

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 09.30am on Wednesday 14 October 2020 using Microsoft Teams

Present:

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

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 N Bradbury (Capital Finance Manager for item 74); Mrs J Butler (Director of HR & OD); Mr C Briggs (Director of Strategic Planning); Ms D Calder (General Manager for item 74); Ms L Cameron (Strategic Programme Manager for item 74); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Ms K Dee. Deputy Director of Public Health and Health Policy); Dr B Hacking (Director of Psychology for item 73); Dr L Hayworth (Consultant Medical Microbiologist for item 74); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications & Public Engagement); Mr D Pickering – Gummer (General Manager for item 73); (Mr D A Small (Director of Primary Care Transformation); Mr C Stirling (Site Director Western General Hospital for item 74) Mr A Payne (Head of Corporate Governance) and Mr D Weir (Business Manager , Chair and Chief Executive's Office)

Apologies for absence received from Ms K Kasper.

66. Declaration of Financial and Non-Financial Interest

66.1 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.

66.2 There were no declarations of interest.

67. Chair's Introductory Comments

67.1 The Chair advised that Ms Kasper had delivered a baby boy and had been discharged from hospital the previous day. She would try to join the meeting briefly at some point in the proceedings

67.2 It was noted that there were no members of the media at the current meeting although it was hoped that there would be at the next meeting.

- 67.3 The Chair commented that this would be Professor McCallum's last meeting before she went on secondment. Ms Dee would act as the Interim Director of Public Health in the meantime. The Chair thanked Professor McCallum for her contribution over the previous 15 years and wished her well in the future. The advertisement for the Director of Public Health and Health Policy had been placed.

Items for Approval

- 68.1 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. There had been no such requests.
- 68.2 The Board agreed items 2.1- 2.11 on the agenda without further discussion.

Items for Discussion

69. Board Chair's Report – October 2020

- 69.1 The Chair advised that her report was verbal although she would be happy to produce a written update if the Board preferred. Board Members would advise off line.
- 69.2 The Chair advised in respect of the Edinburgh and Lothian Health Foundation that she had attended a workshop to review the Strategy.
- 69.3 The Board were advised that the Chair had participated in a planning meeting for Non-Executive Board Member recruitment. She was optimistic that a pool of good candidates would be identified. The shortlisting and timescale for recruitment to the various vacancies was detailed to the Board.
- 69.4 The Chair updated on discussion at a meeting of Chairs and the Cabinet Secretary Meeting where the focus of discussion had been around Mental Health, Test and Protect in Care Homes and Remobilisation. In terms of face masks there would be a Public Health Campaign. Health Boards and the Scottish Government were working collaboratively around Covid -19 restrictions.
- 69.5 The Board noted that the Chair had held a productive courtesy meeting with the Chair of IHSL.
- 69.6 The Chair reported that there had been good attendance at the recent MP/MSP meeting where there had been discussion around Care Homes, Test, and Protect amongst other issues. She had met with Mr T Sheppard MP separately. It was noted that Dental Practices would offer a full range of services from 1 November 2020.
- 69.7 The Board were advised that the Chair had also met with the City of

Edinburgh and Edinburgh Poverty Commission colleagues who were keen to engage with the Board.

69.8 A further meeting had been held with the Chairs and Vice Chairs of Integration Joint Boards (IJBs) where discussion had touched on Non-Executive workloads.

69.9 The Chair advised of further engagement she had had around the Edinburgh Cancer Centre and the engagement of the Royal Society of Arts in work streams moving forward.

70 Board Executive Team Report – October 2020

70.1 The Chief Executive summarised his entry in the circulated report and reminded the Board that this would be Professor McCallum's last Board meeting before she left to take up a Secondment opportunity. He reported in relation to Test and Protect that Mr Crombie and Ms Dee had done sterling work in getting the numbers up. The Board were advised that the planning for the Regional Covid 19 Testing Hub continued with the expectation that this would be in place in mid-December, which would give an increase in capacity of 6000 tests in the East per day.

70.2 Unscheduled Care planning continued and was jointly chaired by the Chief Executive of NHS Lothian and NHS 24 respectively. The Call Mia initiative was being rolled out for Minor Injuries.

70.3 The Chief Executive advised that he and Mrs Goldsmith had attended the Scottish Parliament Health and Sport Committee on 15 September 2020 to provide evidence on the financial impact of Covid for NHS Lothian.

70.4 The Chief Executive advised that the IJB Chief Officers would be invited to attend future Board Meetings.

70.5 The Board noted in respect of media coverage around the Influenza Vaccine programme and shortages of vaccine that in Lothian the correct priority groups were being targeted – the over 65s and vulnerable groups.

70.6 The Chair commented that the system had experienced a difficult few weeks with issues around Covid at Ward 15 at the Western General Hospital and in a West Lothian Care Home.

70.7 Mr McQueen questioned in respect of the Regional Hub what the speed of return was for tests and whether this would be quick enough. He also sought advice on whether the capacity would be as high as the system wanted. He advised that he would also welcome an update on the fact that 15 Dental Practices would be unable to restart seeing patients. In conclusion, he also asked for additional information around Thrive Edinburgh and their efforts in helping people in distress and whether lessons could be learned for use in the rest of Lothian and indeed the Prison population.

- 70.8 The Chief Executive advised in respect of Test and Protect that if the additional 6000 daily tests were secured and if the laboratories were up and running this would provide significant additional NHS capacity. It was anticipated that test results would be available within a 24-hour maximum period. The Scottish Government had agreed to fund the engagement of more contact tracers. The increasing incidence of Covid was putting pressure on Contact staff and ways of streamlining the process were being worked through with NSS. Contact Tracing would remain under pressure until Covid incidences reduced.
- 70.9 Mr Small commented in terms of Dental practices coming back on stream that there was a need to look in more detail about who could restart services. Mr McQueen was advised that initially Thrive Edinburgh had focussed around Mental Health patients and had been community based. Professor McMahon would provide further information off line.
- 70.10 Mr Murray commented on media reports about consistency in accessing GP practices who he reminded colleagues were independent contractors. He questioned whether the Board should consider making a statement about what it would reasonably expect in term of patient access. He also sought advice on whether lessons were being learned in terms of infection protection and control following outbreaks and incidents.
- 70.11 Mr Small advised that he was aware of media GP issues around access and aspects around hidden ill health. Guidance was being worked up that would need to be agreed by the Lothian Medical Committee in term of patients that needed to be seen on a face-to-face basis.
- 70.12 Professor McMahon commented in terms of infection control and prevention that there had been a number of outbreaks in Care Homes. The Care Inspectorate had carried out unannounced inspections and common themes had emerged around compliance with infection control and the use of PPE. Support had been provided to Care Homes in terms of education and training in these areas. It was noted that the Cabinet Secretary had asked Executive Nurse Directors to put increased focus and resources to support Care Homes. Finding people with the appropriate skills to undertake this work would be challenging. Professor McMahon felt that there were issues around consistency around everyday messages.
- 70.13 The Board were advised that the Chief Nursing Officer had commissioned a Tertiary Review of 4 Care Homes where there had been significant outbreaks.
- 70.14 Mr Small updated the Board on the position in respect of the vaccination programme and concerns that had been expressed at the Board about potentially running out of vaccine particularly for older people. He advised that it had been anticipated to deliver 10000 vaccines in 8 weeks and 6500 had been delivered in a 6-week period, which was ahead of the anticipated uptake. Steps were being taken to see if extra vaccine could be secured in early November. There were however no issues about the availability of

- vaccine for the over 65 age group. There was a small risk for the under 65-age range. It was noted that there were many options around where people could be vaccinated.
- 70.15 Professor McMahon reported that electronic prescribing would be available at the end of October at REAS.
- 70.16 The point was raised that there were staffing challenges around the Short Stay Elective Centre. Work was underway to look at increasing health care professional training opportunities for school-leavers. The Chief Executive reported that even pre Covid it had not been possible to achieve full staffing levels. He commented that staff represented the largest cost in the NHS and if the country were going into economic decline, it would be important to strike a balance to ensure the system was not destabilised.
- 70.17 The Board were advised that the National Integrated Workforce plan increased that number of controlled staff groups. The point was made that if the NHS continued to rely on traditional recruitment routes it would not deliver the staff numbers necessary to run the service this winter. The Chair agreed advising that there was a need for innovative solutions going forward.
- 70.18 Ms Hirst welcomed the development of the communication strategy on the redesign of urgent care. The Chief Executive reminded the Board that he Co-Chaired the National Group and that discussions continued about the model. There would be an internal soft launch throughout November but a formal launch could not happen until December when the national position would be available.
- 70.19 The Board were advised in term of the flu vaccination that 6500 NHS staff had been vaccinated in the first 6 weeks. The system was on track to vaccinate all staff wishing to partake in the programme. The position in respect of Social Care Staff was more problematic as the vaccine came from different sources. The Board noted the generally positive progress being made with the vaccination programme.
- 70.20 The Board received the Board Executive Team report.
- 70 Opportunity for committee chairs or IJB leads to highlight material items for awareness.**
- 70.1 The Vice Chair provided the Board with an update on the following issues that had been discussed at the Finance and Resources Committee on 23 September 2020. The first of these had been about the Initial Agreement for the Edinburgh Cancer Centre and this was on the Board agenda for discussion. The second issue had been about the Legal Advice around the Public Inquiry and again this was on the agenda for discussion in the Private Session.
- 70.2 The Vice Chair reported that the Committee had also discussed the NHS

Lothian Sustainable Development Framework and Action Plan. He commented that this was a comprehensive document although it still required further work as it was currently in draft. The Committee had endorsed the work to date and recognised the importance of this work moving forward. The final Framework would come to the Board for approval in December 2020.

70.3 The final issue that the Vice Chair brought to the Boards attention was the discussion that had been held around the Procurement Annual Report where NHS Lothian had retained its Superior A+ status. The Committee had welcomed this positive assessment.

70.4 Ms Hirst advised as Acting Chair of the Midlothian IJB that she had welcomed the presentations at the last Board meeting around Unscheduled and Scheduled Care. She had felt that these had been valuable presentations and continued input from IJBs would be important in terms of being clear about local impacts. She commented that she would be keen to repeat the process in future.

71 Covid-19 Public Health Update.

71.1 Professor McCallum advised that the number of Covid-19 cases were rising across the community and vulnerable populations. She commented that was a need to get back to lower levels. Test and Protect was essential in the control of the virus. It was noted that for schools a national tool kit would be adopted. The Chair commented that she welcomed the emerging clarity around schools.

71.2 Mr Murray questioned how the impact on deprived communities and ethnic and minority populations would be encapsulated. Professor McCallum advised that monitoring data was available from Public Health Scotland allowing a review of areas of deprivation and individuals. She advised that there were many practical measures that could be used to help affected populations to live with Covid and to help them to self-isolate. The Scottish Government were working to look at what an updated risk assessment for winter would look like. The Chair advised that this would be a long-term issue.

71.3 Dr Donald advised in terms of testing that it would be useful if the Board could have an understanding of testing strategies in terms of who were tested, where and when. It would also be useful to learn whether testing in Care Homes was comprehensive as well as noting the Scottish Governments change to the guidance. Dr Donald felt that there would be benefit in having a constantly updated Lothian position document. Professor McCallum advised that she had an advanced draft covering these issues and would share this before going on secondment.

71.4 Mrs Mitchell sought an update on what had changed over the previous few weeks in terms of admission to ICU. It was noted that admissions were starting to increase across the whole pathway. The Chief Executive

commented that this was the start of a challenging period and upon reflecting on this, he had re instituted Gold Command. If this position continued for any length of time, it would have a significant impact on performance.

- 71.5 Mrs Mitchell commented on the reference in the paper about the student community and sought advice on how big an issue this was and what was being done to address it. Professor McCallum reported that work was ongoing with all of the Universities and Colleges to develop a shared response. The response to specific outbreaks and clusters was detailed to the Board. The Board were advised that the University of Edinburgh was looking at its accommodation strategy and the number of students in common areas. The position was stabilising and would be reviewed the following week.
- 71.6 Professor Whyte commented on the combined efforts of the University and Public Health in managing the outbreak at Pollock Halls. The cases were reducing and robust arrangements were in place to manage students who were self-isolating. She commented that there was a need for a policy decision around the testing strategy for the student population.
- 71.7 Mr McQueen commented that in parts of England there had been reported rates of 600 per hundred thousand of population and questioned whether Lothian was in a different spectrum from this. Professor McCallum advised that the reported English position was an exception and that Lothian with a current rate of 110 per hundred thousand of population was in a different position. She commented that the virus had not changed and there was a need to get the “R” number below one to reflect the position earlier in the summer. Work was underway with the Scottish Government around the October school holidays to reduce the risk. Mr Briggs advised that effective testing was now in place but there was no clear link between positive cases and what was presenting at the front door of the acute sector.
- 71.8 The Chair advised that the Public Health Minister had been keen to record the amazing job being done by Public Health and other staff.
- 71.9 Mrs Campbell updated on the number of Covid patients in the general wards and critical care at the RIE, WGH and St John’s Hospital. Gold Command, Tactical Groups and Silver Command had been established for the acute sector to manage people through the system
- 71.10 The Board received the update report and agreed the recommendations in the circulated paper.

72 Scheduled and Unscheduled Care Performance.

- 72.1 Mrs Campbell advised that the focus remained on the most urgent patients and that numbers were reducing. Outpatient activity was still seeing a reduction in demand of 13% with activity being at 74% of pre Covid activity and continuing to build. The availability of face-to-face appointments and the

use of Near Me and telephone consultations was discussed. The Board were advised that the focus at the front end meant that routine patients were waiting longer. In order to help with this a “keeping in touch” process had been established with consideration being given to making this a central model.

- 72.2 The Board were advised that Surgical and TTG remobilised theatres were working at 84% of pre Covid activity. The impacts of turn round times because of social distancing and the donning and doffing of PPE was discussed. Again, the focus was on urgent patients.
- 72.3 Performance against the 31-day cancer target was positive although the 62-day position was under pressure. The main issues were in Urology and Colorectal. The September position was demonstrating some progress. In terms of the Endoscopy turnaround time, it was noted that additional rooms at the WGH were being looked at. These should be available in mid-November and would increase productivity. An update was provided on the second robot for Prostatectomy that would release wards at the WGH for bladder cancer. Radiology performance was positive.
- 72.4 Mrs Campbell reported in terms of Unscheduled Care that there was a significant focus on Call Mia. The RIE was the site causing most concern in performance terms with mitigating action being considered. Occupancy levels were currently on excess of 95% and this had been discussed at Gold Command with Health and Social Care Partnerships (HSCPs) in term of increasing bed capacity in Community Hospitals.
- 72.5 Mr Murray referenced the comment in the paper about mitigation around face-to-face appointments and questioned the impact of the changes in approach on patient outcomes. He was clear that there was a need to ensure outcomes were compatible to face-to-face appointments. In terms of Delayed Discharges, he noted that this remained on the risk register as a very high-risk. He questioned whether there was a likelihood that the position would revert to the previously high numbers.
- 72.6 Mrs Campbell advised in terms of patient outcomes that patient satisfaction from Near Me engagement was compiled nationally. Ms Gillies commented whilst there were benefits to Near Me that there was a need to move to face-to-face appointments. In terms of virtual consultations, she questioned whether this resulted in patients coming back to the service later.
- 72.7 The Chief Executive advised that in terms of the Delayed Discharge low point in the first wave of Covid that he had asked IJB Chief Officers for an SBAR to come to Gold Command the following week to pull the position back to where it had been and for this to be achieved by mid-December. He reminded the Board that the UK had the second lowest number of acute beds per head of population in Europe. The reality was that acute beds were under pressure hence the need for IJBs to work to sustain low Delayed Discharge numbers.

- 72.8 The Vice Chair commented in terms of latent demand that it would be important to consider to what extent this would result in a wave of referrals from GPs. He commented that the reported 21% reduction in referrals suggested that the referral pathway from GPs was not operating in the normal way. He questioned whether work was being done in this regard and whether other solutions had been found.
- 72.9 Mrs Campbell advised that the position was being monitored by trend and by specialty based on urgency using a clinical profile. The use of initiatives like Refhelp were being considered to ensure the best evidence base for referring patient's into secondary care. Ms Gilles advised that there was a need to consider that some of what happened previously had not been the correct way of seeing patients and that the current redesign process would not disadvantage them. There was a need therefore to recognise that some patients would not in future navigate into face-to-face meetings. The Board were advised that the system was now seeing patients that might have previously been seen in Out Patients and who were now presenting with more advanced conditions. The Vice Chair questioned to what extent GPs were involved in the analysis work. It was noted that Refhelp was GP led.
- 72.10 Ms Hirst commented in terms of the impact on Equality and Health Inequalities that the digital divide would increase. She questioned whether anything could be done in conjunction with The Edinburgh and Lothian Health Foundation and others to address this. It was noted that the completion an Equality Impact Assessment would inform what the Board could potentially do in this area.
- 72.11 The Chief Executive advised that the Scottish Government recognised that models of care needed to change and that this would need to go through a major change process. Dr Donald welcomed the 6-week trial at the WGH in respect of Same Day Emergency Care. She commended the Flow Centre collaborative approach.
- 72.12 Dr Williams commented on the backlog of delayed presentations from GPs and commented that 90% of patients continued to be treated in Primary Care. He felt that there was a need to support GPs in anticipation of the tsunami of cases yet to be progressed. He commented that in the past the only way to provide additional resource to Primary Care had been to close acute beds. Given that there were not enough beds he was concerned that he acute sector would be funded at the expense of Primary Care.
- 72.13 The Chief Executive in response advised that it was a fact that NHS Lothian did not have enough capacity to meet demand and the point made by Dr Williams was true. He commented that any financial resources that NHS Lothian had should be invested in the area of greatest return. This was a challenge for the Board to address. He stressed however that the reality of the position was that there was not enough capacity to meet demand.

73 Lothian Recovery Plan Updates.

- 73.1 The Chair welcomed Dr Hacking and Mr Pickering – Gummer to the meeting advising that they would update on recovery progress in respect of Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS).
- 73.2 Psychological Therapies – Professor McMahon reported that the Scottish Governments access target for psychological therapies (PT) was that 90% of patients should commence treatment within 18 weeks of referral. Public Health Scotland had reported that for the quarter April – June 2020 that NHS Lothian had seen 74.1% within 18 weeks and 78% at the end of March 2020 compared to the Scottish average of 74.3%. NHS Lothian was ranked fifth of 12 NHS Boards. The July to September data was reporting an improving position at 81.4%. This masked areas that were not performing well the detail of which were provided.
- 73.3 Dr Hacking updated the Board on work that was being done to maximise the workforce through job planning and the administrative allocation of patients to reduce the burden on Clinicians. It was noted that although the service (PT) was benchmarking well against Scotland and that there was more work to be done. She advised that she was keen to continue with consistent scheduling of Out Patients and to increase the consistency and standard of PT. Management reports were now being used and this had introduced clarity into individual and team scheduled appointments and returns as well as new appointments.
- 73.4 Mr McQueen questioned why it was a substantial management challenge to get people to work to job plans as expected. He felt that this would be a key question for the Board and the Chief Executive. He hoped that the forensic approach on reasonable performance continued .He questioned in terms of standards whether other Health bodies in England and Scotland did not have versions that could be adopted in Lothian.
- 73.5 Professor McMahon advised that the Executive Team echoed the sentiments expressed and that it was important that the Board were supportive of the management focus moving forward. He reminded colleagues that this was a delegated function that sat with IJBs although it had been agreed that REAS would manage the process. It was positive that sustained performance through Covid had been reported. However, there was a need to optimise the Psychology capacity in order to reduce the backlog and start to see new patients. It would be important to maximise capacity to address the Mental Health impacts of Covid on parts of the population. Group therapy and digital options also needed to be maximised.
- 73.6 Dr Hacking commented in terms of standards that the Scottish Heads of Psychology met three weekly to update each other and to share good practice. The NES Psychological Therapies matrix was also being updated. This was in addition to the Programme Board established by Dr Hacking to monitor progress.
- 73.7 Mr Murray commented that the culture would have been ensconced over a

period and would take effort to unpick. It would be important to work with staff to solve the challenges that had been identified. In terms of the delegated nature of the service, he advised that in time it would be a useful aspiration to see community orientation to the services provided. He commented that it was important to recognise the point made in the paper that digital consultation was not suitable in every case.

- 73.8 Professor McMahon commented in terms of the necessary changes that it was important that everyone worked in partnership to achieve the outcome needed. This included working with IJB Chief Officers to maximise capacity and meet the needs of patients. Professor McMahon advised that he and Dr Hacking would be happy to attend IJBs to ensure everyone was on the same page. The Chair advised that the Planning, Performance and Development Committee would get into the detail of issues like this in future.
- 73.9 Dr Hacking commented in terms of the use of digital that there were still people on the waiting list that only wanted treatment on a face-to-face basis. This was part of discussions with the Scottish Government as there was a need to produce guidance around this position. The key issue was to consider what would be regarded as a reasonable offer. It was noted that digital poverty was a significant issue for some people in this client group.
- 73.10 Dr Donald commended the work being done and commented on the importance of engaging with the Primary Care and the Third Sector to help people to find some support. Dr Hacking advised that young people and women were struggling most with the pressures of Covid in terms of increased distress. This had not yet manifested in an increase in referrals for PT. Work would continue with other sectors to look at issues like digital poverty.
- 73.11 Mr McCann commented on the need for good management control and was confident that this was being provided. He commented on the staffing deficit and issues around temporary rather than permanent contracts. Professor McMahon advised that a Programme Board had been established and was chaired by the Chief Officer of the Edinburgh IJB and was attended by all Chief Officers as well as himself and Dr Hacking. Agreement had been reached through this forum to make funding recurrent and this helped with the recruitment position.
- 73.12 The Board agreed the recommendations in the circulated paper and supported Dr Hacking with the ongoing work around culture.
- 73.13 Child and Adolescent Mental Health Services (CAMHS) – The Chair commented that the late Dame Denise Coia had presented to Board Chairs the outcomes of the Taskforce that she had led. Professor McMahon advised that the report was reflected in the recommendations in the Board paper.
- 73.14 Professor McMahon advised that the debate around PT would be echoed when considering CAMHS. He advised that at the beginning of the year a

significant number of new staff had been engaged through the recurrent investment of £3m into the service. Significant work had been done although the impact of Covid had tempered this to some extent.

- 73.15 The Scottish Government's access target for CAMHS is that a minimum of 90% of patients should commence treatment within 18 weeks of referral. Public Health Scotland had reported that for the quarter April – June 2020 that NHS Lothian had achieved a position of 51.7% and this was below the Scottish average of 59.3%. Across Scotland, the April to June position had fallen drastically because of Covid.
- 73.16 Mr Pickering –Gummer advised that the focus was on the most vulnerable patients and that a digital Near Me approach had been adopted. The areas of most impact had been in ADHD and Autism. In addition, the use of non-medical prescribers would be of benefit moving forward and this work force would be grown. The Board were advised of a number of other actions that the service wanted to take forward. It was noted that the benefits of the workforce could be maximised through job planning and the better management of patients into the system. Additional administrators would be recruited to work alongside Clinicians. Recruitment to permanent posts would be the key area of focus.
- 73.17 Mr Pickering – Gummer advised that he was proud of the staff response to Covid although this did not excuse the current performance position. Covid had highlighted the need to understand better data around job planning. The Project Team had been asked to focus on three areas and the detail of these was provided to the Board.
- 73.18 Dr Donald advised that she was concerned about the significant number of referrals that were returned to the referrer. She questioned what advice was given to GPs about alternative routes. Mr Pickering –Gummer advised that he was working to understand the reasons for this and to ensure that support was in place.
- 73.20 The Chief Executive commented that it was important that the Board were comfortable about the way that work needed to be driven forward. It was important for the Board to be honest that the system could and should be doing better in this critical area. The Chair concurred advising it was important for the management team to have the backing of the Board moving forward.
- 73.21 The Board agreed the recommendations contained in the circulated paper.

74 Initial Agreement - Edinburgh Cancer Centre Development

- 74.1 Mr Crombie advised that there were a number of members of the team available to answer questions around the detail of the Initial Agreement.
- 74.2 The Board were advised that in developing in the Initial Agreement that a proper oversight and governance process had been undertaken. He felt it

was important to get the support of the Board for this programme.

- 74.3 Mr Stirling , Site Director, WGH apologised for the length of the document advising that this reflected the complexity of the programme which was being undertaken on behalf of the East Region. It was noted that NHS Lothian was the most populace part of the Region and the area where population growth was most significant. The incidences of cancer were increasing, as were survival rates.
- 74.4 The Board were advised of the significant drivers behind the programme to support the future of cancer services. It was noted that the Board had recently supported investment in the existing Cancer Centre although this did not represent a long-term solution for cancer services for the Region. The timescale set out in the Initial Agreement reflected the detail of the permanent solution. Oncology enabling works were being carried out for existing services. Mr Stirling advised that the proposals for the new service had significant benefits for patients and families and that there were Regional and National opportunities. There were also economic benefits in terms of jobs in the building phase as well as clinical, academic and research benefits.
- 74.5 Mr Murray commented that a key issue was that 2029 was a long way away and questioned to what extent the Board could offer ongoing motivation to give momentum to the programme. He questioned the possible contribution of the Edinburgh and Lothian Health Foundation in the mix of funding moving forward. Mr Stirling advised that Foundation funding could only be provided to provide additionality over core requirements and they were not focussed on this proposal at this point. He commented that there were opportunities to develop cancer funding and this had been discussed with the Foundation.
- 74.6 Mrs Goldsmith advised that the issue went beyond the Foundation. The challenge was around the health component of Capital that was extremely limited with the Cancer Centre not yet being in a position to be funded. The issue was how to raise the profile of the need for the Cancer Centre for the population of the Region. This would include the economic benefits previously referenced. Mrs Goldsmith stressed that the Foundation could only fund enhancements. A potential role for the Foundation would be to work with other partners including the Third Sector to raise the profile of the project through a proactive fund raising position. She commented that the preparation of the site including the demolition of DCN would be beneficial to the wider WGH site master planning process.
- 74.7 Mr Crombie advised his ambition was to progress quickly whilst still adhering to strict governance requirements. It was noted that the pathway up to the Scottish Government was complex and continued to be worked through. A Communications Strategy was being developed. The Chair advised given that the project benefitted other Health Boards that it would be helpful to obtain their support that would strengthen the overall proposition.

- 74.8 Mr Ash commented that the presentation to the Finance and Resources Committee had been helpful. He felt that there was no logical reason not to support the Initial Agreement. There would be a need to prepare an argument with appropriate emphasis for different audiences. He felt that if the paper was accepted by the Board then other Health Boards should be written to formally asking for support. Mr Ash commented that there was a lot of discussion about community support and he felt this needed to focus out with normal NHS structures. He stressed the need for future iterations of any Business Case to be financially viable.
- 74.9 The Vice Chair commented that during the Finance and Resources discussion it had been noted that clarity around the benefits had not been discernible and that there was a need to make more of the potential for community, Regional and National benefits. He stressed the need to put forward the strongest possible Business Case supported by the widest range of Stakeholders possible. He questioned whether the Board should get involved in supporting the case enthusiastically to the Cabinet Secretary. The Chair and Chief Executive would discuss off line.
- 74.10 Professor Whyte advised that there would be benefit in engaging with Cancer Research UK as they had access to extensive data and had designed cancer impacts around Covid – 19. They had also played a pivotal role around new facilities in Manchester and Cambridge. Professor Whyte advised that the University could assist in developing the case for the wider economic benefit. The Chair commented on the need to play in links with the University around issues like Research and Development. Mr Stirling would pick up on the offer made by Professor Whyte off line.
- 74.11 The Board agree the recommendations in the circulated paper subject to enhancing some of the sections to reflect in particular that comments made at the Finance and Resources presentation.
- 74.12 The Chair acknowledged that there had been a Covid – 19 outbreak in Ward 15 at the WGH. The Board would be briefed on this on Private Session. The Chair on behalf of the Board thanked the team for their support during this difficult period.

75 August 2020 Financial Position and Quarter One Financial Forecast

- 75.1 Mrs Goldsmith advised that with the passage of time a better understanding of both direct and Covid costs would emerge as well as the impact on service delivery. The circulated paper also provided an assessment of the year-end financial out turn currently estimated at £107m if no action was taken. This excluded Social Care costs that were being discussed by IJB Chief Finance Officers and the Scottish Government.
- 75.2 The Board were advised that the £107m included estimates of increased capacity to support mobilisation and was dependent upon securing access to the Private Sector. The Scottish Government had issued an allocation of £78m of which £18m was ring fenced to Social Care to support Covid. It was

reported that Test and Protect would be fully funded by the Scottish Government. Mrs Goldsmith advised that her team had received significant requests for resources in respect of the second wave, winter and challenges on capacity. In terms of spending resources, the rate-limiting factor was the ability to recruit staff.

- 75.3 Mrs Goldsmith advised that an assessment of what the financial position would look like moving into future years would be considered at a forthcoming Finance and Resources Committee. It was noted that work as underway with other Health Boards around step up costs and an assessment of what new capacity would look like.
- 75.4 Mrs Mitchell questioned whether the key risks assumed current Covid levels. She felt there was need to consider contingency as well as Brexit issues. Mrs Goldsmith commented that the main constraint on the system was around the ability to create or access additional capacity. East and Midlothian HSCP had come forward with proposals around their Community Hospitals to support the Acute Sector. She advised that the replacing of lost capacity would drift into the following year with resilience being a key challenge.
- 75.5 Mrs Goldsmith advised that questions around Brexit were difficult to respond to with a key issue being around staff availability. The other element was around ward supplies and there would be a need to model the upward cost profile around this.
- 75.6 Mr Murray commented that previously NHS Lothian had held a degree of pride in managing its financial position and this had been severely impacted upon by Covid. Mrs Goldsmith advised that the Finance Community were working together and sharing intelligence to ensure resources were prioritised to areas of most need.
- 75.7 The Board agreed the recommendations in the circulated paper.

78 Corporate Risk Register

- 78.1 Ms Gillies advised work had recommenced in terms of exploring risk around Brexit particularly as the deadline was approaching without an agreed exit. Robust work had been done earlier in the year and would be updated. Issues around the availability of supplies and drugs was discussed within the context of changes in practice and behaviours because of Covid. Patients were also holding more supplies in their own homes. There was a need to work through the consequences of these issues including the financial impact.
- 78.2 The Board agreed the recommendations contained in the circulated paper.

79 RHCYP, DCN & CAMHS Project Update

- 79.1 Mrs Goldsmith reported that work on site continued with the date for

handover still reporting as 25 January 2021. Construction issues were being progressed with there being evidence of extra resources being deployed at weekends to deliver to timescale. CAMHS work would be concluded on 26 October 2020.

79.2 The Chair welcomed the positive briefing on progress. She was advised that the CAMHS physical move would occur towards the end of autumn.

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

80 Terms of Reference of Planning, Performance and Development Committee

80.1 The Chair discussed in significant detail the proposed terms of reference of the Planning, Performance and Development Committee. This discussion include consideration of the Chairing arrangements and the desired system wide approach to include community engagement.

80.2 The point was made that the Committee was wide ranging and it would be important to consider how the agenda would be constructed to include not losing the benefits of the existing Board Development Sessions. The Chairing arrangements for the Committee were robustly discussed and would be kept under review. It was agreed that the working of the Committee would be reviewed after 6 months. Initially the Board Chair would Chair the first few meetings. This position would be reviewed following the completion of the Board Member Appointment process at which point the spreads of responsibilities would be considered.

80.3 The Board agreed that the focus of the first meeting would be around Covid, The Edinburgh Poverty Commission and the Sustainable Development Action Plan. Topics for future discussion should be signalled to Mr Payne.

80.4 The Board agreed the recommendations contained in the circulated paper subject to the above points being reflected.

81 Future Board Meetings

81.1 The schedule of Board and Board Committee dates were approved subject to two changes in relation to Finance and Performance Review Committee dates. Diary invites would be issued to Board Members.

82. Next Board Meeting

82.2 The next Board meeting would be held on 9 December 2020.

83 Any Other Business

83.1 There was no other business.

84 Standing Order 5.23 Resolutions to take Items in Closed Session

84.1 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 09/12/20

Mrs Esther Roberton
Interim Chair – Lothian NHS Board