

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 22 June 2022 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Mr P. Allenby; Cllr S. Akhtar; Ms N. Akta; Prof. S. Chandran; Mr M. Connor; Ms V. de Souza; Dr P. Donald; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Ms C. Hirst; Miss F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Mr W. McQueen; Ms T A Miller; Cllr D. Milligan and Dr R. Williams.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Director, Nursing, Midwifery & AHPs); Mr C. Marriott (Director of Finance) and Ms D. Milne (Director of Public Health and Health Policy).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of HR & OD); Ms J. Campbell (Chief Officer, Acute Services); Mr J. Crombie (Deputy Chief Executive); Ms Y. Lawton (Head of Strategic Planning & Performance, West Lothian HSCP); Dr J. Long (Director of Primary Care); Ms G. McAuley (Nurse Director Acute Services); Mrs J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (REAS Services Director); Ms R. Miller (Strategic Programme Manager)(Item 25); Mr. P McLoughlin (Strategic Programme Manager)(Item 26); Ms L. Barclay (HR Business Manager) (Item 29); Mr A. McCreadie (Deputy Director of Finance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Mr A. McCann; Mr J. Encombe; Cllr H. Cartmill and Ms A. White.

17. Declaration of Financial and Non-Financial Interest

- 17.1 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. There were no interests declared.

18. Chair's Introductory Comments

- 18.1 The Chair welcomed Cllr Jenkinson to his first Board meeting and noted that Cllr Cartmill had also been appointed as council stakeholder member to the Board. Cllr Akhtar and Cllr Milligan were returning to the Board as council stakeholder members.
- 18.1.1 The Chair also welcomed Ms MacDonald and Mr Marriott to their first Board Meeting as Director of Nursing, Midwifery & AHPs and Director of Finance respectively.
- 18.1.2 The Board noted that Fiona Wilson would be starting as East Lothian IJB Chief Officer on 27 June 2022, taking over from Ms MacDonald, and moving from her Head of Health post with West Lothian IJB.

18.2 Dr P Donald and Dr R Williams - valedictory comments

- 18.2.1 The Chair reported that this would be Dr Williams and Dr Donald's final Board meeting.
- 18.2.2 Dr Williams joined the Board in March 2010 as the GP representative until 2018, he then re-joined the Board in August 2018 as a lay member. The Chair thanked Dr Williams for his long and distinguished service to the Board.
- 18.2.3 Dr Donald joined the Board in August 2018. The Chair thanked Dr Donald for her very significant contributed to the work of the Board, its Healthcare Governance Committee and both the Midlothian and East Lothian IJBs.
- 18.2.4 The Chair welcomed the clinical voice that both Dr Williams and Dr Donald had brought to the Board and would contact both of them personally to convey the thanks of the Board in more detail.

Items for Approval

- 19. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. The Board noted that no such requests had been made.
- 19.1 Minutes of Previous Board Meeting held on 06 April 2022 – Minutes were approved.
- 19.2 Audit and Risk Committee Minutes – 21 February 2022 – Minutes were noted.
- 19.3 Finance and Resources Committee Minutes – 17 January, 21 March and 20 April 2022 – Minutes were noted.
- 19.4 Healthcare Governance Committee Minutes – 22 March 2022 – Minutes were noted.
- 19.5 Staff Governance Committee Minutes – 02 March 2022 – Minutes were noted.
- 19.6 Edinburgh Integration Joint Board Minutes – 22 March 2022 – Minutes were noted.
- 19.7 West Lothian Integration Joint Board Minutes – 17 March 2022 – Minutes were noted.
- 19.8 Midlothian Integration Joint Board Minutes – 10 February and 17 March 2022 – Minutes were noted.
- 19.9 East Lothian Integration Joint Board Minutes – 24 March 2022 – Minutes were noted.

- 19.10 Appointment of Members to Committees and Integration Joint Boards – The Board agreed to:
- Appoint Cllr Derek Milligan to the Remuneration Committee with immediate effect.
 - Appoint Cllr Shamin Akhtar to Finance and Resources Committee and Pharmacy Practices Committee with immediate effect.
 - Appoint Cllr Stephen Jenkinson to Audit and Risk Committee with immediate effect.
 - Appoint Cllr Harry Cartmill to Healthcare Governance Committee and Audit and Risk Committee with immediate effect.
 - Re-Appoint the following people to the Pharmacy Practices Committee:
 - John Niven, Lay Member
 - Judie Gajree, Non-Contractor Pharmacist
 - Hazel Garven, Non-Contractor Pharmacist
 - Mike Embrey, Contractor Pharmacist
 - John Connolly, Contractor Pharmacist
 - Phil Galt, Contractor Pharmacist
 - Kaye Greig, Contractor Pharmacist
 - To bring forward Ms. Elizabeth Gordon's appointment as voting member of East Lothian IJB to 25 June 2022, running until 31 March 2025. Dr Patricia Donald to step down from the IJB on 25 June 2022.

Items for Discussion

20. Board Chair's Report – June 2022

- 20.1 The Chair reported on the National Care Service (Scotland) Bill which the Cabinet Secretary for Health and Social Care had formally introduced to the Scottish Parliament and had been published on 21 June. Details had been circulated to Board Members. The Chair confirmed that there would be further consideration of the Bill and the required engagement from the Board in due course.
- 20.2 The Chair also reported that himself and Mr Murray had attended the NHS Scotland Conference yesterday which the Cabinet Secretary and Director General had opened by highlighting the significant contributions made by staff over the past couple of years and the enormous amount of flexibility shown within health and the wider care system. There had been a presentation from NHS Lanarkshire on its successful Homefirst and supporting early discharge programme.
- 20.3 The Chair also recounted a quotation from the Chief Medical Officer who had paraphrased Martin Luther King in relation to whole system engagement:

“We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

21. Board Executive Team Report – June 2022

- 21.1 The Board noted the Board Executive Team report for June 2022. There was discussion on the following topics:

Capital Developments (Reprovision of Eye Services; National Treatment Centre; Cancer Centre)

Dr Williams asked that there be close working with the NHS Lothian Charity (formerly Edinburgh and Lothians Health Foundation) around funding and fund raising. The Chief Executive confirmed that this would absolutely be the case with the added value the NHS Lothian Charity would bring to capital developments.

Registered Nursing Workforce

Mr Allenby welcomed the outlined work on access to careers in healthcare. This included the BSc (Hons) with Open University to become a registered Mental Health Nurse with REAS. Ms McAuley replied that it was a great opportunity to take the Open University course and replicate this in other areas such as mental health. The key focus was on widening access to careers.

The Board noted the NHS Lothian nominations for the RCN Scotland awards which was also welcomed good news.

Da Vinci Robot

The Chair asked about the benefits of the Da Vinci Robot at St John's Hospital. Miss Gillies stated that robotic assisted platforms supported complex, minimum invasive work and the robotic prostatectomy service had been moved to the site and areas of use would continue to accelerate over the next couple of years.

National Treatment Centre (Lothian)

Mr McQueen asked about investment proposals not yet being agreed with Scottish Government and the construction and operational dates for the centre.

The Chief Executive explained the investment proposals related to workforce costs and that confirmation was awaited. The Scottish Government were still to confirm all capital schemes and timescales following a meeting last week. The timescale realistically for the Centre was 2026/27.

Mr Crombie added that the intention was to have early engagement on the workforce plan, so that advance practice individuals would be at optimum level for when the Centre opened, and this year was Year 1 of the workforce plan. There had been a request to pause the spending review whilst the finance was reviewed centrally. There was ongoing work with contractors, external experts and NHS Assure to look at the process for these projects and

due to emerging requirements from NHS Assure it was likely to be a 2026/27 timescale.

3-Year Workforce Plan

Mr Murray asked about the plan and the degree of confidence that this could come to fruition for NHS Lothian and the National Treatment Centre. The Chief Executive explained that these were two different but linked areas. The NHS Lothian 3-Year workforce plan is within the Board's gift and will be monitored by the Staff Governance Committee. The wider workforce planning linked to the National Treatment Centre is part of the programme for which finance would need to be released by Scottish Government.

Mrs Butler confirmed that the focus of the 3-Year Workforce Plan was to set out the challenges ahead and how to mitigate these within the Board's gift. With the National Treatment Centre there were elements of risk predicated on national funding availability.

Mr Briggs added that the LSDF set out what was needed to increase workforce, the challenges for workforce and consideration of changes to delivery of services. There was a shift of model where the LSDF influences the Workforce plan and vice versa, like a symbiotic relationship.

Resource Spending Review

Mr Connor asked about the proposed reduction in public sector headcount back to pre-Covid levels and the Scottish Government commitment to extra medical staffing to aid recovery. The Chief Executive emphasised the need to balance out money with workforce. The Scottish Government would not go back from its commitments but there were significant workforce challenges to do both these things at the same time. Mr Marriott added that the devil would be in the detail with the impact of the resource spending review providing focus for direction of travel. It was not possible to say what the impact of that would be at the moment. There was an expectation for public sector workforce to grow in totality over the next 5 years, not just within the health service.

System Flow

Mr Knight referred to the Midlothian IJB Chief Officer update and the possible negative effect of system changes on delayed discharges when they should improve delays. The Chief Executive clarified that there was no direct correlation and that Discharge Without Delay program was a good thing to do in order to reduce delays in the system. The Chair suggested Mr Knight contact Ms Barrow for further detail if required.

Winter Planning

Mr Fleming asked about contingency planning for winter 2022. The Chief Executive stated that the reality was that it had felt like winter for the last number of months and planning was always thought through in terms of balance between an increase in elective work and the added pressures of

winter. Ms Campbell added that winter planning started at the beginning of summer and that non-recurring winter funding was given out to sites to proactively increase the step up in operations. There was a focus on redesign of urgent care and front-end diversion of patients safely away to other services. The unscheduled care committee and board meets all year round to maintain this focus.

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

- 22.1 **Finance and Resources Committee** - Mr Marriott reported from the April and May 2022 Meetings. There had been updates on the Scottish Hospitals Inquiry, new cyber security risk, increasing financial pressures for health and social care services and specific service challenges for HSDU and mitigations being put in place by Estates and Facilities.

23. NHS Lothian Board Performance Paper

- 23.1 Mr Crombie introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.
- 23.2 Mr Crombie highlighted the new format of the report, the sustained challenges for delivery of services and the drivers of the challenge as seen through a series of threads in the paper. This included availability of workforce (recruitment and sickness absence). There was high unscheduled care demand, referrals into the system and an increasing and ongoing impact of Covid positive patients in acute sites along with high bed occupancy in the system and high delayed discharge numbers.
- 23.3 Mr Crombie explained the new report format covered 57 indicators, driven by the Local Delivery Plan and Remobilisation Plan 4. There had been a move away from tables to using statistical process charts showing a period of time. There were links to targets, performance, process charts, and availability of data sources to show responsible directors for each indicator and detail of improvement actions and mitigations to deal with that indicator if not meeting target required.
- 23.4 The Chair asked about outpatient waits and encouraging people to come forward for screening appointments. Mr Crombie confirmed that the outpatient detail in the report was for April 2022 and the upturn was due to public holidays and increased cover demand. Ms Campbell confirmed that May 2022 activity had now recovered.
- 23.5 Ms Milne explained the issues with validating provided data relating to Bowel and Cervical Screening. Bowel screening performance had improved since this report had been written however there remained significant challenges for cervical screening which had been discussed at the Board's Healthcare Governance Committee. There was a lower uptake from younger women and those from more deprived areas. Primary care were doing well in responding to screening requests with cervical screening staff in place. Patients within

long stay mental health settings were now being reached. There was further improvement work required in relation to screening.

- 23.6 Mr Murray asked if it was possible to correlate between the recommendations and KPIs not being met, hyperlinking to areas in the report reflecting on the action being taken. Equally linking to where the Corporate Risk Register shows areas being tackled. Mr Crombie would take this away to discuss the possibility of setting this up.

JCr

- 23.7 Mr Murray also asked about analysis undertaken on assurance by the Board's sub-committees and how the extent their contribution leading to effective change could be recognised. It would be interesting to see what actions were being taken by sub-committees in seeking assurance on a more regular basis.
- 23.8 The Chief Executive clarified there was the opportunity for sub-committee Chairs to flag issues to the Board through the "Opportunity for committee chairs or IJB leads to highlight material items for awareness" item on the agenda. As a Board of Governance, it was important that there was trust in sub-committees to discharge their responsibilities or to flag concerns to the full Board.
- 23.9 Mr Murray added that in relation to outpatient redesign, 12 specialities had completed through the programme and 27 were currently progressing through redesign. What was the outcome of the areas completed? Ms Campbell confirmed that there had been a meeting with the modernising outpatients team yesterday and that a full evidence dashboard was being developed to show the impact of the modernisation programme. There had been an issue with the recording of different types of activity, but this had been resolved.
- 23.10 Mr McQueen welcomed the new format report and asked about the St John's Hospital hybrid SDEC model pilot. Mr Crombie and Ms Campbell confirmed that the SDEC model mimicked the one at the Western General Hospital as part of the direct distribution of that good working. This had been identified as impactful practice at the Western General Hospital and it had been an Executive Team decision to distribute this model to other areas.
- 23.11 Mr McQueen also asked about the use of Primary Care Data and whether there would be benefit in widening the sample of GP practices from 9. Dr Long explained that almost 100 practices had now signed up to DataLoch so data would be used in future reports going forward.
- 23.12 Mr McQueen raised concern around the wording in relation to implementation of patient focussed booking system within mental health services. Ms McKigen confirmed that for mental health services (psychological therapies) there was a working manual fix in place whilst the full fix was awaited. There was no-one else using the system at the moment so being innovative was causing issues at the moment.
- 23.13 Ms de Souza asked about the Urgent Suspicion of Cancer and Urgent referrals rate rising and whether this trend related to Covid or something else. Miss Gillies clarified that the rates were increasing across the country with the

yield of cancers out of referrals being quite low. The pandemic had meant a complex series of people not being seen face to face who are now accessing health care and diverted capacity meant patients being seen as best as possible within the time frames.

- 23.14 Ms Gordon asked about Cervical screening reminders to address poor uptake and the focus on hard to reach people. Ms Milne thought reminders were sent but would check this and confirm to Ms Gordon outside the meeting.

DM

- 23.15 Dr Williams asked about quality of outcomes and links to patient pathways, patient satisfaction, whistleblowing, and complaints.
- 23.16 Mr Crombie commented that the paper to the last PPDC had referred to the positive patient feedback being received, and Healthcare Governance committee was looking at outcomes in more detail.
- 23.17 Miss Gillies explained that safety, effectiveness, and experience were considered in detail at Healthcare Governance committee against an annual workplan. This came back to the “Opportunity for committee chairs or IJB leads to highlight material items for awareness” item on the Board agenda with the expectation that the Healthcare Governance Chair would raise any concerns around deteriorating outcomes to the Board.
- 23.18 The Chair added that the prospect of having a patient experience seminar for Board members had been raised and this could be a topic for such a seminar. This would be taken forward out with the Board meeting.
- 23.19 Cllr Akhtar asked about psychological therapy services options and models. Ms Mckigen confirmed that different models were being tried, similar to nursing alternative roles, working on NES competencies and care pathways. Moving staff across specialities to support areas not doing so well was also being looked at.
- 23.20 Mr Knight asked about emergency admissions length of stay. The Chair pointed out the link between length of stay and the increasing acuity factor on acute sites. Mr Crombie added that delayed discharges were a significant contribution to the length of stay issues. Ms Campbell commented that boarding and the right specialty first time approach also added to length of stay as teams had to work across larger areas.
- 23.21 Mr Knight also asked about primary care telephone calls versus surgery consultations and whether the calls were accurately counted as the figures looked good and were trending towards more in surgery consultations rather telephone calls.
- 23.22 Dr Long confirmed that the data in the report from the 9 GP practices was accurate and correct. When there is a broader cohort of practices there would have to be work around analytics and data input to ensure accuracy. Face to face consultations were now more than telephone calls with a 60:40 or 70:30 ratio.

- 23.24 Mr Fleming asked about the performance report and the planned benefits against the actual benefits and whether the broad impact of interventions could be shown in high level terms. Mr Fleming appreciated this was an ask. Mr Crombie confirmed these comments were helpful and would be taken onboard as the report continues to evolve to the next stage.
- 23.25 Mr Fleming also asked about the role of pharmacy in primary care and as the primary care data develops the impact pharmacy was having on GP attendances. Dr Long commented that primary care did not just equal general practice and there were lots of other areas too. These first two areas gave a contextual measure and work would continue to develop the data to give broader context.
- 23.26 Ms Hirst commented on the transformation of the performance report from its earlier iterations. The report now gave stronger links between what the data is telling the Board and the links to the Board's strategy. In terms of reporting to committees there was significant focus on some aspects of quality (6 dimensions). The PPDC focussed on time; Healthcare Governance focused on safety and efficiency and Staff Governance Committee focused on efficiency as well. Ms Hirst stated she was not convinced that effectiveness, equity, and patient centred were measured with a focus more on quantitative rather than qualitative. The performance report gave numbers rather than reasons. Ms Hirst cited the Midlothian IJB work on performance measures as a good example.
- 23.27 Mr Briggs explained that the Executive team continued to look at ways to bind the LSDF vision with Corporate Objectives reporting and this was a work in progress picking up on areas Ms Hirst mentioned. The Chair suggested that the Corporate Objectives consider how to address the 6 dimensions of healthcare quality more explicitly.
- 23.28 The Board noted the performance across NHS Lothian in relation to the metrics included in this paper and recognised that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks would be addressed via existing governance channels and designated board sub-committee. If further deeper dives were requested by the Board, these would be addressed in separate reports to maintain the structure of the core performance report.

24. Scheduled Care Inpatient and Day case Treatment Time Guarantee Options Appraisal

- 24.1 Ms Campbell introduced the report detailing the completed a risk-based Options Appraisal in April 2022, to inform the strategic framework for Scheduled Care (TTG) recovery in NHS Lothian.
- 24.2 Ms Campbell provided a short presentation on the Scheduled Care Recovery options appraisal. The presentation covered the reasons behind the need to carry out an options appraisal which included the:
- Growing Number of Long Wait Routine Patients for Treatment
 - Impact for individual patients due to length of wait

- Requirement for a strategy that increased capacity for more routine patients with an understanding of benefits and risks
 - Impact on Surgical Training and subsequent pipeline for new Consultants
- 24.3 The Presentation looked at Scheduled Care balance; unscheduled care flow; the need to maintain and increase urgent capacity; the need for capacity to address long waits; long waits by clinical priority and the focus of implementation around clinical priority and booking of routine patients in date order (longest wait first)
- 24.4 Ms Campbell explained the risks to implementation which included
- Workforce pressures – wards, theatres, critical care
 - Impact on unscheduled care flow, further crowding and long waits at front doors
 - High volume Delayed Discharges with high bed occupancy
 - Delivery within constrained financial position
 - Delivery of no-one waiting longer than 104 weeks by March 2023 not achievable with current constraints
- 24.5 There was discussion on acute site occupancy, high volumes of delayed discharges and occupied bed day numbers; scheduled care recovery; registered theatre practitioner vacancies and long wait patients especially in orthopaedics, urology, and general surgery.
- 24.6 The Chair asked about impact on staff and noted appreciation of staff flexibility over the past couple of years and ongoing staff wellbeing work as mentioned in the Board Executive Team report discussed earlier.
- 24.7 The Chair also asked about continuous assessment of patients. Ms Campbell confirmed that daily safety huddles assess the front door risk against the ability to cope with additional workload as part of daily pressures.
- 24.8 Ms Campbell confirmed that work with the Centre for Sustainable Delivery had started looking at a nationally coordinated and programmed capacity allocation system. Patient communication remained high on the agenda. There was continuous contact with patients on long wait waiting lists to ensure there remained the need for a procedure or if patient's condition had change. Complicating factors to this was the legal obligation to send a letter when a patient is added to a waiting list to say treatment would be within 12 weeks then a letter saying it would not be is sent. This obligation remains in the TTG guidance so other ways at reducing confusion were being considered. This included linking with GP practices at the front end so that patients could be advised of approximate waiting times at that stage.
- 24.9 Mr McQueen referred to the options appraisal financial analysis and whether this had been assumed cost neutral or had only clinical benefits been looked at. Ms Campbell confirmed that this had been a non-financial option appraisal focused on increased activity within existing infrastructure.

- 24.10 Mr Murray questioned how the long waits backlog would impact on the fluid nature of the LSDF and engagement with this as previously discussed and what was the correlation with the acute front door. Ms Campbell stated that Same Day Emergency Care (SDEC) did reduce admissions and demand on beds but there was added complexity in creating ringfenced beds which meant a balance of risk for unscheduled care. Miss Gillies added that patients previously on a waiting list could turn up at the front door either for the procedure they were on the waiting list for or something different. As there was no way to predict this, it was not possible to pull out cohorts of patients waiting for a long time in a valid way.
- 24.11 The Chief Executive confirmed that safety remained the overall priority and that unscheduled care tended to come before scheduled care on a basis of need. The balance is now changing with very long waits now a significant and increasing risk. There was a need to push hard on redesign of urgent care and other pathways people can go down and to communicate these out to patients.
- 24.12 The Board accepted the recommendations within the report, and:
- Accepted the approved the preferred option in the report, to increase Day-case and Inpatient activity, booked in date order by individual clinical priority and accepted this may be amended to 'increase Day-case and Inpatient activity, booked in date order' if the proposal to Scottish Government (SG) to revert to the pre-Covid classification of urgent and routine was accepted.
 - Approved the principle of a phased implementation taking cognisance of workforce and capacity constraints.
 - Noted the option appraisal process undertaken to define the strategic framework for Scheduled Care Inpatient/ Day-case Recovery and acknowledged that all options appraised retained capacity prioritisation for our most urgent patients.
 - Recognised the risks associated with recovering scheduled care services on unscheduled care, workforce and SG recovery performance targets and accepted the intention for biannual review of remobilisation plans to take account of seasonal pressures.
- 24.13 The Chair requested a report to the next PPDC on the eventual impact in terms of numbers that could come off waiting lists between now and end of March 2023 through this work.

JCAM

25. Lothian Strategic Development Framework Update

- 25.1 Mr Briggs introduced the report updating the Board on progress with engagement work to support the Lothian Strategic Development Framework (LSDF), and to seeking Board agreement to adopt the LSDF as NHS Lothian "policy".
- 25.2 Mr Briggs highlighted public feedback received which had been supportive of the direction of travel and the need for continues engagement and working with people about every major change going forward. Concerns raised had

not been about major omissions but more about the need to be explicit. The example Mr Briggs gave was about local community engagement on changes to physical properties and not just pathways.

- 25.3 Mr Briggs confirmed that immediate action to be undertaken would be to contact those that had participated in the engagement and telling them what was being done with their feedback and reiterate any commitments that had been made. A paper outlining continuous engagement plans, potential changes coming forward and plans for implementation would be taken to the September 2022 PPDC meeting. IJB partners would also be engaged to check they are comfortable with any plans. It was noted that IJB partners had not been written to formally to take plans through governance processes but there had been ongoing involvement and discussion.
- 25.4 Mr Briggs thanked Ms Miller, her team and all the participants involved in bringing this work to fruition which would be seen as only the “end of the beginning.”
- 25.5 Dr Donald welcomed the continuous engagement process and Mr Murray reiterated the efforts that had gone into this work to engage with people and the flexibility and adaptivity of the framework in bringing together the aspirations and plans of the five partners (East Lothian IJB, Edinburgh IJB, Midlothian IJB, West Lothian IJB, and NHS Lothian).
- 25.6 Ms Gordon asked about the scheduled “postcard drop” to every address in the Lothians. Mr Briggs confirmed this was planned for late June/early July and despite people may be on holiday, there was never really a good time to do this, but this would be backed up with refreshed social media coverage with information also presented there and the routes to contribute and ask questions remaining open indefinitely.
- 25.7 Mr Fleming asked about the use of the term ‘citizen’ which had certain legal connotations and there was discussion whether ‘people’ or ‘residents’ would be a better term to use.
- 25.8 Mr Briggs commented that the intention was that people were not seen as patients or passive recipients and it may be felt awkward to use ‘people’. Prof. Siddharthan suggested that ‘residents’ may be a better option. The Chair asked that it be noted that the Board would like the widest definition possible to be attached to the use of the word ‘citizen’. Prof. Chandran suggested that ‘residents’ may be a better option. Mr Briggs would consider this outside the meeting.
- 25.9 Mr Allenby welcomed this interesting piece of work and requested that when the implementation plans are brought to PPDC these include plans around digital as part of the suite of integrated plans that support this work. Mr Briggs added that the Chief Executive chaired the Digital Oversight Board which would input into the implementation plans.
- 25.10 Cllr Akhtar commented that it would be useful to go back to those engaged with a you said, we did type response as part of the wider conversation. Mr Briggs confirmed that this would be taken into consideration as part of the

reporting to PPDC.

- 25.11 The Board agreed the recommendations in the paper, and:
- noted the summary of engagement work and emergent themes.
 - agreed changes to the LSDF as proposed.
 - agreed that NHS Lothian remained committed to continuous engagement
 - agreed that the LSDF now be considered NHS Lothian's strategic direction, with attention now turning to implementation of the LSDF.

26. IJB Schemes of Establishment

- 26.1 Mr Briggs introduced the report outlining work undertaken jointly across Lothian to ensure compliance with our duty to carry out a full review of the Integration Schemes. The report sought NHS Board approval of the four draft revised Integration Schemes, subject to subsequent approval by Lothian Local Authorities where this is still outstanding. Formal approval from all parties would allow submission of the draft revised Integration Schemes to Scottish Ministers for their approval, as required by law.
- 26.2 Mr Briggs thanked Mr McLoughlin for all his efforts to get this work to this stage.
- 26.3 The Chair asked about financial arrangements and resolution around variances in spending. Mr Marriott confirmed he was content with arrangements and that the four Lothians IJBs had worked on these arrangements together to make them consistent.
- 26.4 The Board agreed the recommendations in the report, and:
- approved the four Lothian final draft revised Integration Schemes, subject to remaining approvals by Lothian Local Authorities and agreed to the submission of the revised schemes to Scottish Ministers once all final approvals from Lothian Council parties to the schemes had been obtained.
 - noted that the West Lothian Council Executive had approved the West Lothian final draft revised Integration Scheme at their meeting of the 19th of April 2022, for submission to Scottish Ministers pending approval by NHS Lothian in June 2022. It was also noted that the remaining Council approvals required were being requested at City of Edinburgh Council meeting on 30th June 2022, Midlothian Council on the 28th of June 2022, and East Lothian Council on the 28th June 2022. It was anticipated that the final draft revised schemes would be approved by all remaining council parties on these dates.

27. Edinburgh Local Outcomes Improvement Plan Update

- 27.1 Ms Milne presented the updated Edinburgh Partnership Local Outcomes Improvement Plan (LOIP), also known as the Community Plan, for 2022-2028 which focused on reducing poverty and inequality in the city.
- 27.2 The Board approved the 2022-2028 Edinburgh LOIP and noted the content

of the LOIP, which reiterated the previously agreed priority themes of a) enough money to live on; b) access to work, learning and training opportunities; and c) a good place to live. The Board also noted the areas of work outlined under each theme relating to the input from NHS Lothian.

28. 2021/2022 Financial Position

- 28.1 Mr Marriott provided an update to the Board on the financial position for 2021/22 for NHS Lothian, following consideration by the Finance and Resources (F&R) Committee.
- 28.2 Mr Marriott highlighted how the financial position had been delivered against financial targets; the significant issues around Covid; the pressures and challenges for 2022/23; Covid exit plans and working with Scottish Government to take opportunities to bring pressures down. There would also be a robust Quarter 1 review to look at all the issues and available opportunities. The Chair thanked Mr Marriott and his predecessor Mrs Goldsmith for their work in steering the Board's finances through the challenges of the past year.
- 28.3 The Board agreed to Accept NHS Lothian had achieved its financial target of breakeven for the year 2021/22, subject to external audit review.

29. National Whistleblowing Standards – Annual Performance Report

- 29.1 Mrs Butler presented the 1st Annual Whistleblowing Performance report covering the period 1 April 2021 to 31 March 2022.
- 29.2 Mrs Butler commented that last year was about building infrastructure to support the standards whilst trying to understand what the standards were ahead of implementation. The key metrics set out in the standards had received scrutiny at Staff Governance Committee over the past year.
- 29.3 The Chair thanked Mrs Butler and Ms Kasper, in her role as Whistleblowing Champion, for their support of this work. The Board agreed the recommendations in the report:
- To note the content of the Annual Whistleblowing Performance report and noted that during this year 2021/22, 14 named concerns had been raised under the Standards compared with 4 named concerns in the year prior to implementation (2020/21).
 - To note as previous advised to the Board in April 2022, the Annual Performance Report also contained data from Primary Care Contractors and that the implementation of the Whistleblowing standards, linked to the Improving Staff Experience Corporate Objective (objective 10).

30. Corporate Risk Register

- 30.1 Miss Gillies introduced the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

- 30.2 The Board accepted the following Corporate Management Team (CMT) recommendations:
- The removal of the complaints risk based on comparative performance, assurance level and risk grading and put it onto the Corporate Nursing risk register
 - That the current Covid-19 risk is closed and a new risk accepted with a public health focus
 - The new risk description related to timely discharge which has been re-framed to focus on hospital bed occupancy.
 - The change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee.
- 30.3 The Board noted the CMT recommendation to the Board that Hospital Sterilisation Decontamination Unit (HSDU) Capacity is entered onto the CRR and noted the updates provided by the executive leads concerning risk mitigation, set out in the Assurance Table in Appendix 1.
- 30.4 The Board also noted that a schedule of risk assurance reporting to the Planning, Performance and Development Committee was in development and that the divisional high and very high risks would be considered at the July 2022 CMT as part of routine reporting.
- 30.5 Miss Gillies also confirmed that now there was a more established position around the CRR templates there would now be the opportunity to consider linkages between the Board's Performance report and the CRR to see how changes could be consistently reflected between the two.

31. Any Other Business

- 31.1 None.

32. Reflections on the Meeting

- 32.1 The Chair asked members to contact himself or executive responsible if they had further questions on any of the areas presented to board.

33. Next Board Meeting

- 33.1 The next Board meeting would be held on Wednesday 03 August 2022 at 9.30am.

Chair's Signature

Date

John Connaghan
Chair – Lothian NHS Board