

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 12 February 2020 in the Edinburgh Training Centre, 16 St Mary's Street, Edinburgh, EH1 1SU.

Present:

Non-Executive Board Members: Mrs E Robertson (Interim Chair); Mr M Ash; Mr M Connor; Mr G Gordon; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Ms K Kasper; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Professor M Whyte (from 11.45am) 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: Mrs J Butler (Director of HR & OD); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Mr P Lock (Director of Improvement); Ms J Long (Programme Director Unscheduled Care, for item 75); Mrs J Mackay (Director of Communications and Public Engagement); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Dr P Donald and Cllr F O'Donnell.

Declaration of Financial and Non-Financial Interest

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 declarations of interest.

70. Chair's Introductory Comments

70.1 The Chair introduced herself to Board members advising she looked forward to meeting people outwith the Board meeting. She outlined the reasons why she had agreed to become the Interim Chair of NHS Lothian advising she felt Lothian was a solid Board and there was evidence a lot of work had been undertaken. She advised she had accepted the Interim Chair appointment until the end of November or until a substantive appointment had been made. The Chair advised that because of a long standing personal commitment she would be unable to attend and Chair the March Board meeting.

71. Welcome and Introductions

71.1 The Chair welcomed Ms Kasper who had been appointed as the Whistleblowing Board Member from 1 February 2020 to her first meeting of the Board. The Chair also welcomed a number of colleagues from the Scottish Government Performance Directorate as well as staff colleagues, the media and members of the public.

72. Mr B Houston Valedictory Comments by the Vice Chair

- 72.1 The Vice Chair welcomed Mrs Robertson to her role as Interim Chair of NHS Lothian and thanked the Chair for allowing him the opportunity to pay tribute to the Former Chair, Mr Houston whilst sharing with Board members his concerns about the circumstances of his departure.

73. Items for Approval

- 73.1 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 they had had the opportunity to advise in advance if they wished matters to be moved out of this section. No such requests had been made. The Chair sought and received the agreement of the Board to agree items 2.1 – 2.7. The following were approved.
- 73.2 Minutes of previous Board meeting held on 8 January 2020 – Approved.
- 73.3 Healthcare Governance Committee minutes 12 November 2019 – Noted.
- 73.4 Finance and Resources Committee Minutes – 27 November 2019 – Noted.
- 73.5 West Lothian IJB Minutes – 26 November 2019 – Noted.
- 73.6 Midlothian IJB Minutes – 10 October 2019 – Noted.
- 73.7 East Lothian IJB Minutes – 31 October 2019 – Noted.
- 73.8 Edinburgh IJB Minutes – 20 August, 3 September, 22 October and 10 December 2019 – Noted.

Items for Discussion

74. Opportunity for Committee Chairs' or IJB Leads to Highlight Material Items for Awareness
- 74.1 Mr McQueen advised as Vice Chair of the West Lothian IJB he wished to update the Board about an ongoing joint inspection of effectiveness of strategic planning which was underway. He advised a number of interviews had been held including members of the IJB with initial report findings being expected in the first week of April with the final report being issued in June.
- 74.2 The Vice Chair advised as Chair of the Finance and Resources he wished to draw the Boards attention to 3 issues discussed at the 22 January 2020 meeting. The first of these was around progress with the Royal Hospital for Child and Young People (RHCYP) building which would be covered elsewhere on the Board agenda. The second issue was in respect of the sustainability and climate change strategy which was now a standing item on the Finance and Resources Committee agenda with it being noted plans were developing well. The Vice Chair advised a recent workshop had been held in the Royal Infirmary of Edinburgh where a significant number of staff had attended in their own time and had brought enthusiasm and ideas to the table in

respect of how to make NHS Lothian a secure and sustainable organisation. He advised it was his intention to continue these interactions and workshops and to develop a future plan and arrangements for carrying out assessments.

- 74.3 The Vice Chair commented the final issue he wanted to bring to the Boards attention was the fact that Mrs Goldsmith had provided a presentation on the development of the 5 year financial plan and financial strategies. He commented he was proposing the Board should discuss this issue in a development session in April in order to look at issues in more detail particularly in respect of the development of the financial plan. The Chair commented she supported this proposal and the logistics of this suggestion would be looked at possibly being accommodated by a shortened formal Board meeting in April leaving time in the programme for the workshop session suggested by the Vice Chair.

75. Lothian Recovery Plan Update

- 75.1 Mr Lock advised he proposed in conjunction with Mrs Campbell, Chief Officer Acute Services and Ms J Long, Programme Director Unscheduled Care to provide the Board with an update on waiting time improvement plan recovery and sustainability as well as the unscheduled care improvement programme.
- 75.2 Mr Lock advised since the January meeting he and colleagues had met with the Scottish Government on 23 January 2020 to provide an update on the recovery programme and updated on the outcome of this meeting which had been conducted in an open and transparent manner. NHS Lothian currently remained in escalation with it being noted the next formal engagement with the Scottish Government would be around March with recovery being linked to the Annual Operational Plan (AOP) and ongoing performance. The Board were advised the Corporate Management Team had met earlier in the week and had discussed areas of concern.
- 75.3 Mrs Campbell commented in respect of outpatients it was important to note the continued challenges in respect of the new outpatient position which had worsened during December. The current position was reporting that further work was needed. The key drivers were discussed with a significant issue being around the transition of the Edinburgh Dental Institute data on to Trak which for the first time had provided clean data and reported that the number of people waiting longer than 12 weeks was higher than anticipated.
- 75.4 The Board were advised the Treatment Time Guarantee (TTG) position was reporting positively. There remained continuing pressures in respect of utilising theatre capacity in Forth Valley. The 31 day cancer performance in December had improved with the 62 day position also showing an improvement of 8.4% since January the previous year. Mrs Campbell advised she chaired weekly meeting focussing on urology and colorectal cancer. The Board noted an agreed trajectory of 18,100 for outpatients and 3,100 for TTG had been agreed with the Scottish Government. Mrs Campbell advised there remained a continued focus on long wait patients with this position also showing improvement.

- 75.5 In terms of paediatrics in SJH Mrs Campbell advised the service was continuing to operate on 4 nights per week and the Programme Board at a recent meeting had agreed given the overall staffing position it would not be possible to provide a safe and sustainable service on a 7 day basis. As previously agreed the engagement with the Royal College of Child and Young People had commenced the previous day and they would evaluate whether NHS Lothian had looked at all actions and opportunities to return to a 7 day provision. Consideration was also being given to recruitment options in respect of the paediatric ward.
- 75.6 Mrs Mitchell commented it would be useful for future iterations of the report to include more detail in order to understand where there was increased demand and whether this related to all specialities or only specific areas. It would also be useful obtain a sense of the success of short term measures to mitigate the position. The Board were advised in the short term the key mitigating measure was to purchase additional capacity including from the private sector.
- 75.7 In respect of keeping patients advised of what was happening in their individual cases a key factor was the 'Keep in Touch' initiative that identified whether there were changes in the patient's condition which could either lead to them being removed from the list or their condition being brought to the attention of the appropriate clinical staff.
- 75.8 In terms of the comment made in the circulated paper about delivering a net neutral position next year and the heavy reliance on external provision as well as a continued focus on service redesign was discussed. In response to a question from Mr McQueen it was noted in terms of contribution to sustainability a 5 year forward look was being attempted and the sustainability and value contribution continued through the work of the Finance and Resources Committee.
- 75.9 The Chief Executive commented the position in Lothian was unique in that the population was increasing at more than twice the national rate. He advised this meant NHS Lothian had to be more efficient just to stand still. He advised the recovery plan ethos was to run faster and quicker although there was also a need to stand back and look at redesign options. The Chief Executive commented in respect of the outpatient return agenda there were 250,000 new referrals every year and 500,000 return referrals and in that regard there was a need to consider a process of redesign to mitigate this position. The point was made as a result of population and demographic changes there was a need to recognise more patients would live longer and would potentially become subject to conditions of the elderly. The Board were advised the challenge moving forward through the recovery plan would be to move from a 95% focus on day to day operational issues to a balance of 60% on redesign and 40% on operational issues. The current workforce supply was unmet and this would be an issue moving forward.
- 75.10 Mr Lock advised for the next Board meeting the focus would be on scheduled care, redesign and the forward plan. He introduced Ms Long, Project Director for Unscheduled Care advising she was working across the main sites as well as the Health and Social Care Partnerships (HSCP). Ms Long provided the Board with a Powerpoint presentation covering current work and activities.

- 75.11 The Board were advised in respect of changing the narrative the issue was about getting people out of hospital that did not need to be there and to ensure services were provided at the point of need. It was noted many people were mobile at home and it was important to avoid them being admitted into hospital as often they became institutionalised. The Board were advised of the 'Medway' Project which had the ethos that nobody should enter hospital and never see their home again. This was agreed as an appropriate aspiration.
- 75.12 The Board were advised currently within the system there was a lack of confidence between acute and community services and there was a need to build trust in order to ensure that staff understood the functions of other parts of the system and what they were managing.
- 75.13 The Board was advised social care delays had increased during December and January although it was expected these would drop back to around 200. It was noted HSCP's were being ambitious around the delayed discharge position with there being an aspiration to move down to 100 in the following year through the adoption of initiatives like the Pan Lothian Home First Approach.
- 75.14 Mr Crombie commented at previous Board meetings the system had reminded itself whilst performance data was important the core issue was around the concept of safe patient care. It was noted 4500 patients attended ED department each week and during 4 Monday's in January there had been an increase of 17% in activity. Mr Crombie commended the resilience of the clinical team and other colleagues in sustaining performance under such circumstances. He commented the data heralded the need for change and there was a need for more focussed work to deliver change and sustainability.
- 75.15 The Board received an update on work to target the number of admissions as well as work being undertaken to pull people out of the hospital environment as quickly as was safe and feasible to do. The point was made that currently there was a difference in the data used by HSPC's and there was a need to learn lessons on how to move forward in the same direction. Mr Lock advised discharge planning variability was the key issue.
- 75.16 Mr Ash commented when looking at integrated care services there was issues around the lack of integration and governance problems leading to either duplication or conflict particularly in respect of NHS budgets. He commented he would welcome a more long term solution with Local Authorities and the 4 HSCP's on a full partnership basis.
- 75.17 Mr Murray commented in Edinburgh a process of resourcing transformational change was underway and questioned whether there was a comparable resource in other areas. He felt there would be benefit in adopting a whole system approach around transformation. He felt there was an issue around directions and accountability and the need for IJBs to come up with solutions.

- 75.18 Mr Connor commented he had a concern about how to make headroom to undertake redesign as he did not feel it was possible within current resources. He advised the Board of the approach taken in the private sector. Mr Connor commented if a 5 year framework was being adopted then there would be a need to do things differently.
- 75.19 Dr Williams advised he supported investment in the community in order to obtain quick and easy access to services. He advised a previous study had looked at inappropriate admissions to the hospital and the numbers were relatively small. Dr Williams challenged the view that GPs were keen to admit people into the hospital environment advising this was not the case. He stressed if there was a desire to do more work in the community then both the NHS Board and the Scottish Government would need to resource this appropriately.
- 75.20 Ms Hirst advised she had attended a conference about redesigning Scotland's healthcare where the focus had been around the need for this to be done on a whole system basis. Discussion had been held about the English position and the 4 hour standard in emergency medicine with the point having been made about the 'vital few' with 5% of those presenting accounting for 20% of breaches with this having been looked at in detail.
- 75.21 The Board were advised by Mr McQueen in respect of delayed discharges that in West Lothian they had introduced a different contractual agreement in October. He questioned what East Lothian was doing that could be of value to the rest of the system in improving the position and influencing discussion with providers.
- 75.22 The Chief Executive advised currently the system was buying extra capacity because of challenges around the workforce. There was an Edinburgh specific phenomenon in respect of people looking for work at minimum wage level and the wider range of options available to them. The Board were advised the Corporate Management Team earlier in the week had discussed the possibility of taking a financial risk to make a significant step change in the provision of out of hospital care system. The Chief Executive stressed if the NHS Board was to take financial risk then this must be for additionality and not to cover budget deficits elsewhere. The Board were advised social care system was fragile with there being issues both in Edinburgh and West Lothian about the reduction and loss of capacity.
- 75.23 Mr Lock updated the Board on timescales around recovery advising a further meeting would be held with the Scottish Government at the end of March. He advised there still remained risks as detailed in the paper and this had implications for the immediate recovery process. He advised there was a 6 month timeframe to move to the home first model before the onset of next years winter.
- 75.24 The Board agreed the recommendations contained in the circulated paper.

76. Update on the Royal Hospital for Children and Young People and Department of Clinical Neurosciences (RHCYP and DCN)

- 76.1 Mrs Goldsmith advised the circulated paper summarised significant progress since the previous Board meeting and also addressed the reasons why in February the system was still at the point it was. She advised there were 3 main issues to address and explained these in detail to the Board:
- 76.2 Mrs Goldsmith commented in respect of why it had taken so long for significant progress to be made that it was important to recognise there had been 2 phases of the National Services Scotland (NSS) review to consider before it was possible to provide assurance to the Board and the Oversight Board of compliance with the 6 critical systems and work with IHSL and about how these packages of work would be delivered.
- 76.3 The Board noted good progress was being made although it was stressed there would be a need to finalise the programme in respect of high value changes. Mrs Goldsmith advised there would also be significant work around testing and providing assurance to be undertaken by a multitude of partners in order to provide assurance to the Board and the Cabinet Secretary in respect of the facility being safe for occupation.
- 76.4 The Board were advised the Chair of the Oversight Board had asked NHS Lothian to consider whether its own mobilisation and commissioning process could run in parallel to works being undertaken by others. Mrs Goldsmith reminded the Board of comments made around this issue by both KPMG and the Auditor General and the concerns they had raised about the length of time left to undertake proper commissioning and validation. An analysis of the position would be reported to the Oversight Board on the 20 February 2020 and the outcome of this would be required before issues around design works were concluded.
- 76.5 Mr Ash advised the internal audit process was being addressed in 2 phases. The first of these was an undertaking of a deep dive exercise to look at the processes and decision making. Phase 2 if required would look at issues around individual actions and accountability. The Audit and Risk Committee at its meeting on 24 February 2020 would review the internal audit report and at that point a management response would be needed which would hopefully identify lessons learned moving forward. The internal audit report would in due course be made public. Mr Ash reported immediately following the Audit and Risk Committee he would arrange for the report and the minute of the meeting to be circulated to Board members.
- 76.6 Mr McQueen commented Board members and members of the public would be interested what this meant for the likely completion date of works and the opening of DCN and RHCYP facilities. Mrs Goldsmith advised the supplemental agreement was critical as would be the element of risk identified. It was noted until design work was completed in respect of the critical care unit and the theatre ventilation for haematology / oncology it was not possible to give the Board a timeline for moving into new facilities.
- 76.7 Dr Williams advised the complexity of the structure was overwhelming. He commented the Board acknowledged mistakes and needed to learn lessons from

them. He commented in particular this related to the previous process of trying to commission work whilst validation and testing was being undertaken. Mrs Goldsmith confirmed this approach would not be adopted in the current phase. She advised there would be a need to confirm what if any risks were acceptable to the Board and the Oversight Board and therefore the Cabinet Secretary who would require to make the ultimate decision.

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

77. Our Priorities for Continuous Improvement

77.1 Professor McMahon drew the Boards attention to the change in format and focus of the paper. He advised as part of the consultation process discussion had been held with Board Committee's, Corporate Management Team and the Wider Leadership Team with an impact assessment being undertaken. The proposal was to use the outcome as the format of how to communicate with staff.

77.2 The Board noted the Scottish Government 2020 vision would be replaced by a 2031 vision. The Chief Executive reminded the Board the NHS Lothian vision had taken account of the IHI triple aim as required by protocols. NHS Lothian had added a 4th dimension around staff and values and this would remain.

77.3 Mr Murray referred to the use of explanatory notes for staff and advised there would be a need to use these for wider communication.

77.4 Cllr McGinty and Mrs Hirst also with reference to paragraph 3.5 felt the format and explanatory note was a big improvement. They welcomed inclusion of the transfer of services to the new RHCYP / DCN and the aim to fully reopen the paediatric inpatient unit at SJH given these were major pieces of work for the Board and were in part subject to oversight by the Scottish Government. It was felt the inclusion of those issues would be essential in the public document. Professor McCallum concurred and commented on the need for language in final document to reflect the target document.

77.5 The Vice Chair commented on the importance of the document and the fact it redesigned sustainability in its broadest sense. He felt it was a good focus document and was easy to read and understand. He felt there was a need to reflect on whether the final document should contain operational implementation priorities albeit they would remain priorities.

77.6 Mr Ash welcomed the accessible format of the report and felt this should represent the process moving forward. In that respect he stressed the need for engagement with Local Authorities and Strategic Community Partnerships. Professor McMahon advised he would pick up this point moving forward. The Chair commented sharing the document widely made sense particularly in respect of confidence building and adding understanding.

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

77.8 Professor McMahon left the meeting.

78. 2019/2020 Financial Position Quarter 3 Financial Forecast and Financial Outlook 2020/2021

- 78.1 Mrs Goldsmith advised although the Finance and Resources Committee had received moderate assurance about financial breakeven at the year end, she was now able to confirm to the Board that a breakeven position would be achievable particularly now that prescribing had stabilised. She advised that the 2 issues that remained outstanding were underspends and overspends within IJBs and the residual cost for the winter period. Mrs Goldsmith advised there was a need to focus on the recurrent deficit and this linked to the previous point made by the Vice Chair about holding a delivery session in April.
- 78.2 Mrs Goldsmith advised the Local Authority settlements in the budget were an issue particularly in respect of what this meant for IJBs albeit there were no particular concerns in respect of NHS Lothian. It was noted the NRAC (National Resource Allocation Committee) uplift had been positive and better than anticipated. She commented however NHS Lothian remained at 0.8% of parity for 2020/21 and this represented a £14m gap given population and demographic issues. It was noted the Finance and Resources Committee would look in more detail at issues around the budget.
- 78.3 Mr Crombie in respect of the £100m allocation to Integration Authorities commented on the intention to create a performance framework to draw Local Authorities into more accountable discussions about service provision. It was noted the detail of the performance framework had not yet been seen although it was agreed this could be used to engage in more meaningful discussions.
- 78.4 The Chief Executive commented previously alternate Board meeting had been used for a development session. He commented there might be benefit in making the Public Board meetings shorter to afford the opportunity of incorporating a development discussion to discuss issues like the 5 financial plan. He advised there was a financial risk inherent within the system because of the fragility of social care services.
- 78.5 The Board agreed the recommendations contained in the circulated paper and in particular the assurance provided by Mrs Goldsmith that financial breakeven would be achieved.

79. NHS Lothian Corporate Risk Register

- 79.1 Ms Gillies commented on the need to consider the frequency of Board discussions around the risk register given many issues were not changing significantly from meeting to meeting. It was noted that a Lead Governance Committee had been identified for each risk and the authors of papers had been reminded about the need to be explicit around the status of the risk. An update was provided on the approach being taken to risks around delays in moving in to the new RHCYP/DCN facility. The Board also received an update on the view of Brexit risks with it being noted the template had been updated to reflect changes.
- 79.2 Mr Ash advised the Audit and Risk Committee were pleased with the progress being made and were now considering how best for the risk register to be reported. He

commented if there was clarity around the governance aspects and oversight then it might be sufficient for the Board to receive exception reports. Ms Gillies advised she would discuss this further and report the outcome back to the Board.

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

80. Any Other Competent Business

80.1 Coronavirus Update – Professor McCallum provided the Board with an update on the actions being taken to manage the coronavirus position. It was noted 65 people in the region had been tested for the infection in the previous 3 weeks with all results having been negative. The Board were advised however plans were in place to step up preparations for the possible spread of the virus and this included plans being made to set up isolation centres.

80.2 The Board were advised the coronavirus had so far claimed over 1000 lives with there being in the region of 40,000 known cases in 27 countries across the world. Professor McCallum advised in Lothian a team had been established that could respond to suspected cases by means of people being tested in their own home. She commented NHS Lothian were also looking at community facilities that could be used to isolate confirmed cases if people could not be isolated at home. The Board were advised extensive planning was underway.

80.3 Professor McCallum with reference to statistics around coronavirus that issues like the number of people being admitted to hospital and their length of stay etc were not reliable. In that regard the planning that was being undertaken was based on pandemic flu because that was the closest comparator.

80.4 The Board were advised as of the previous day there had been 42,638 cases of coronavirus and 1,016 fatalities in mainland China as well as 464 cases internationally. The Board were advised a total of 1,134 individuals had been tested in the UK of which 8 were positive and the rest negative. Professor McCallum advised most of the Lothian potential cases were people who reported symptoms to NHS24 or during daytime hours had called their GP. She advised the strategy was to avoid the virus getting into hospitals. In that regard it had been possible to set up very rapidly a community testing facility using a car and trained staff to go out to visit people in order to avoid them having to come in to healthcare buildings. An additional workstream was underway to look at community facilities to allow people to be cared for outside hospital if they were not capable of being isolated within their own homes. The Board were advised NHS Lothian now had testing available for this new virus in Edinburgh which meant results were received quickly.

80.5 The Board were advised whilst all of the estimates were unreliable the system was planning for a process of containment whilst also planning at the same time for a bad flu season in the spring into the summer and if this turned out not be a seasonal bug then a bad flu season into the forthcoming winter period. The Board were advised there was still a chance that containment would work although there was an overriding requirement to plan for the most reasonable worse case scenario of pandemic flu and work backwards from there.

- 80.6 Professor McCallum advised NHS Lothian was having regular teleconferences with Health Protection Scotland, the Chief Medical Officers for England and Scotland and was also coordinating with other Scottish Health Boards and the Scottish Government's Resilience Committee.
- 80.7 The Board were advised steps were being put in place to keep staff up to date and noted that wider winter resilience plans were already in place.
- 80.8 The Chair commented it was reassuring a joined up approach was being taken and she also welcomed the preventative aspect of work. She advised a key issue was to be aware of increases in hate crime with this already having been evidenced in some universities where there was a significant student Chinese population. She commented she hoped all the effort being put into planning for the coronavirus situation paid dividends.
- 80.9 The Board welcomed the update report.
- 81. Invoking of Standard Order 4.8 – Resolution to Take Items in Closed Session**
- 81.1 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.
- 82. Date and Time of Next Meeting**
- 82.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 4 March 2020 at the **Scottish Health Services Centre, Crewe Road, Edinburgh.**

Signed by the Chair on 04-03-2020

Original in file