

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30 am on Wednesday, 8 April 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; Mr A Joyce; Mrs K Kasper; Mr A McCann; Cllr J McGinty; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Professor M Whyte 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); 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); Mrs J Mackay (Director of Communications and Public Engagement); Mr C Briggs (Director of Strategic Planning); Mr A Payne (Head of Corporate Governance) and Mr D Weir (Business Manager, Interim Chair, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Cllr D Milligan.

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.

1. Chair's Introductory Comments

- 1.1. The Chair acknowledged that it was strange to be holding the Board Meeting in such unusual circumstances and thanked the Executive Team for moving so quickly to respond to the current Covid-19 position. She advised that the previous day she had met with the Minister for Public Health who would be contacting Chairs individually and would arrange regular Regional Group discussions around the Covid-19 response. The following day a discussion would be held involving NHS Lothian, Borders, Fife and Forth Valley. The Minister for Public Health had asked her to pass on the thanks of the Cabinet Secretary and other colleagues at St Andrew's House for the work that had so quickly been undertaken to get us to the current position. The Chair also asked for her personal thanks to be minuted.

- 1.2. The Chair advised that although this would be a public Board Meeting that there would be no members of the public present as previously agreed.

2. Standing Order 5.3

- 2.1. It had earlier been agreed through correspondence to invoke Standing Order 5.3 to hold a Board Meeting in Private because of some items being commercial and confidential.

3. Items for Approval

- 3.1. 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 following items were agreed without further discussion:
- 3.2. Minutes of the Board Meeting held on 4 March 2020 – Approved. The Chair thanked Mr Hill for Chairing the March 2020 meeting in her absence.
- 3.3. Finance and Resources Committee Minutes - 26 February 2020 – Approved.
- 3.4. Audit and Risk Committee Minutes – 13 January 2020 – Approved.
- 3.5. Health Care Governance Committee Minutes – 14 January 2020 – Approved.
- 3.6. West Lothian IJB Minutes – 26 November 2019 and 21 January 2020 – Approved.

Items for Discussion

4. Opportunity for committee chairs or IJB leads to highlight material issues for awareness.

- 4.1. Mr Hill advised that at the Finance and Resources Committee ON 25 March 2020 that most of the discussion had been around the RHCYP/DCN/CAMHS and the financial position both of which were on the Board agenda for discussion. He advised however that the Committee had agreed the provision of General Medical Services in Edinburgh South essentially bringing three practices together into new accommodation. He commented that it would be interesting when NHS Lothian considered its own Covid-19 exit strategy to consider how models in primary care might change in the future.

5. Revised Approach to Governance Meetings

- 5.1. Mr Payne referred to the circulated paper and commented that he hoped it represented a common sense approach to rationalise business during the

current Covid-19 position. Committees would continue to meet although there would be reflection on the frequency of meetings. It was noted that the Executive lead for the various committees had been consulted and were content with the proposals. The proposals had been developed because of the need to free up the capacity of Executive Directors as supporting meetings involved workload around the preparation of papers etc.

- 5.2. The Chair advised that there had been discussion around the need for the Staff Governance Committee to continue to meet given that issues like iMatter were in abeyance. Issues had however been raised about the health and wellbeing of staff which was a major issue. Mrs Mitchell reported that Miss Gillies had been of the view that Health and Safety was an element for consideration by the Staff Governance Committee and it would be important that issues were addressed in the interim. It was felt that there was a possible overlap with the Health Care Governance Committee in terms of Medical and Nursing staff pressures. There was also a need to ensure that Whistleblowing remained on the agenda particularly through the Covid-19 period. The Board agreed that a focused meeting of the Staff Governance Committee should be held in May around Covid-19 and Whistleblowing.
- 5.3. Professor Whyte advised that she and Miss Gillies had yet to discuss the agenda for the next Health Care Governance Committee although it would be important to minimise routine work. It would be important that the Committee had an oversight of clinical and patient care to both Covid-19 and non Covid patients. Miss Gillies supported this position and advised that the most important Health and Safety issue was around the provision of PPE (Personal Protective Equipment) for staff. The Chair concurred advising that clinicians had written to the Cabinet Secretary raising concerns around PPE. An update was provided on work currently underway to address the position. It was noted this was being addressed by Professor McMahon and was logged as an issue at the Strategic Management Group where an audit trail of issues was kept.
- 5.4. Mr. Murray in respect of PPE advised that there was a need to work closely with IJB colleagues and Care Homes as the provision of PPE was being reported as an issue. The Chair commented this had been one of the issues she had raised the previous day with the Minister for Public Health and that before engaging in the forthcoming Regional telephone call she would be keen to understand the NHS Lothian position. Professor McMahon reported that the PPE guidance had been refreshed the previous week and this opened up PPE to almost every health and social care professional to have an assessment of their individual needs. This has had an impact on both volume and the nature of demand which will need to be carefully managed.
- 5.5. The new guidance had caused anxiety amongst some members of staff. Professor McMahon reported in respect of care home staff that work was underway with IJB Chief Officers and Chief Nurses to create a single point of distribution in each of the four Partnership areas in order that the provisions they got from health and separate lines of provision for social care would come into the one area for decisions on distribution. Professor McMahon

advised that at this point, it would be difficult to meet all need and a process was being developed around this. He commented that training, education and support would be provided given that many staff would not be familiar with PPE and there was a need to ensure there was no cross-contamination.

- 5.6. The Chief Executive commented that NHS Lothian was one of the more connected systems and had fully involved the HSCPs. A Strategic Management Group had been established and met twice weekly on a whole system basis which included the Corporate Management Team and the four HSCP Directors. He advised that the system had been clear about the need to coordinate the four HSCP Mobilisation Plans that had been submitted to the Scottish Government the previous week. There had been a common statement of introduction to each of the Mobilisation Plans. The guidance around PPE particularly in social care settings and for unpaid carers was adding a significant level of demand into the system and this remains a significant issue.
- 5.7. Professor McMahon advised that National Services Scotland had ordered 7 million blue facemasks which was a new product and would require every staff member who had previously been face fit tested with a different mask to be further tested. He felt this was an important piece of context. The Chair commented on the need to get the face fitting process correct from both a staff and patient perspective.
- 5.8. Mrs Butler in response to a question confirmed that the business of the Remuneration Committee had been suspended in terms of iMatter and objective setting. It was noted that any critical issues could be addressed at the Staff Governance Committee of which the Remuneration Committee was a subcommittee.
- 5.9. Dr Williams commented in respect of the Staff Governance Committee whether there was a need to know about risks and assurances around previously retired colleagues who had agreed to come out of retirement to work. The Chair advised that both Dr Donald and Dr Williams were in this cohort and thanked them for being willing to step in. Mrs. Butler reported that these issues would be addressed in a paper to the Staff Governance Committee in May 2020. Dr Williams advised that the process had not been as seamless as it could have been. He felt it would be helpful as a Board member to know more about the process. Miss Gillies undertook to brief Dr Williams and any other interested parties out with the meeting. Mrs. Butler would pick up arrangements for returning GPs as the current focus had been around the acute sector where clear training and induction arrangements were in place.
- 5.10. The Chair confirmed that she would convene a weekly Non-Executive teleconference. The Chief Executive or a member of the Executive Team would participate if available.
- 5.11. The Board agreed to approve the recommendations contained in the circulated paper and to review the position at the June 2020 Meeting.

6. Covid-19

- 6.1. The Chair advised that there had been an omission on the agenda for a report from the Director of Public Health. She therefore asked Professor McCallum for an oral update from a Public Health perspective and then invite Mr Crombie to lead discussions on the operational response to the current crisis.
- 6.2. Professor McCallum provided the Board with a detailed update on the work being undertaken from a Public Health perspective in responding to Covid – 19. The background to the outbreak was explained leading up to the decision on 23 March 2020 to put the country into lockdown in order to minimise contact between people and thus stem the flow of infection.
- 6.3. The Board were advised that since December 2019 up until the previous day there had been in the UK 61,608 people who had tested positive with 42,990 of these being in England. Approximately 25,000 tests had been undertaken in Scotland with a 12.5% positivity rate. As of 7 April 2020, there had been 4229 confirmed cases in Scotland in total. Of those 268 had occurred between 6 April and 7 April 2020. There had been 296 deaths recorded as being from Covid – 19 although this was an underestimate and would rise with the reasons for this being explained. In Lothian based on laboratory data on 7 April 2020 there had been 647 positive cases (48% female and 52% male) with 66 deaths. All age groups were affected but 86% of those tested positive were over 40 years of age. About 10% of people who have tested positive had been admitted to Intensive Care. The socioeconomic and ethnic distribution was not yet known in Scotland although it was anticipated that this would follow a similar gradient to other conditions because people with fewer resources were more vulnerable because they were less able to self-isolate, work from home and were more likely to be in a key worker role.
- 6.4. Professor McCallum advised that the current estimates of infectivity was that each case of infection resulted in 2 – 3 additional cases. There was some suggestion that this was coming down but the official position remained as above. The estimated doubling time of cases without shielding was 4 – 5 cases and 3 – 4 days for deaths. A peak was expected in the next few weeks. A detailed update was provided on isolation periods and the point at which people could come out of isolation. Professor McCallum provided an update on the sampling process in Scotland advising that from 1 April 2020 the system for sampling for influenza would be adopted for Covid-19.
- 6.5. Dr Williams asked whether a distinction was being made between people who had died because of Covid–19 and those who had died with Covid–19. The point was made that the official death statistics related to people who had died as a result of Covid-19 disease.
- 6.6. The Chair advised that she had been notified of a number of questions from Board Members. These were whether assessment centres could be used for testing, whether figures were available for the different specific areas in Lothian and whether data would be available by IJB area. Professor

McCallum reported that dashboard work was mapping testing and cases in order that more detail could be provided.

- 6.7. The Board were provided with an update on the “Drive Through” service that had been established and tested 1000 people, mostly NHS and some social care staff, over a two-week period. The testing process and outputs were explained. Plans for expanding the service were explained with it being noted that proposals were at an early stage. The Scottish Government were also discussing opportunities for staff testing as part of a UK scheme that would be adapted to meet Scottish requirements.
- 6.8. Councillor McGinty asked whether plans were in place for establishing localised testing. Ms Kasper questioned how confident the system could be about the accuracy of testing. It was reported that in Lothian testing was done to accredited standards and was verified. No non-accredited testing was undertaken in Lothian. In terms of localised testing services, the rate-limiting factor was the sustained availability of the reagent used for verified validated testing. Miss Gillies advised that in Lothian no commercial testing was being undertaken as it was not validated to the necessary standards and could therefore not be supported. It was noted that at the Board Chief Executives meeting the previous day discussion had been held around the UK Governments mass testing proposals. Local plans for an increase in the sites for staff testing would need to be cognisant of the need to link in with UK arrangements. Miss Gillies reported that capacity was available for testing prioritised staff from health, social care and from the care sectors and this had been circulated to the Chief Officers.
- 6.9. Professor McCallum advised in response to a question that the “Drive Through” service was available for social care staff and their families as prioritised by their managers in terms of the risk to the team and the nature of respective roles. It was noted that the team were looking at other models on how to expand the offering although it was important that this happened in a quality assured and sustainable way. The point was made in terms of community testing that the local approach was to think about testing for clinical reasons. Plans were being developed to increase the capacity to test people presenting as symptomatic to the Primary Care Covid – 19 Hubs and again this would be from a clinical perspective. This would ensure that people had adequate advice and support.
- 6.10. Professor McCallum advised that the next stage was to minimise the adverse impact on populations at additional risk including those in closed settings like prisons, hospitals and care homes where more than two cases would be considered as an outbreak. There was also an issue about the number of people who were homeless or insecurely housed who had now been provided with accommodation that allowed them to self-isolate. A similar process had been undertaken for women and children at risk who were in temporary accommodation.
- 6.11. The Board were advised that there was a specific outbreak of Covid – 19 on a cruise ship moored on the Forth and the details of the outbreak and the

method of managing this was explained in detail and was in accordance with WHO guidance for ships. An appropriate process was in place for other cruise ships in the Forth.

- 6.12. Professor McCallum advised that care homes were another closed setting and that as of 7 April 2020 there were 28 confirmed and 64 possible cases and 13 deaths across the 14 care homes that were currently under active surveillance. It was noted that a strategic approach was being developed to prevention and early intervention and outbreak management rather than dealing with issues on a case-by-case basis.
- 6.13. Mr McCann sought an update on work around testing projection numbers over the coming weeks and the confidence in those. The point was reiterated that the rate-limiting factor was the availability of reagents on verified validated tests. In terms of numbers the system would be guided by the laboratory service and clinical leaders. It would be important not to ramp up services in this area that might result in an inability to undertake rapidly tests in people who were unwell or of tests in key staff. It was therefore not possible to state how quickly the service could be expanded and the possible numbers involved.
- 6.14. Professor McCallum advised in respect of caring for people that in Scotland the pandemic was being managed as a multiagency emergency. This meant that each Local Authority and Resilience Partnership had a “Care for People Group” with the details of how this operated being explained to the Board in terms of people with particular clinical conditions requiring them to stay at home for 12 weeks and self isolate. National arrangements in terms of providing basic support to these patients was outlined. Local teams were working to provide a more practical and tailored offer in order to ensure that clinical needs were met in a safe and effective way. It was noted that each area also had a “Data Group” and a “Clinical Issues Group” with the functions of these also being explained. All of these arrangements were to ensure that concerned people were not left without support.
- 6.15. The Board noted that the recommended way forward remained to support all of the work that was underway and this had happened rapidly to help the system to evaluate and capture lessons learned and share good practice including acknowledging approaches that had not worked. People should continue to stay at home and stay connected by telephone or online and to ask for help if they were unwell or having difficulty managing on a day-to-day basis. A critical key issue was to continue with handwashing. Professor McCallum advised that consideration also needed to be given to ensuring that the system was ready to develop programmes of recovery for the population’s health as well as the ongoing delivery of healthcare.
- 6.16. The Chair requested that a report from the Director of Public Health should be a standing item and asked Professor McCallum to prepare a short briefing paper for future Board meetings.

- 6.17. Professor McCallum advised that she would liaise off-line with Councillor Gordon in respect of a specific case raised by him in terms of the anticipated receipt of a screening letter that had not yet been received by a colleague for a member of his family. The Board noted that this was a nationally driven process that was being reviewed from a Scottish perspective to ensure that the Chief Medical Officer issued such letters.
- 6.18. The Board were advised in terms of volunteering that in so far as possible coordination was been undertaken nationally through Volunteer Scotland. The Third Sector interface bodies in each of the Community Planning Partnerships were also heavily engaged in trying to ensure that national organisations were joined up locally. Steps were also in place to ensure that volunteers met the appropriate standards and were not putting people at risk.
- 6.19. The Chair advised that there was an issue that vulnerable people's details were being passed to supermarkets to allow them to receive provisions. She felt that would be a significant data protection issue at the other end of the process.
- 6.20. The Chair thanked Professor McCallum for her comprehensive update and invited Mr Crombie to update the Board on the operational response.
- 6.21. Mr Crombie commented that he did not think it was overstating the case to say that this was the most impactful paper that he had ever brought to a Board meeting. He felt that there would be significant downstream consequences for months and perhaps years. He felt that it was correct to recognise the impact of the disease on communities as this could not be understated.
- 6.22. Mr. Crombie advised that on 17 March 2020 the acute system had had its first positive case. As of 8 April 2020, there were 158 positive cases in the wards and 39 positive cases in Critical Care. He reported on some of the demand processes that acknowledged doubling of cases every four days. Recently there had been a doubling around ward beds of around 8 days and in Critical Care every 10 days. There was some evidence that the steps being taken were flattening the demand curve.
- 6.23. Mr Crombie advised that at the 4 March 2020 Board meeting the initial approach and command structure to be deployed had been discussed. It was noted that this had quickly moved to an oversight command structure. A Strategic Management Group had been established on a whole system basis and met three times per week. An Executive Team had also been created and met twice a week. This approach had been deployed in order to take command of what was going on and to enable agile decision-making.
- 6.24. Mr Crombie reported that the circulated paper referred to the development of mobilisation plans and that these were whole system in nature. They also quantified the magnitude of financial commitment in this area. It was noted that one element of the impact of the pandemic had been a significant reduction in the number of Delayed Discharges the details of which were

explained. The system had benefited from the deployment of two British Army Liaison Officers who were providing support in a number of areas including logistics and process overview. This position was not unique to NHS Lothian with 35 British Army Liaison Officers having been deployed across NHS Scotland.

- 6.25. The Board were advised that one of the most seismic decisions that had to be taken by the Executive Team had been the discontinuation of the elective programme. The quantum impact of that decision had been reflected upon. The Chair asked for confirmation there was an audit trail of decisions or central log as this information would be needed for the future.
- 6.26. Mr Crombie advised that actions taken to date were detailed in the paper and included as previously reported the cancellation of elective procedures as well as the expansion of Critical Care Level 3 facilities that were the highest level of support for patients requiring one to one care and often requiring ventilation. Previously NHS Lothian had 29 level 3 beds with plans in place to expand this to 113 beds in the next few weeks. The implications of moving staff resources to support this level of intensity was recognised
- 6.27. The Board was advised that Professor McMahon was central to the PPE process around identifying significant issues for patients and staff. It was pointed out that the impact of the disease have resulted in a seismic change in service provision with an example provided of GP practices now being more agile in their interaction with patients including the use of technology like "Near Me" which had been deployed to all 121 GP practices. In the previous week, 570 Consultations had taken place using this technology that was being expanded to the Out Patient environment with Dermatology being the first specialty to adopt this approach.
- 6.28. The Board were advised that at the early stages, testing had commenced at the Western General Hospital (WGH) and the Regional Infectious Diseases Unit (RIDU) teams had come up with the idea of drive through testing which was now being deployed across Scotland. Communications had been central to the process and the system had developed the concept of a "Speed Read" issued on a daily basis with positive feedback having been received. It was noted that NHS Lothian was liaising with colleagues from the Louisa Jordan Hospital in Glasgow in terms of finding out information about clinical pathways that could be interacted with. Mr. Crombie made specific reference to the support provided by colleagues from RIDU and the Infection Prevention and Control team in allowing the system to move forward and provide safe care and safe staff. The input of other teams was also recognised.
- 6.29. Mr Crombie advised off the critical importance of supporting staff and to recognise the personal impact the current position was having on them. A helpline had been established for staff. In addition, a more focused psychological support framework had been introduced and was now in place. The Chair advised that she had discussed with the Chief Executive the need for the Executive Team to safeguard their own health during these difficult times. Mr Crombie commented on the importance of not losing the benefit of

some of these initiatives as the system moved into the recovery period particularly in respect of digital working. It was noted that working from home had been established and was operating effectively.

- 6.30. In terms of the psychological support service it was pointed out by Mrs Mitchell that this was internet based and it would be important to ensure its availability to staff who did not have such access. She also made the point in respect of delayed discharges whether patients were being discharged to infected care homes and if so what provisions were being made for them. Mrs Butler updated on the significant push that had been put in place in respect of staff welfare with examples provided including local initiatives over and above corporate approaches. She pointed out that most of the help could be accessed by telephone and that the services that were online could be accessed via the NES TURAS platform. In particular she reported that a “before you go home” huddle template had been developed to support staff well-being. A Well-being Champion had been appointed to help share good local practice.
- 6.31. Professor McCallum reported that the Infection Protection and Control Team in the hospital along with the Public Health team worked closely with the HSCPs and care homes to ensure that people were discharged safely. A patient would not be knowingly discharged to an environment that was less safe than the hospital.
- 6.32. Mrs Hirst along with other Board members commented on the examples of excellent leadership throughout the organisation. She commented that there were issues around risk and selectivity decisions that clinicians in particular would need to make in respect of clinical practice. She felt that there was likely to be some legal implications not least in terms of Equality and Diversity and Human Rights. She questioned whether the guidance needed to be obtained on the NHS Lothian approach as well as considering how to support staff when they needed to make these very difficult decisions.
- 6.33. Miss Gillies advised that the Scottish Government had produced some Ethical Support guidance intended to support staff when ethical issues came into play and that these replicated the guidance currently in use in the hospital environment. She commented however that it was important to recognise that difficult decisions were made every day in the acute sector in terms of reconciling who might benefit from treatment regimes. The point was made that the physical absence of relatives from these conversations was a difficulty and made it harder to have good nonverbal communication. It was pointed out that there would be a need to support staff to have conversations in a different way and this would be discussed at a meeting later in the day. Miss Gillies commented that it would be important not to devolve such decision-making to a committee.
- 6.34. Mr Crombie in response to a question advised that prior to Covid – 19 that NHS Lothian had been in a good position in respect of ventilator capability and had recently replaced some machines with the old ones having been retained and would be available to support the initial phases of the expansion

of level 3 Critical Care capacity. Work was also underway to convert anaesthetic machines to provide ventilator support and these steps would allow NHS Lothian to support the move to 113 beds. The Scottish Government was also procuring additional ventilators from recognised manufacturers and NHS Lothian would receive a share of these. In addition, NHS Lothian would also be procuring additional ventilators for delivery in May or June 2020. Miss Gillies reported that NHS Lothian would not use nonstandard ventilators. Issues around CPAP would be discussed at the Health Care Governance Committee.

- 6.35. Mr Crombie in response to a question from Dr Williams who was a past Chair of the NHS Lothian Organ Donation Committee and advised that this was an area that had been recognised as being important by the Strategic Management Team and had also been reflected in the Lothian Strategic Transformation Plan. Miss Gillies provided an update on the UK wide stance in terms of transplantation advising that NHS Lothian was fully in line with the UK guidance that had been issued.
- 6.36. Councillor Gordon expressed his concern about the impact on equalities and possible discrimination as the system moved to a digital focus. He commented that not all members of the public nor staff had Internet access and there would be a need to address this. The Chair advised that she was aware that the Scottish Government were leading work across a number of organisations including the third sector to begin to address the digital exclusion. Professor McCallum reported that the Head of Equality and Human Rights was also playing an active role in ensuring that equality issues were addressed with examples provided. She felt that the fact that a Board level strategy and Board level equality outcomes were in place provided a framework against which to address each decision.
- 6.37. The Chair commented that the drop in A&E attendances might have different explanations. She also commented that the paper would benefit from referencing how the public would be communicated with during this process. The Chair suggested in terms of training that opportunities should be taken to play into Universities and utilise assistance from this area. Professor Whyte advised that the University of Edinburgh was happy to participate. She commented that the final year Medical Students had graduated and that NHS Lothian had been one of the most proactive Boards in employing the graduates.
- 6.38. The Board received the update report and commended the work being undertaken by the Executive Team.

7. Lothian System Transformation Plan (LSTP) and Lothian Recovery Programme Plan Re – Prioritisation

- 7.1. The Board agreed to consider both the LSTP and the Lothian Recovery Programme as a single item.

- 7.2. Mr Briggs reported that there was a requirement for the Board to approve the LSTP before it could be progressed further. He reminded the Board that they had considered a previous iteration of the plan at the January 2020 Board meeting where it had been well received in terms of the approach being adopted. Since then further work had occurred with Board members, other Health Boards and the Scottish Government and others to ensure that the plans were joined. A key issue was the desire for the plans to move forward not only on an annual basis but to include a 3 – 5 year forward look. IJBs had also bought into the pathway to provide a system wide transformation plan.
- 7.3. The Board noted that finances and modelling had been put on pause because of Covid–19. Work continued on steps to be taken as part of the Covid-19 recovery process. Mr Briggs commented that a letter had been received from the Scottish Government stating that the process had been paused and that they had noted what had been done in respect of the LSTP with individual points having been neither agreed nor disagreed at this juncture.
- 7.4. The Board were advised that the Finance and Resources Committee at its meeting on 25 March 2020 had approved the financial plan. An update was provided on the IJB input into approving the LSTP and the Scottish Government approach to this with it being noted that the intention was to obtain strong support from IJBs and HSCP Chief Officers.
- 7.5. Mr Murray commented that the LSTP as it currently stood would need a significant rewrite to reflect the Covid–19 position. He felt that Board Committees and in particular the Strategic Planning Committee would want to have a view on how to move this work forward. Mr Briggs felt that points of detail would need to be refreshed although he felt the agreed platform was still valid.
- 7.6. Mr. Murray commented in terms of the implications of the changes borne out of the current crisis that there were many strategic perspectives that would need to be considered including the approach to the recovery plan. The Chair commented on the complexity and range of detail in the paper advising that she felt a lot of this would stand but would need to be reviewed and the post Covid–19 world.
- 7.7. The Chair commented that there had been a clear message from the Minister for Public Health about the need to protect drug and alcohol services as this involved a vulnerable group of people. She commented that the LSTP for obvious reasons was very service delivery focused. She hoped that in the future plans would start from the perspective of Public Health.
- 7.8. The Chair invited Mr Lock to speak to the circulated paper in respect of setting out a re- prioritisation of the recovery programme that reflected the national priority of focusing on Covid-19 for the near future. Reference was made to a letter dated 1 April 2020 from the Director General of the NHS in Scotland effectively stating that the expectation was that performance would be maintained in all areas as far as possible. It also clearly and correctly noted that priorities had shifted and that moving forward the Scottish Government

approach would change. NHS Lothian as an organisation remained at level 3 but that effectively the recovery programme would not continue in its current form.

- 7.9. Mr Lock commented that part of the purpose of the paper was to log with the Board the position in terms of the programme and what the position should look like going forward given the current situation. He commented that the Military liaison officers had commented that currently NHS Lothian had been planning in a linear fashion and that an exponential approach now needed to be taken as this was how the epidemic was changing. Mr Lock commented that like the LSTP a longer-term view needed to be adopted and embedded.
- 7.10. The Board noted that there had been a significant reduction in attendances and whilst some of this might be welcome, it was important to recognise the position in respect of vulnerable groups. There was a need to learn from current experience and identify what needed to be challenged in the post Covid world. Mr Lock advised that the paper logged February performance although it was not proposed to discuss this in detail at the meeting. He commented that there was a need to monitor what was going on and what the challenge would be around issues like Waiting Times over the next period of time whilst not majorly focusing on this.
- 7.11. Mr Lock commented that the final part of the paper set out some of the changes that had already happened and what the implications of these were or may not be in terms of issues like Primary Care moving to more use of technology for triage and shielding purposes in terms of Unscheduled Care. It was not anticipated that moving back to a traditional approach to the recovery planning would be the correct thing to do. There was a need to look at what the future might look like and to take a proportionate approach to this given the current crisis and not to over burden existing teams.
- 7.12. The Board were advised in respect of Mental Health recruitment that all new posts had joined NHS Lothian as planned and where possible the team had been keen to maintain progress recognising the fact that there would be a likely increase in anxiety and depression given the current circumstances leading to an influx into the service.
- 7.13. The Vice Chair commented whilst he understood the need for the response to be proportionate he did not think the Board should underestimate the opportunities around reimagining and what this might look like given the experience of recent times. He advised that he was unsure about what was meant about redefining the investment case in the paper and whether this related to the development of a Business Case where there were clearly defined benefits and clear issues of affordability.
- 7.14. Mrs Campbell confirmed that the possibility of using the Paediatric ward as part of the expansion plan for St. John's was being explored. There would be a need to make a strong case back to the Scottish Government given the expectation in the letter from the Director General. The Chief Executive has advised that the issue had been raised informally with the Scottish

Government. Should actions be required an SBAR would be formally submitted. It would be made clear that Paediatrics would be towards the very end of the line of wards that NHS Lothian would seek to open.

- 7.15. Mr McCann advised that he applauded the changes made to move to a more digital approach although he felt what was being achieved was only the tip of what the organisation could and should be doing whilst recognising the financial constraints. He felt there was a need to increase the leadership focus on digital data as well as capturing information on what had been successful or otherwise. Mr McCann felt that there was a key question about how the Board maintained this emphasis on digital post Covid. The Chair commented that the Head of eDigital recognised the real opportunities in this field.
- 7.16. Mr Murray commented in respect of the letter from the Director General whether there was a need at some point to respond to this in respect of whether it would ever be proper to go back to the previous recovery programme approach. He commented in respect of TTG and on the short-term future of this from a Government perspective over the next 12 – 24 months based on the ability to get back to where the system had previously been never mind starting to erode some of the earlier gaps.
- 7.17. Mr Murray suggested that it appeared that the delayed discharges were not a systemic issue because the position had been resolved in the space of 3 weeks. He felt NHS Lothian needed to position itself in a way that guaranteed finance moving forward so that the NHS had a chance to operate effectively.
- 7.18. The Chair invited Mrs Campbell to comment on the impact and quantum of cancellations. Mrs Campbell suggested that this discussion should be paused, as these were large strategic discussions that the Board needed to consider sooner rather than later. She commented in terms of A&E attendances that she did not know how to assess the risk of people who had not attended but should have as they were probably vulnerable. The Chair commented that the Board would need to take a view around the recovery position as would the rest of Scotland.
- 7.19. The Chair advised there would need to be more about public engagement in terms of service changes although the narrative focused on staff and patients and not the public. She advised that there would be a clear need for public engagement around some of the future decisions that would need to be made.
- 7.20. Mr Briggs spoke to the current position in respect of modelling assumptions advising that the key issue was that the Board needed to have a clear understanding of when demand presented by the Covid-19 Pandemic placed the system under very significant pressures or not. It would be important to keep close track of some of the Public Health indicators to determine the number of ward beds, critical care beds and the level of PPE required. It was noted work was underway in this regard. It was noted that a best case and worst-case scenario had been produced although the details could not be shared at this point because of the exponential nature of the data. The

position in respect of modelling across Scotland was described. It was encouraging that despite the different approaches that the assumptions and answers were broadly the same.

- 7.21. The Board were advised that the latest confirmed position was that there was a belief that critical care capacity would come under significant pressure in the next few days. The caveat to this was that the epidemiological curve had moved from cases doubling in 2 ½ days to a position closer to 5 or 7 days. The key issue was that the Public Health intervention measures introduced on 23 March 2020 had made a difference and was demonstrating a shallowing of the position moving forward.
- 7.22. Mr Briggs reported that future conversations needed to focus not on the recovery process but how the system backed out of the current position with a need to consider people who had received shielding letters. The challenge around people staying at home for a sustained period was an issue. There was a particular concern about the forthcoming Easter weekend period given that good weather was forecast.
- 7.23. The Chair commented that she was encouraged by the evidence that the Public Health message was working and was concerned about how long this could be sustained. Mrs Hirst commented on the finances being used to support people at home with there being a need to consider how to sustain this in the longer term as this would be an important point moving forward.
- 7.24. The Board approved the following recommendations:

2.1 Acknowledge that in the short term the Recovery Programme places a hold on the majority of the work plan, as well as reprioritising its future focus onto learning from the current Covid-19 pandemic situation, and how this can be embedded into clinical practice to support longer term recovery actions.

2.2 Agree that the current situation should provide a broader catalyst for a “tilt to digital” and greater virtual health and care delivery across Lothian.

8. Royal Hospital for Children and Young People / Department of Clinical Neurosciences / Child and Adolescent Mental Health Services (RHCYP/DCN and CAMHS)

- 8.1. The Chair commented that it had been intended to have Mrs Morgan, Senior Programme Director available to attend the meeting but other diary commitments had prevented this happening.
- 8.2. The Board received an update on progress since the previous meeting with it being noted a fuller report would be provided in the Private Board session later in the day.
- 8.3. The Board noted the update report.

9. Financial Position

- 9.1. Mrs Goldsmith advised she had difficulty revisiting this paper given the uncertainties around what the financial position would like as the year progressed. There was a need for the Board to approve the financial plan in order that opening revenue and capital budgets could be set. The Finance and Resources Committee had accepted the plan recognising the need for a detailed review in respect of Covid-19.
- 9.2. Mrs Goldsmith commented that for the first time in a number of years a forward plan had been produced that was close to breakeven at the opening of the year. She provided an update on a number of key issues in the paper including NRAC, a critical review of cost pressures, acute and GP drug costs and the funding of the pay award. The full 3% uplift would be provided to IJBs to support financial stability wherever possible. The financial plan had also made inroads into the care deficit in respect of Unscheduled care access and Psychological Therapies where funding had been made recurrent. Strategic investment in eHealth continued although this was an area where further work was required.
- 9.3. Mrs Goldsmith in response to a question advised in terms of the care deficit down to ward level advised that there was still work to be done and this needed to be aligned to the recovery plan and the LSTP. Currently it was difficult to quantify the impact of investments. In addition, there had been a fundamental change at the front door that needed to be quantified. A number of issues would need to be revisited post Covid-19. Up until recently, it had been clear there was a need for infrastructure and the Elective Centre would deliver that albeit at additional cost. In terms of debts being written off in England it was noted that a similar process had happened in Scotland. The impact on the Barnett consequential in Scotland was unknown although Mr Ash suggested there would be none as the funds would have come out of Health Department budgets.
- 9.4. Dr Williams reported that a possible reason for the reduction in delayed discharges might be because people were working from home or not working and were therefore able to look after family members. There was a need to consider the impact as the system moved out of Covid-19 and to provide carers or consider making available care home places. He questioned whether this position had been quantified. Mrs Goldsmith updated on steps being taken in this and other areas. It was noted that there would be a need to look at data before decisions could be taken. It was noted that there would be similar impacts across the country. Dr Williams commented on the need to ensure Partnerships were properly funded.
- 9.5. The Board agreed the recommendations in the circulated paper.

10. Corporate Risk Register

- 10.1. Ms Gillies advised that the Covid-19 position had been rehearsed in detail elsewhere in the meeting. She reported that Covid-19 would have a significant impact on other corporate risks on the register the details of which were now

dated given the current climate. Ms Gillies advised that it would take time to re-engage with risk holders to refresh the position and this would not happen at this point given the need to maintain focus on managing Covid-19.

- 10.2. The proposal was that Brexit should be removed from the register albeit it would remain subject to review at two checkpoints in the future. This would be used to look at any emerging issues like travel and workforce movement. It was recognised that many aspects of Brexit remained work in progress at national level.
- 10.3. Mr Ash commented that it would be useful to establish a process for reviewing the risk register when the system emerged from Covid-19 as at that point all risks would need to be re-evaluated. He reminded the Board that the UK had left the European Union (EU) and there was a need to look at risks around issues like recruiting staff. He felt although Brexit might not be on the corporate risk register there would be merit in it remaining an issue for consideration in the governance committees.
- 10.4. Professor Whyte advised that it would be for the Health Care Governance Committee to look at Covid-19 as well as non Covid-19 issues in respect of patient care. She did not feel that Brexit remained a live risk given that the UK had now left the EU. Professor Whyte commented that without knowing the terms of future engagement post Covid-19 it would be difficult at this point to meaningfully update the remainder of the risk register.
- 10.5. The Board agreed the recommendations contained in the circulated paper and in particular the inclusion of Covid-19 as a high risk.

11. Any Other Competent Business

- 11.1. Communications from the NHS Board – Councillor Gordon raised the issue about communications from the Board as this currently looked relatively invisible to the general public. He questioned whether something was being put together that would allow the Board to be more vocal and supportive of staff and communities.
- 11.2. The Chair commented that a statement had been sent to staff but not to the general public. She advised she would issue a message on social media later in the day although she recognised this would only reach a limited audience. The Chief Executive and Ms Mackay would pick up the wider issue. It was recognised that it might be difficult to get much coverage in the current climate.
- 11.3. The Chief Executive commented that there had been a media strategy in place that had received positive feedback from TV and the national news print outlets. The Chief Executive advised he would ask Ms Mackay to issue details of recent issues.
- 11.4. The Chair confirmed that Councillor Gordon was referring to communication from the NHS Board in terms of a public face and getting information out to

the public in terms of decision-making. The issuing of a press release would be discussed.

12. Future Board Meetings

- 12.1. Post Board it was agreed that for a variety of reasons the Board meeting would be postponed from 6 May 2020, and would be held on Wednesday 13th May 2020 using Teams. The June meeting would also be held using Microsoft Teams. The position in respect of the format of the August Board Meeting would be discussed nearer the time.

Signed by the Chair on 13-05-20

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