

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 12 August 2020 using Microsoft Teams.

Present:

Non-Executive Board Members: Mrs 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; Mrs K Kasper; Mr A McCann; Cllr D Milligan; Cllr J McGinty; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Mr T Waterson; Dr R Williams and Professor M Whyte.

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

In Attendance: Mr C Briggs (Director of Strategic Planning); 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); Mrs J Mackay (Director of Communications & Public Engagement); Mr A Payne (Head of Corporate Governance); Mr D A Small (Director of Primary Care Transformation) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Declaration of Financial and Non-Financial Interest

- 42.** 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.

42.1 There were no declarations of interest.

43. Chair's Introductory Comments

- 43.1 The Chair extended a warm welcome to Mr T Waterson as the Board's new Employee Director. She also congratulated Mrs Kasper on her pregnancy. The Chair reported that Mr Ash and Mrs Mitchell would remain on the Board as their membership had been extended, however they have stood down from chairing the Audit & Risk Committee and the Staff Governance Committee respectively. The Chair thanked both Mr Ash and Mrs Mitchell for their leadership and contributions in those roles.

- 43.2 The Chair also extended the Board's thanks to Ms Joanne Brown for her work on the internal audit of the Royal Hospital for Children and Young People / Department of Clinical Neurosciences.

44. Items for Approval

- 44.1 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 that they had the opportunity to advise in advance if they wished matters to be moved out of this section. The Chair advised that paper 2.2 'Appointment of Committee Members' would be discussed separately.
- 44.2 The Board agreed items 2.1 and 2.3-2.8 on the agenda without further discussion.

Items for Discussion

45. Appointment of Committee Members

- 45.1 The Chair advised that the circulated paper had proposed that Mrs Mitchell would join the Edinburgh Integration Joint Board (IJB). However, on reflection Mrs Mitchell concluded that she could not undertake this role. The Board approved the recommendations in the report except the appointment of Mrs Mitchell to the IJB. The position would be reviewed and alternative proposals would be brought to a future Board meeting.

46. Approach to Future Board Meetings

- 46.1 The Chair commented that the recommendation in the Board paper was that the Board would continue not to convene its Board meetings in public up to and including its meeting on 9 December 2020. This is for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting. Meetings would therefore continue to be held by Teams or in any other manner which did not require the members or staff to physically meet.
- 46.2 Ms Hirst commented that although she was content to have meetings on Teams that she had concerns about the lack of opportunity for members of the general public to observe the Board's business. She questioned what other Boards were doing and whether this included recording meetings in order to have a public record.
- 46.3 The Board noted that the national Corporate Governance Group was looking at how to take Board meetings out of lockdown, and considering the various options. The Board noted that in NHS Fife the media was allowed to attend meetings via Teams.

- 46.4 Mr Payne advised that the intention was to develop and implement a consistent approach across Scotland.
- 46.5 The point was made that some IJB meetings were already streamed. The Chief Executive, Mr Payne and Mrs Mackay would look at opportunities around streaming and also inviting the media to join the meeting. Cllr Milligan reported that councils had been advised of the need to move back to public meetings by mid-September.
- 46.6 The Board agreed the recommendations contained in the circulated paper and in particular the need to continue to schedule six public Board meetings per year. Mr Connor advised that in a previous role in an English NHS Trust development sessions had been held in the afternoon of the public Board meeting.

47. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

- 47.1 The Vice Chair advised that at the Finance and Resources Committee meeting held on 22 July 2020, the Committee had reviewed the entry on the corporate risk register for RHCYP/DCN. The committee had also considered the appointment of counsel to the public inquiry, and the role of the Finance and Resources Committee in that process.

48. Board Executive Team Report

- 48.1 The Chief Executive advised that the production of a Board Executive Team report to the Board was something that he had done in previous Boards. He advised that he had agreed with colleagues that a similar report would be produced for NHS Lothian for a short period and then reviewed to consider its added value.
- 48.2 The Chief Executive advised in respect of his own section that it was important that the Board were aware that the Annual Review of the Board had been set for 16 November 2020 and further clarity would be provided once this was available. This would include whether non-executive Board members would be asked to actively participate as had been the case in some previous years.
- 48.3 Professor McCallum advised that it had been her intention to draft a paper for the Board meeting in respect of the Lothian testing strategy. This had been put on hold as she had received a copy of a confidential draft of the Scottish Government's national strategy. It has been agreed not to progress with the Lothian document until it could be clarified that a common approach was being proposed in both documents. Professor McCallum advised that she had responded offline to a number of questions raised by Mr McQueen in respect of environmental testing.

- 48.4 Mr Murray asked what the intended use was for Patient-Level Information and Costing Systems (PLICS). His understanding was that the original purpose was to help access IJB data, and asked whether there were any intentions for wider use. Mrs Goldsmith advised that there had been a requirement to change supplier and as a result the system had been paused. She commented it would probably be the next financial year before the system was fully up and running, and this would be used to provide actual data for IJBs to use.
- 48.5 Mrs Mitchell welcomed the report and commented she would like a bit more structure around the paper to demonstrate how to map activity into strategic objectives, and to explain where issues would be developed. The Chair reported that a similar report was used in NHS24, and this mapped to the corporate objectives. The Chair advised she will explore this further.
- 48.6 The Chief Executive agreed that future iterations of the report should include contributions from IJB Chief Officers. This had been the practice in his previous roles. He reminded the Board that the development of the report was still in its evolutionary stages.
- 48.7 Professor McMahon, in response to a question from Mr McCann, advised that the healthcare associated infection report had shown positive progress in respect of sabs and c-diff, and that the issue was about sustaining this position into the future.
- 48.8 Mr Connor sought an update on the indicative date when the elective centre at St John's Hospital would come on stream. Mr Crombie advised that the Covid delay had allowed the system to revisit the design and planning assumptions around the elective centre. There will be an impact on the construction timeline, and we will develop a better understanding of this over the next few months. Mr Crombie advised that the timeline for the submission of the Full Business Case to the Scottish Government in February 2021 still remained, however this depended on the construction timeline.
- 48.9 Mr Small in response to a question from Cllr O'Donnell around the flu vaccination provided details on the different approaches being proposed by each of the IJB areas.
- 48.10 The Vice-Chair commented that the Finance and Resources Committee often reflected on the relative inflexibility of revenue, partly because of PPP contracts. This had been considered in respect of looking at other funding routes for the replacement Eye Pavilion. The Committee has considered how to respond to alternatives to a traditional capital funding model.
- 48.11 The Vice-Chair commented that whilst he understood the position around the car parking situation at the Royal Infirmary of Edinburgh, the issue added to existing environmental concerns. He sought assurance that final proposals would include proper provision for cyclists and the charging of electric cars. The Chief Executive confirmed that these issues would be considered, and he

accepted that the car parking proposals were in direct opposition to strategic objectives, but were necessary.

- 48.12 Mr Crombie reported in respect of the Eye Pavilion, that there had been a clear signal from the Scottish Capital Investment Group that no capital would be available. So other funding sources should be considered and this process was currently underway, with nothing having yet been agreed. He commented that further discussion around this would be held at the Finance and Resources Committee. Mrs Goldsmith will prepare a report which considers the implications and associated risks of different funding models.
- 48.13 It was pointed out that in other organisations the Board receives separate reports from the Chief Executive and the Chair. The Chair advised that she would normally produce a report to the Board, and confirmed she would do so moving forward. She provided the Board with details of individual discussions that she and the Chief Executive had held with MSPs.
- 48.14 Mr Small responded to a question from Mr Waterson, and advised that for flu vaccinations there is a national fee structure in place. Any charges made by GP practices and the payment of these were not within the gift of NHS Lothian. Professor McMahon provided an update on national work in respect of band 3 nurses and healthcare support workers in relation to the vaccination process. He commented that bank usage would only be utilised for weekend working and this position that would be kept under review. Mr Waterson agreed that he would continue these discussions separately and offline with both Professor McCallum and Professor McMahon.
- 48.15 The Board noted that regular routine eye care had recommenced on 3 August 2020.
- 48.16 The Chair reminded Board members that they were now receiving regular press summaries on a trial basis and invited feedback on the effectiveness of this process.
- 48.17 The Chief Executive thanked Board members for the positive feedback to the Board Executive Team report. He confirmed that he would review its structure, noted the suggestion that future reports should be grouped around themes rather than directors, and that the report should include contributions from the four IJB chief officers. The Chair welcomed the report and asked Board members in the future if they had issues of interest to make contact with the appropriate director offline.

49. Covid-19 – Public Health Update

- 49.1 Professor McCallum advised the Covid position was still an evolving picture. She commented that in Lothian there had been low levels of community transmission and that some signals of individual cases were being investigated. In terms of asymptomatic cases for workers in care homes it was noted that to date there had been no sign of infection or other issues in

the care home environment. The Board were advised that venue specific issues were being addressed.

- 49.2 Ms Hirst updated on discussions held at the Midlothian IJB in respect of the impact of flu vaccinations, and also the opportunities around this to do other contacts while patients were receiving their vaccination. She felt there was a need to deliver more locally, and ensure services were easily accessible to members of the public in order to reduce the need for people to travel. She also questioned the position in respect of the variation in local authority areas in terms of infection and death rates.
- 49.3 Professor McCallum concurred that moving into winter there would be opportunities to undertake extra contact, and that this would be done as much as possible to ensure needs were being addressed. Additionally interventions would be put in place with the third sector, housing and local authorities for vulnerable populations. With regard to variations by local authority, Professor McCallum advised there was a lot of work ongoing with partnerships and the University of Edinburgh and Datatech around this issue, and she would provide details once they were available.
- 49.4 Mrs Mitchell expressed concerns in terms of contact tracing in relation to efficiency and delays in passing data between the national and local centres. She commented that it appeared there were different ways of notifying people of their results. Professor McCallum reported that Mr McQueen had also asked related questions and she had responded to him offline. She reported that there was a two-tier system in Scotland, and this was different from the approach used in England. The Board was provided with details of how the Scottish system worked. It was noted that basic contact tracing could be undertaken by the national centre, although at the moment because of the lower numbers involved, the local system was providing support around individual cases. The use of text messaging was important, with it being noted for clinical tests, the clinician needed to take responsibility for ensuring patients received their results. It was noted however that in some instances the use of automatic text messaging was not appropriate. The need for a fail-safe system was stressed to ensure people did not get lost in the system. The Chair commented that she was reassured that the local system was able to provide assistance nationally and hoped that this was a reciprocal arrangement.
- 49.5 Professor McCallum advised that NHS Lothian was working with the Scottish Government to explain why Lothian figures looked higher than the position for the rest of Scotland, and to develop a new matrix. Possible reasons for the Lothian position was provided to the Board. Cllr Gordon felt there was a need to make the public aware of the reasons for the higher Lothian return. It was agreed that Professor McCallum and Mrs Mackay would discuss this offline. Cllr O'Donnell questioned whether travel restrictions would be applied at times of increased lockdowns and whether the tourist sector would be advised not to take bookings from these areas. Professor McCallum commented that if her advice was taken, and there was ability under the Public Health Act, then she would prefer bookings not to be accepted. It was pointed out however

there were exceptions and that the tourist sector had been fantastic in helping the system find safe places for people to self-isolate. Professor McCallum was keen that the existing partnership between local authorities, NHS Lothian, the tourist industry and the third sector continued.

- 49.6 Cllr O'Donnell further questioned in terms of care homes and a possible second wave whether patients would only be discharged to a care home following a Covid-19 negative test result. Professor McCallum advised that this was always a finely balanced clinical decision underpinned by public health principles. The position would depend on the risk assessment and what was best for the patient. Professor McCallum commented in some instances it would be clinically inappropriate and in others, the person might refuse a test. It was for these reasons that an individual risk assessment was important.
- 49.7 Cllr O'Donnell highlighted that in respect of education, it would be important to recognise that older staff like domestics etc, and not just teachers, might be at great risk following the re-opening of schools. Professor McCallum confirmed that this issue was now covered by the guidance. Public engagement and feedback from patients would be added into a future iteration of the Board paper.
- 49.8 Mr McQueen questioned what was being done to protect black ethnic minority (BME) staff from avoidable exposure, and whether there was a need for a national risk assessment tool. He sought advice on the timescale for the completion of any work and how this would be handled with appropriate staff. Professor McCallum commented on the emerging relationship with Public Health Scotland. She suggested there would be merit in adopting a 'Once for Scotland' approach with both Public Health Scotland and the Scottish Government to reach an aligned position. Professor McCallum reported that Directors of Public Health met weekly, there were no issues about a lack of integration, and relationships were developing in a positive way. A wider community planning relationship was also developing.
- 49.9 Professor McCallum updated the Board on the developing BME network. She and the Chief Executive along with the Director of the Occupational Health Service had met with BME colleagues to talk through the issues. It was noted that it would be important to ensure that BME specific issues were not lost in the wider risk assessment. Mrs Butler advised that the assessment tool that had been developed was for all staff and not just BME staff, as there were also other risk factors and groups of vulnerable people. The risk assessment in the first instance has been about shielding staff. It was recognised that further work was needed around communications. The Chief Executive concurred with the points made about vulnerable groups including age, obesity and gender, whilst accepting the need to minimise anxiety amongst BME staff.
- 49.10 Professor Whyte updated on what was being done by the University of Edinburgh in respect of the anticipated influx of students in the summer. It was noted that local and national discussions were taking place. At the

moment the system was not testing asymptomatic contacts. Professor Whyte questioned whether it would be possible to influence that agenda. The Chair advised that she was aware of one university that was looking at testing all staff and students. The point was made that some groups were more at risk than others.

49.11 Dr Donald suggested in terms of the complexity of testing, that communications were important in respect of how to obtain access to a test, how to receive results and any necessary follow-up. She felt that there would be benefit in providing a summary sheet, as currently people were not aware of the nuances. This could be an iterative document that would change over time.

49.12 The Chair commented that the points made had been important and would be taken into account when the Lothian strategy was produced in conjunction with the Scottish Government wide publication. Dr Donald advised that she would be happy to work with colleagues in the development of the strategy.

49.13 The Board agreed the recommendation contained in the circulated paper.

50. Test Strategy

50.1 The Board agreed this issue had been discussed elsewhere on the agenda.

51. Scheduled and Unscheduled Care Performance / Clinical Prioritisation

51.1 The Board agreed to take the above items together given the linkages between the issues.

51.2 Scheduled Care and Unscheduled Care Performance – Mrs Campbell reported in terms of scheduled care that outpatient services were experiencing continued pressure. The level was lower than pre-Covid although urgent suspicion of cancer was up to pre-Covid levels. There had been a reduction in activity and capacity because of the need for physical distancing. The Board noted that a detailed risk assessment had been undertaken to reduce distancing from 2 metres down to 1 metre for outpatient services, and this would be considered at the Corporate Management Team the following week. If this proposal which would have clinical support was signed off then this would have a positive impact on service delivery. A visit had been made to the Louisa Jordan Hospital in Glasgow to consider the capacity that they might be able to provide. The position was being risk assessed as there would be a need to move staff to Glasgow to support the capacity.

51.3 The Board were advised that there were around 39,000 patients waiting more than 12 weeks for treatment. In terms of the treatment time guarantee (TTG) the main focus was about remobilising theatre capacity. There remained

reduced capacity because of the requirement to undertake enhanced cleaning and the need to don and doff PPE.

- 51.4 Mrs Campbell reported in terms of inpatient day cases that the focus was on urgent and suspicion of cancer. It was noted that 31 day and 62 day cancer performance was being monitored. There was currently a specific pressure in urology with work underway to explore how services could be increased using both the Western General Hospital (WGH) and private providers. It was reported that additional non-recurrent funding had been received to support endoscopy by using facilities in Fife, as well as the WGH enhancements.
- 51.5 Unscheduled Care Performance – The Board was advised that performance for July was at 95%, with the system continuing to maintain red and green pathways. It was noted there were real pressures at the Royal Infirmary of Edinburgh, with activity especially on Mondays being up to pre-Covid levels, partly as a result of increased requirements for resuscitation. The current focus remained on winter and how to schedule unscheduled care, with a focus on diverting self-presenting patients to more appropriate services.
- 51.6 Clinical Prioritisation – Ms Gillies advised that the remobilisation plan sought the adoption of a unified Scottish approach. The plan followed guidance which the four surgical colleges in the UK developed, and therefore had a level of professional endorsement. It was noted that learning from Grampian had also been useful. Ms Gillies advised that the current issue was that there were increased pressures from new patients waiting for treatment that the system did not have capacity to provide. The Board was advised that waiting resulted in a poor experience for patients, particularly those with urgent needs who would experience a poorer outcome, as explained in the paper.
- 51.7 The Board received a brief summary of how patients on the waiting list were broken down. It was noted that the split between urgent and routine was the same as for the rest of Scotland (20% - 80% split). It was reported that category 1 patients were not on the waiting list, and were admitted in an unplanned way and would be the first call on resources.
- 51.8 Ms Gillies reported that national work was underway looking at data submitted via remobilisation plans. The focus remained on those with most urgent needs first. This approach was currently only endorsed for surgical specialties although discussions were being rolled out elsewhere. The Board noted the importance of maintaining communication with patients who were on the waiting list and this was partly being done via 'keep in touch'. There was a need to have a process to escalate patients and this was being drawn out in the review of Grampian work.
- 51.9 The Board was advised that in all likelihood the system would see an increase in the number of patients presenting with urgent conditions (categories 1 & 2), with there already being some evidence of this in cancer services. This meant that some people might have to wait longer and it was important that there was clear communication around this. Ms Gillies commented that although this was an unpalatable message, it was important this was

communicated in a transparent manner and that a route for escalation was maintained. The Chair advised there had been a clear message at the Chairs Group about the need for both national and local messaging.

- 51.10 Mrs Campbell, in response to question from Mr McCann about theatre output, advised that ongoing work was underway around theatres. The position pre-Covid had been 200-250 elective sessions per week, moving down to 75, although the position was now recovering to 100 theatre sessions. It was hoped to move to a position of 84% with there already being evidence of increases in activity. A similar exercise was being done for outpatient activity. The Board noted there had been a significant reduction in the number of 'face to face' consultations with initiatives like 'near me' having been deployed. Work was underway looking at how to mitigate the loss of activity, including the use of patient initiated follow-up. The diagnostic capacity had been affected in relation to the need for physical spacing and using PPE, leading to increased turnaround between patients. The Board was advised that consideration was being given to increasing productivity by reducing the 2-metre distancing position to 1 metre, supported by appropriate mitigating actions and clinical sign-off.
- 51.11 Dr Donald commented that positive feedback had been received in respect of communication with patients. She stressed the importance of also communicating to GPs in order that they were aware of the process for accessing services. Dr Donald felt there were significant opportunities to schedule unscheduled care either locally or nationally. She questioned whether there was anything that the Board could do to facilitate this process. The Board was advised that the access team were updating patient letters to emphasise that access to services would look different, and these messages would continue to be developed.
- 51.12 Mrs Campbell reported that work around scheduling unscheduled care was a national initiative, and the Scottish Government has communicated its expectations. NHS Lothian has established a Programme Board to look at the local requirements and actions. The Chief Executive advised that he and the Chief Executive of NHS24 co-chaired the National Group to make scheduling unscheduled care a reality. He advised that by the end of October 2020, all health boards would be required to have system in place to have self-presenters using 111, establish a flow centre, and develop 'call Mia' or steps to put people into hot clinics and then to the Emergency Departments. It was accepted that the clinical triage process would not be perfect by the 31 October 2020, and this would be an issue for the Scottish Government to address. The Chief Executive stressed the need to have robust arrangements in place before the onset of winter. The Chair commented that what was being described represented a significant shift in the way services were delivered.
- 51.13 Ms Hirst commented in terms of the clinical prioritisation paper and other Board papers that there was a need for a standard paragraph in particular to reflect the impacts of recommendations and policies. She was concerned that in all instances impact assessments had not been carried out. Ms Hirst was

clear that there was a need for transparency and communication in terms of clinical prioritisation, and the need to explain to patients why there were not getting treated. The Chair concurred that there was an ongoing need for this to happen both nationally and locally.

- 51.14 Mr Murray questioned the Scottish Government position in respect of the TTG target, with the additional pressure of managing COVID given that the targets were not capable of being met, and on that basis, health systems should not be held to account whilst COVID remains a live issue. He questioned in terms of the ability to satisfy demand, whether scenario planning was in place to alter the profile of people with most need against less urgent requirements. He commented there would be an increase in demand for care in the community, and therefore a need to reflect on the balance of service provision between the community and the acute sectors.
- 51.15 Ms Gillies commented that discussions were ongoing with clinicians about referral advice, for both new referrals and repeats. It was noted that it would not be possible for the system to be too purist in its approach. The other point that needed to be considered was the position in respect of patients already on the waiting list. It was noted that since the onset of Covid, some patients' appetite for treatment might have changed, and people might exercise their personal choice and right not to come forward for treatment.
- 51.16 Mr McQueen commented that the paper suggested that it was not yet possible to quantify the number of patients who presented with urgent conditions. He questioned whether it would be of benefit to the system if this was possible. He also questioned in terms of theatres whether the loss of pre-operative tests was insurmountable. Ms Gillies commented in respect of the second point that the position was currently limited to patients requiring transplantation. Testing might improve over the next few months. Guidance was already in place around red and amber pathways and any patient that had a negative test. Ms Gillies advised that she was keen to move back to a position of having a pool of patients able to attend hospital to be treated in 'quick time'.
- 51.17 Ms Gillies commented in terms of theatre capacity set aside for category 1 patients that more needed to be allocated because each case was taking longer. She concurred that there was a need to use theatre sessions better and as effectively as possible. Ms Gillies commented that she could not state specifically how much capacity had been put aside although the position that would continue to be monitored.
- 51.18 Professor Whyte advised that she was grateful to Ms Gillies for highlighting the importance of looking at other specialties other than cancer and urgents. She was concerned in respect of outpatients and the inability to review patients on a 'face to face' basis. She felt that the use of the telephone and video calling was a holding measure rather than a permanent solution. She was keen that consideration was given to how to review patients in person in order that proper examinations could be undertaken.

- 51.19 Ms Kasper commented that the paper made sobering reading. She advised that she was concerned about the underlying assumption that there was a need to make do with the capacity available and questioned to what degree that was being challenged. She was concerned that at the moment the discussion was about doing things better and smarter and scaling down the services available. The point was made that for some people there was no alternative to the NHS especially from an inequality perspective. Ms Kasper felt there might be a need to increase capacity to sustain the health of the population. The Chair commented that this was a fair point and that IJBs would also be seeking to increase capacity in the community.
- 51.20 Ms Campbell commented that she agreed with the points made and advised the Board that there had been positive feedback from a significant number of patients about telephone and 'near me' experiences. She commented however that there was still a need to build capacity to provide a 'face to face' service wherever possible and appropriate. The Board was reminded that discussions about how patients were contacted and treated was clinically led. The Chair commented that the positive feedback from patients was gratifying although it was important to remember that this had been during a period where options were severely restricted.
- 51.21 The Chief Executive commented that the points made by Ms Kasper were fair. His view was that it is clear there was a need for Lothian to obtain its fair NRAC (National Resource Allocation Committee) share and this had been rehearsed with the Scottish Government. He stressed however that NHS Lothian would need to live within budget and that Scottish Government resources and funding would be under pressure. The Chief Executive advised in that regard he would anticipate difficult times ahead.
- 51.22 Cllr O'Donnell reminded the Board that within the NHS Lothian area there are the two fastest growing local authority areas by population. The Board acknowledged this point and the challenges it brought. Mrs Campbell undertook to pick up a number of issues around the paper with Mr Murray offline.
- 51.23 The Board agreed the recommendations contained in both of the circulated papers.

52. St John's Hospital Paediatric Services – Follow up to Royal College of Paediatrics and Child Health (RCPCH) Second Review Report

- 52.1 Ms Campbell referred to the circulated report and reminded the Board that the RCPCH had been invited to undertake a further review with the report having been received in May 2020. The key issues of the report were outlined to the Board.
- 52.2 The Board noted that the Paediatric Programme Board had met and taken cognisance of the effect of the report on the middle grade rota. Ms Campbell advised that the rota had been clinically reviewed and positive feedback had

been received that the rota could be sustained and would cope with normal variations in demand and annual leave. On this basis the Paediatric Programme Board had recommended that the paediatric inpatient ward at St John's Hospital (SJH) should reopen on a 24/7 basis from 19 October 2020. Issues around paediatric services would form part of the clinical strategy for the Board that was under development.

- 52.3 The Chair thanked the Paediatric Programme Board for their considerable efforts in moving the position to a satisfactory and positive conclusion. The Vice Chair also added his personal thanks as Chair of the Programme Board to colleagues who had put in considerable work over the previous 4 years. He was confident that the clinical management team would be able to progress the recommendations effectively.
- 52.4 Mr Connor commented in respect of the proposed disbandment of the Paediatric Programme Board and the further recommendations that further work should be progressed by the Children's Clinical Management Team that there was a need for this to be effectively communicated. He noted that the recommendation had been specific about the Paediatric Programme Board overseeing some of the recommendations. The Board agreed that future communications should be through the St John's Hospital Stakeholder Group and this would allow the Paediatric Programme Board to be stood down. The Board agreed that the Chief Executive and his team would consider how best to communicate this position.
- 52.5 Cllr McGinty advised that the report had been helpful and set the way forward. He echoed the thanks of others whilst recognising the services ongoing fragility.
- 52.6 The Board agreed the recommendations contained in the circulated paper.

53. June 2020 Financial Position

- 53.1 Mrs Goldsmith advised that she was in the unusual position of reporting an overspend of £19m at this point in the year. This included an estimated £31m in respect of Covid costs. She advised that this related in a large part to staffing costs and new recruits, with it being anticipated that these costs would reduce as students and others were subsumed into permanent posts. Mrs Goldsmith reported that a lot of work was underway to obtain a full understanding of the financial implications of Covid. The Chair commented that a significant issue would be the ability to draw down Scottish Government funding to cover the costs.
- 53.2 Mr McQueen questioned whether the Scottish Government was joined up in respect of the mobilisation plan, and whether it was realistic about the application of the overspend. Mrs Goldsmith reported that there was a heavy reliance on the finance community to determine the Covid impact and to provide an interpretation of the mobilisation approach. It was recognised that

it would be useful for there to be a system-wide recognition of the financial consequences.

- 53.3 Mrs Goldsmith reported that a quarter 1 financial review would be undertaken and work would continue with Scottish Government colleagues, whilst recognising the need to maintain local control.
- 53.4 The Chair commented that her understanding was that NHS Lothian was not out of line with other Boards in terms of the financial position around Covid. The Board noted that the Chair, Chief Executive and Mrs Goldsmith would maintain appropriate focus on financial control.
- 53.5 The Board agreed the recommendations contained in the circulated paper.

54. Corporate Risk Register

- 54.1 Ms Gillies advised that the circulated paper was self explanatory and proposed the addition of the following two new risks onto the corporate risk register; -
 - 1. Care homes, as recommended by the Healthcare Governance Committee
 - 2. Legionella in terms of controls around water safety premises that had been used less frequently than in previous pathways, including primary care premises
- 54.2 Ms Gillies commented that some premises were owned by GPs rather than NHS Lothian. There were potential issues about temperature control and regular flushing of water systems, with the current position being unclear. This would remain an important focus of the Water Safety Group.
- 54.3 The Board noted that following review by the Finance and Resource Committee it was being recommended that the 'facilities fit for purpose' risk should be downgraded. Mr Murray commented that the paper appeared to be focusing on aspects of care homes where the risk should be overseen by IJBs and HSCPs. He questioned whether there should be a component in the risk register for IJBs to fill the gap. Professor McMahon reported that the IJB Chief Officers would be reporting to the Healthcare Governance Committee in respect of care homes in areas that they had responsibility for. He advised that national work streams were underway to tease out lines of responsibility in respect of care homes. It was noted that the risk register focused on NHS Lothian's responsibility. The Board was advised that the Scottish Executive Nurse Director Group discussed this issue on a weekly basis. Professor McMahon advised if the current Executive Nurse Director responsibilities extended beyond 31 November 2020 as anticipated, then it was appropriate to spend time resolving responsibility issues.
- 54.4 Dr Williams commented in respect to legionella that he believed one of the main actions was to run water for a prolonged period of time and this did not

fit with the environmental agenda. He questioned whether other options were available. Ms Gillies commented that currently temperature issues and flushing were statutory requirements, and that NHS Lothian followed health and safety guidance.

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

55. Audit and Risk Committee Consideration of the Internal Audit of Royal Hospital for Children and Young People / Department of Clinical Neurosciences (RHCYP/DCN)

55.1 Mr Ash as Chair of the Audit and Risk Committee reminded Board members of the background to NHS Lothian commissioning the internal audit report.

55.2 Mr Ash advised that it was proper that the Audit and Risk Committee provided assurance to the Board that the Committee had carried out its remit.

55.3 The Board noted that further discussion would be held in private session later in the day.

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

56. Royal Hospital for Children and Young People, Department of Clinical Neurosciences and Child Adolescent Mental Health Services (RHCPY, DCN & CAMHS)

56.1 Mrs Goldsmith provided the Board with a verbal update on the RHCYP/DCN & CAMHS project. The Board noted that Supplemental Agreement 2 (SA2) had now been signed. A review is being carried out in relation to why it had taken so long to conclude. It was hoped that this would improve processes for future changes. As SA2 had been signed it would be possible for estimated costs to be produced. The Board noted that the programme was still on target and work had progressed in advance of SA2 having been formally signed. Mrs Goldsmith advised that she expected work would be completed within the timeline of the critical care and haematology / oncology enhancements. The Board noted the ventilation equipment was now onsite.

56.2 Mrs Goldsmith reported that it was gratifying to see the hospital being used in the way it had been intended. The Chair concurred that it was important to put on record that all of DCN and 70% of outpatient services for the Royal Hospital of Sick Children had now moved on to the new site. The Board recorded its thanks to Mrs Goldsmith and her team for concluding SA2 and also to clinical teams for their efforts in populating the building.

56.3 The Chair commented that she would liaise with IHSL about bringing forward the indicative programme if this were at all possible. She felt that lessons learned from this project would be important for the wider public sector.

56.4 The Board welcomed the positive update report.

57. Future Board Meetings

- 57.1 The Board agreed the September Board meeting would be a development session followed by a formal Board meeting in October.

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

- 58.1 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 14/10/20