlog and demands coming through the system.
- 92.8 Mr Murray asked if there was a plan between now and the summer to use the Covid-19 vaccine to allow for growth in procedures and reduction in use of Personal Protective Equipment (PPE). Ms Campbell confirmed that there was no written plan for that approach. Professor McMahon added that there continued to be a strategic meeting looking at PPE across the whole system.
- 92.9 Ms Hirst asked about patient feedback and communication. Ms Campbell highlighted there were several mechanisms that patients could use to feedback on elements of services whether this be written or verbal communication. Professor McMahon stated that the Care Opinion mechanism was become more widely used by patients for feedback along with more traditional process around feedback, complaints and tell us 10 things.
- 92.10 The Board agreed to the recommendations as outlined in the report:
- Acknowledged the impact of the first and second waves of Covid on OP, TTG and Diagnostic performance. The reintroduction of services and screening has not impacted cancer waiting times performance significantly, although some diagnostic capacity remains reduced.
 - Took limited assurance that remobilisation actively underway will mitigate growing
 - volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21.
 - Acknowledged that 57.4% of patients were seen within the Treatment Time Guarantee
 - (TTG) in September 20. Provisional management information indicates that 8,940
 - inpatients were waiting longer than 12 weeks by the end of October 20.
 - Acknowledged that 4 hour Emergency Access Standard performance is 89.5% for October 20.
 - Recognised that NHSL is prepared for the second phase of the national redesign of urgent care programme.
 - Recognised that while the number of delayed discharges have increased

since April 2020, numbers are still historically low for Lothian. HSCPs continue to work with acute colleagues to improve discharge planning, transfers of care and embedding Home First approach to reduce number of delays and associated occupied bed days.

93. October 2020 Financial Position

- 93.1 Mrs Goldsmith updated the Board on the financial position at Period 7. The paper also set out the financial impact from Covid-19 to-date.
- 93.2 Mrs Goldsmith reported that the financial position was becoming clearer and that despite a lot of uncertainty, the mid-year review was underway. As the year end moved closer there would be more confidence around the delivery of a breakeven position, making sure that all Covid-19 costs are separated from core business.
- 93.3 The Chief Executive highlighted that finance was not preventing the Board from doing anything but it was recognised that lack of infrastructure and capacity to meet demands were the biggest drivers.
- 93.4 The Board is agreed to accept the report as a source of limited assurance that the Board will achieve a breakeven position in this financial year.

94. Discharges to Care Homes

- 94.1 Professor McMahon introduced the report updating the Board on the clinical audit and analytical investigation into discharges to care homes.
- 94.2 The Board welcomed the report and expressed thanks to Mr Jackson and his team for pulling this complex and detailed piece of work together.
- 94.3 The Board noted that there had been two background briefing sessions for non-executive Board members about hospital discharges to care homes and the need to understand if Covid-19 could have been transferred from a hospital setting to a care home and if national guidance regarding testing and isolation requirements has been followed.
- 94.4 The Board recognised that work within virology to undertake genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks, remains ongoing and this would complete the review and support any necessary communications or inform any other actions required. It was hoped that this piece of work would be completed before the new year.
- 94.5 Mrs Mitchell asked about the application of learning into clinical practice and an indicative timeline around this. Professor McMahon confirmed there would be a report taken to the Board's Healthcare Governance Committee in January 2021. This paper would use the output from the submitted report, and analysis and action plan around the Root Cause Analysis that was published to ensure there was a marry up and a whole system action plan. There would

be a focus on Infection Prevention and Control and PPE.

94.6 Mr Jackson reported that there remained continued dialogue with the Lord Advocate's team around the inquiry but confirmed that NHS Lothian's process had been found to be robust and helpful and may encourage other boards to adopt a similar approach.

94.7 The Board accepted the recommendations in the report (as set out below) and requested that a further update come to the February 2021 Board meeting:

- Accepted the detailed report on the review into the discharges to care homes, considering the pattern of testing undertaken and investigating the possibility that there may have been introduction of Coronavirus (SARS-CoV 2) from hospital into the home.
- Acknowledged the complex processes that support discharges into care homes including the responsibilities of Health and Social Care Partnerships and Local Authorities and the professional accountabilities of social workers in this context.
- Noted that Virology is undertaking genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks. This will complete the review and support any necessary communications.
- Noted that NHS Lothian has a duty of candour to appropriately communicate relevant findings to patients or their families which will be undertaken following completion of the internal review which will be once the virology results have been analysed.
- Approved use of the internal review report to support learning across the organisation to improve administrative and clinical processes and in communication with the Scottish Government and Public Health Scotland to facilitate further learning given that this is an issue nationally.
- Noted that the detail of the review has been made available to the Lord Advocate's team for their consideration.
- Approved moderate assurance of the process followed to examine the likelihood of hospital discharges introducing COVID into care homes, given the limitations in the methodology adopted.

95. Project Bank Account Approval

95.1 Mrs Goldsmith outlined the report recommending that the Board approve the opening of a Project Bank Account for the Oncology Enabling Linac/Admin capital project.

95.2 The Board noted that the Standing Financial Instructions stated:
'The Board shall approve the banking arrangements. No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.'

95.3 Mr Hill asked whether it was possible for the Board to delegate the decision to open a bank account given that this will be a requirement for all projects

above £2m. Mrs Goldsmith agreed to discuss this with the Board's Head of Corporate Governance.

95.4 The Board accepted the recommendations outlined in the report and:

- Approved the opening of a project bank account for the Oncology Enabling Project at the Western General Hospital.
- Confirmed that the five executive members of the Board will provide the required personal information to complete the forms for the Royal Bank of Scotland to carry out the bank's Know Your Customer and Know Your Business regulatory checks.
- Authorised the Director of Finance to be the designated signatory to sign the account application on behalf of the Board.
- Authorised the Director of Finance to be the designated signatory to sign the trust deed on behalf of the Board.

96. Corporate Risk Register

96.1 Miss Gillies introduced the report providing an update on the NHS Lothian's Corporate Risk Register for assurance.

96.2 The Board accepted the recommendations in the report and noted that a review of the Corporate Risk Register would be arranged as part of a 2021 Board development session:

- Accepted the risk assurance table, as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee.
- Noted that a high-level review of the risks on the corporate risk register is being undertaken.

97. NHS Lothian Pharmaceutical Care Service Plan 2020

97.1 Ms Dee and Professor Timoney outlined the report recommending that the Board consent to publication of the Pharmaceutical Care Services Plan: Provision of Pharmaceutical Services Delivered via Community Pharmacy 2020.

97.2 The Board noted that due to the requirement to divert a lot of staff to the Covid19 response, the Plan had not received the level of refresh or engagement with partners that would have normally been expected and as a result a significant update was expected for the 2021 Plan to include extensive engagement with the Integration Joint Boards and the Board members who sit on the Board's Pharmacy Practices Committee.

97.3 There was discussion on the role of the Board's Pharmacy Practices Committee and the continued frustrations around the backlog of applications and blockages to the Committee's effective working.

97.4 The Board accepted the recommendations in the report:

- Noted that the Pharmaceutical Care Services Plan: Provision of Pharmaceutical services Delivered via Community Pharmacy 2020 has been supported by the NHS Lothian Corporate Management Team on 24th November 2020.
- Noted that IJB Chief Officers and Planning Officers have seen the 2020 plan for information and will be included in future development of the plan
- Provided consent for the plan to be published on The Community Pharmacy Lothian website.
- Provided consent that the plan continues to be reviewed annually and brought to the Board every three years.
- Supported the recommendations in the Pharmaceutical Care Services Plan.

97.5 The Board agreed to use the plan for 2020, accepting that additional update work would now be undertaken and the Plan would be built on. The Plan would then be revisited by the Board once the update work had been completed. There would be an update at the February 2021 Board meeting as to how the work on the plan was being taken forward.

98. RHCYP, DCN & CAMHS Project Update

98.1 Mrs Goldsmith updated the Board on the current status of the project as it approaches final completion. Mrs Goldsmith highlighted that work in CAMHS had been finished and migration of services was planned from 15 January 2021. Commissioning work to migrate other services as soon as possible after the end of January 2021 continued.

98.2 The Chair stated that there had been also been discussion about the project and the recent annual review with the Cabinet Secretary. The Cabinet Secretary had been supportive of the work that had been undertaken to make sure migration was clinically led given the context of Covid-19 and winter pressures.

98.3 The Board noted that in terms of oversight and governance of the project, the Executive Steering Group reporting to the Scottish Government Oversight Board would remain in place until the migration of the remaining services is finalised. It was also noted that the current Senior Programme Director, Ms Mary Morgan, had been appointed as Chief Executive of NSS from 1 April 2021. The Board passed on its congratulations. The Board also noted that Chair of the Scottish Government Oversight Board, Ms Fiona McQueen, had deferred her retirement to see completion of the project.

98.4 Mrs Goldsmith also reported that in terms of the Public Inquiry this remained at the information gathering stage and a further update would be taken to the Board's Finance and Resources Committee.

98.5 The Board agreed to accept the contents of the report as an update on the progress to completion of the facility and the planning underway for final migration of services.

99. Any Other Business

99.1 There was no other business.

100. Next Board Meeting

100.1 The next Board meeting would be held on 3 February 2021.

101. Standing Order 5.23 Resolutions to take Items in Closed Session

101.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Signed by the Chair
Date 03/02/2021

Mrs Esther Robertson
Interim Chair – Lothian NHS Board