

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 23 June 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Ms E. Robertson (Chair); Mr M. Hill (Vice-Chair); Mr M. Connor; Dr P. Donald; Cllr G. Gordon; Ms C. Hirst; Mr A. McCann; Mr P. Murray; Mr W. McQueen; Cllr D. Milligan; Mr T. Waterson; Dr R. Williams; Ms K. Kasper; Ms N. McKenzie; Mr J. Encombe; Miss F. Ireland; Prof. S. Chandran; Cllr J. McGinty and Cllr S. Akhtar.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Mrs J. Mackay (Director of Communications & Public Engagement); Mr C. Briggs (Director of Strategic Planning); Mr P. Lock (Director of Improvement); Dr J. Long (Director of Primary Care); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms L. Cunningham (RCN Steward Orthopaedics) (Shadowing T. Waterson) Mr A. Payne (Head of Corporate Governance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: None received.

22. Declaration of Financial and Non-Financial Interest

- 22.1 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.

23. Chair's Introductory Comments

- 23.1 The Chair welcomed members and guests to the meeting. The Chair reported that this would be Nancy McKenzie's last Board meeting and thanked her for her contribution to the work of the board over the past six months.
- 23.2 The Chair also welcomed Jenny Long and Dona Milne to the meeting. Jenny was now in post as Director of Primary Care and Dona was the new Director of Public Health and Health Policy. The Chair thanked Ms Katie Dee for his work and support as Interim Director of Public Health and Health Policy.

Items for Approval

24. 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.
- 24.1 Minutes of Previous Board Meeting held on 07 April 2021 – Minutes were approved.
- 24.2 Audit & Risk Committee Minutes – 23 November 2020 and 22 February 2021 – Minutes were noted.
- 24.3 Finance & Resources Committee Minutes – 10 March and 21 April 2021 – Minutes were noted.
- 24.4 Healthcare Governance Committee Minutes – 23 March 2021 – Minutes were noted.
- 24.5 Staff Governance Committee Minutes – 17 February 2021 – Minutes were noted.
- 24.6 Edinburgh Integration Joint Board Minutes – 02 February 2021 – Minutes were noted
- 24.7 West Lothian Integration Joint Board Minutes – 18 March 2021 – Minutes were noted
- 24.8 Midlothian Integration Joint Board Minutes – 11 February 2021 – Minutes were noted
- 24.9 Appointment of Members to Committees – The Board agreed to:
- Re-appoint Dr Ian McKay as the ‘*registered medical practitioner whose name is on a list of primary medical services performers*’ non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
 - Appoint Professor Emma Reynish as the ‘*registered medical practitioner who is not providing primary medical services*’ non-voting member of the Edinburgh Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
 - Re-appoint Jacqui Macrae as the ‘*registered nurse*’ non-voting member of the Edinburgh Integration Joint Board for the period from 12 August 2021 to 11 August 2024.
 - Appoint Professor Siddarthan Chandran as a voting member of the Edinburgh Integration Joint Board from 1 August 2021 to 31 July 2024
 - Re-appoint Dr Hamish Reid as the ‘*registered medical practitioner whose name is on a list of primary medical services performers*’ non-voting member of the Midlothian Integration Joint Board for the period from 27 June 2021 to 26 June 2024.

- Appoint Fiona Stratton as the ‘registered nurse’ non-voting member of the Midlothian Integration Joint Board for the period from 23 June 2021 to 22 June 2024.
- Re-appoint Dr Jon Turvill as the ‘*registered medical practitioner whose name is on a list of primary medical services performers*’ non-voting member of the East Lothian Integration Joint Board for the period from 27 June 2021 to 26 June 2024.
- Appoint Dr Karen Adamson as the ‘*registered medical practitioner who is not providing primary medical services*’ non-voting member of the West Lothian Integration Joint Board for the period from 1 August 2021 to 31 July 2024.
- Appoint Dr Richard Williams as a member of the Remuneration Committee with immediate effect.
- Appoint Cllr. George Gordon as a member of the Finance & Resources Committee with immediate effect.

Items for Discussion

25. Board Chair’s Report – June 2021

- 25.1 The Chair briefed the Board on recent events which had included meetings with Non-Executive Directors and exit conversations with Ms Alison Mitchell and Mr Mike Ash. The Chair thanked Alison and Mike for their service and agreeing to stay on the Board longer as part of the pandemic response.
- 25.2 The Chair had also had regular meetings with the Vice Chair and Chief Executive as part of process for continuity ahead of her stepping down.
- 25.3 There had also been several Board Chairs meetings in April, May and earlier this week. The Vice Chair had attended the April meeting but at the meeting this week there had been discussion on Covid vaccination and testing programme; governance; innovation and population health. There had also been a presentation on the formal launch of the new Centre for Sustainable Delivery from Catherine Calderwood.
- 25.4 The Chair had chaired a seminar for staff on [Just Transition](#) which had been an interesting event which tied into the Board’s work around sustainability and work with the Poverty Commission and Edinburgh Climate Commission. The Chair thanked Dr Jane Hopton for organising the seminar and also thanked the two speakers, Professor Mike Danson and Professor Margaret Douglas.
- 25.5 The Chair reported that there had also been the first meeting with the new cohort of MPs/MSPs. This had been well attended and constructive with focus on the pandemic and vaccination. There had also been meetings between the Chair, Chief Executive, NHS Lothian Public Health Team and the Cabinet Secretary to discuss concerns around growing Covid numbers in Lothian. The Cabinet Secretary had asked the Board to identify areas where more support would be of assistance.

- 25.6 This week the Chair had attended the NHS Conference and the Edinburgh Partnership Board. The Chair had also undertaken an exit interview with Caroline Lamb and had a conversation with the Chair of Dumfries and Galloway who would be taking over the Board Chairs group.
- 25.7 In conversation with Caroline Lamb the Chair had given feedback on the work of the Board, the support received, the capability and capacity of the Board, points around workload and the progress NHS Lothian had made since last year through the work of the Board, Chief Executive and Executive Team.

26. Board Executive Team Report – June 2021

- 26.1 The Board received the Board Executive Team report and there was discussion on the following topics:

- **Princess Alexandra Eye Pavilion (PAEP)** - Mr Crombie Advised that formal confirmation had now been received from the Scottish Government of acceptance of the submitted report and there had been a request to re-submit the Outline Business Case to the Scottish Government Capital Investment Group by August this year.

Mr Crombie confirmed that a copy of the summary report from external team that conducted the review of ophthalmology services had been submitted to Scottish Government and the focus was on colocations in buildings and opportunities around clinical pathways, redesign and community resources. The preferred option to rebuild PAEP in Edinburgh had been re-affirmed and the resubmitted Outline Business Case would detail elements of the external review and be expanded as part of the Final Business Case process.

- **Short Stay Elective Centre** - Mr Crombie outlined that there was significant national activity underway to map out the required workforce planning for the Centre, this included looking at new roles and the redesign and training needed for these. A detailed workforce plan alongside service modelling was being developed. All alternatives in terms of workforce were being looked at e.g. use of robotics, but it was noted that surgical robots still required surgeons to operate them but they did make cases more minimally invasive, improving recovery times. There was also a national digital innovation group supporting the deployment of the national treatment centre and supporting workforce issues.
- **NRAC (National Resource Allocation Committee)** - The Board recognised the continuing disparity in relation to the NRAC allocation and supported the Chief Executive's continued addressing of this with the Scottish Government. The Chair added that she had also mentioned this in her exit conversation with Caroline Lamb. It was also noted that Local Authorities would be going through local development plans around housing and it was important to note that provision for this infrastructure included health and not just schools and roads.

- **Scottish Hospitals Inquiry – RHCYP/DCN** - Mrs Goldsmith reported that in terms of funding of costs this remained unresolved, there was ongoing discussion with the Scottish Government. There had been discussion with NHSGGC as well and a separate cost centre had been established which would be auditable and would be reported through Finance and Resources Committee and the Board.

In relation to resources it was noted that this was not detracting from clinical service. Management was dealing with the response and project management resource had been put in place to respond to the Public Inquiry in structured way.

- **Skill Boost, Band 2 and Band 5 recruitment (Nursing)** - Noted that videos would be used to support recruitment and multiple media channels would be used for this, but not television at this stage. Band 2 and Band 5 recruitment programmes had been successful in recent months. A new programme entitled 'Skill Boost' had been developed, aimed at students from both Edinburgh and West Lothian College's, each student will get a three-week placement with a detailed training programme attached and at the end of the training they can apply for a band 2 post. This has opened a new workforce pipeline for NHS Lothian.
- **Unscheduled care and redesign of urgent care programme** - Redesign showing positive improvement, but now seeing increasing attendances at front doors. Impact of 'Call MIA' and scheduled appointments at front door can be demonstrated. Unscheduled attendance or use of flow centre masking redesign work in urgent care. Seeing impact of scheduled minor injury assessment. Relies on patients coming through 111 route, hoping with national communications campaign the volume of patients through this route will increase. Working with NHS24 around readiness for greater volume.
- **Theatre Remobilisation** - Noted that theatres remobilised at 88% of pre-Covid levels. This is due to a vacancy rate of 8.6% or 56 WTE. Prior to Covid rate was 4.4%. There has been an increase in the number people leaving through retiral, some staff positively undertaking development (ODP programme) and personal decisions to move to areas with no on call commitments. There were several ongoing initiatives focused on theatres and alternative pipelines for staff. Services were using videos to help support staff around recruitment and retention. There was a deep dive to look at other initiatives on 25 June 2021. Sickness absence is lower than it has been, it is vacancies that are the issue and it will take time to build up theatre work as any staff coming in have a lead in time to delivering service.
- **Performance Recovery Work** - Noted that the governance route for these streams of the Director of Improvement work would be through the Planning, Performance and Delivery Committee along with updates to the Board each month. There was also the Performance Oversight Board now meeting each Friday to consider issues. The responsibility for

governance over the finance element of this work would remain with Finance and Resources Committee.

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

27.1 **Finance and Resources Committee** - The Vice Chair reported that the committee had met on 02 June 2021 and had dealt with a wide range of matters including the standard business case for Cockenzie Health Centre. The Vice Chair also wished to bring the following items to the Board's attention:

- Edinburgh Bio Quarter – engagement and joint venture project. The committee were considering whether moving this engagement forward was more appropriate for the Planning, Performance and Development Committee or the Board, to give assurance that the broader innovation networks were functioning well and developing. Miss Gillies reported that she sat on the Bio Quarter Board and there was an Innovation Sub Committee that she was also part of.
- Scott Government funding of free parking at RIE – there had been discussion on concerns around what this might mean for car parking demands on site and the committee were looking at the various ways the Board could respond to this.
- Climate Change – NHS Lothian Annual Report – The committee had discussed the work being done and the greater focus on sustainability. In terms of the 89% carbon emissions target the committee had noted that only 20-30% of the total footprint was being reported on. There would be further updates back to the Board and the committee would continue to develop the work to understand environmental impact.

27.2 **Staff Governance Committee** - Mr McQueen reported that at the committee meeting of 26 May 2021 it had been agreed to highlight the new Staff Wellbeing Strategy for the next three years to the Board. The Strategy had been approved by the committee and there was further detail in the Director of HR & OD Board Executive Team report entry that was part of the Board papers. There would be further work on the appropriate communications plan for the strategy. The Chair added that the strategy was timely as staff wellbeing was one of the new Cabinet Secretary's priorities.

28. NHS Lothian Board Performance Paper

28.1 Mr Crombie outlined the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

28.2 Mr Crombie explained that this paper followed the previously agreed format and provided clear signals around the return of demand to pre-Covid levels; development of capacity and dealing with backlogs. There were also issues in the report beyond acute and across systems this included Delayed Discharges, REAS, Mental Health and HAI Performance.

- 28.3 Mr Crombie reminded the Board that NHS Lothian continued to operate in the pandemic environment and with compromised capacity due to 2 metre spacing and PPE requirements.
- 28.4 The Board noted the highlighted areas of good performance within the report relating to the new Children's Hospital Emergency Department four-hour performance and breast cancer 62-day performance target.
- 28.5 Mr Crombie made a point on staff wellbeing and that teams had worked incredibly well during the pandemic and people were tired but continued to be committed to the ongoing challenge within the current environment. The Board supported this point and added their gratitude to staff for what they had done.
- 28.6 The Chair reported that she had raised the 2-metre spacing issue with Jason Leitch, Scotland's national clinical director, during a Board Chairs session. She had urged him to progress the review of this as soon as possible as moving to 1 metre would make an important impact to NHS Lothian's capacity.
- 28.7 There was discussion on actions take to deal with performance issues that would be looked at deeper at the Performance, Planning and Development Committee. The Board also noted the good news story around Bed Days. Mr Crombie commented that sustained improvement was being made across the system and with health and social care partners.
- 28.8 The Board discussed the actions being taken to work through the pandemic backlog without diluting service provision, as the report highlighted some demand increasing to pre-pandemic levels.
- 28.9 Mr Crombie stated that there was a process of understanding around patient profiles and urgency profiles when reviewing the backlog and capacity opportunities that can be deployed. There was use of the Golden Jubilee Hospital and independent sector to provide additional capacity.
- 28.10 Ms Campbell advised the Board that the backlog for outpatient appointments was about 37,500 and for patients with a treatment time guarantee just over 9,000. There was also still a rising number of patients through the urgent suspicion cancer route along with rising number of routine referrals almost back to pre-pandemic levels.
- 28.11 The Board noted that priority was being given to the most urgent patients so with the increased number of urgent suspicion of cancer referrals, more capacity would be skewed towards these patients. Action was being taken to look at overarching redesign, looking at RefHelp models to ensure patients were referred at the right time and looking at alternatives to face to face appointments such as self-management and use of technology.

- 28.12 The Chair highlighted that there had been discussion on capacity and backlogs at the Board Chairs group and had been referenced by the new Cabinet Secretary. It was recognised that this was a national issue and not just a Lothian issue and that there needed to be clear messaging to help the public understand the scale of the challenge that would take years not months to resolve.
- 28.13 Ms Hirst welcomed the richness of information within the report. The report was positive in increasing focus on plans to improve performance rather than looking backward. More emphasis on the aspects of performance within the Board's control in terms of improvement would be helpful along with information on key levers that have the most impact on performance and prevention.
- 28.14 Mr Crombie took on board Ms Hirst's comments and explained the cultural element involved with the need to support and education the population to take better accountability for health and health improvement, whilst recognising the opportunities technology and new ways of working offered. A report such as this needs to reference cultural aspects as recovery from the pandemic would be seismic in nature and NHS Lothian could not return wholesale to the previous ways of working.
- 28.15 Mr Encombe asked for clarification around the Psychological Therapies waiting list and patients with ADHD and other neuro-developmental conditions.
- 28.16 Professor McMahon explained that with Psychological Therapies if a patient had not reached 18 weeks on the waiting list and was then unavailable for a period of time, then the clock would be paused at no detriment to the patient. For patients over 18 weeks there would be no further detriment and the system would offer appointments to patients as slots became available. Added capacity for more appointment slots was being put in place and a reduction in waiting for Psychological Therapies could be seen in the last 9 months. Appointments within Child and Adolescent Mental Health Services (CAMHS) were taking longer and the CAMHS team were working to create better job planning and improve appropriate discharging of patients based on clinically driven decisions to create additional.
- 28.17 There was also Choice and Partnership Approach (CAPA) work underway and the use of private sector capacity to reduce waiting times and provide support young people. This work focussed on working with community specialist outpatient teams to make sure appropriate signposting of referrals was in place.
- 28.18 In relation to neuro-developmental conditions, Professor McMahon explained this was also part of the CAPA work along with working with nursing and non-medical prescribers to take some prescribing workload away from psychiatrists.
- 28.19 Ms McKenzie asked about 4-hour emergency access standard performance and performance at St John's Hospital around triage, and reduced time for first assessment. This was shown in the improvement plan but not all of them, she questioned how quickly were local successes being turned into broader action across the NHS Lothian estate? Could clarification also be provided around same day emergency care and its implementation.

28.20 Mr Crombie stated that impact of actions taken across the system were monitored and where there was evidence of things working then these themes and principles were taken elsewhere as part of the overarching unscheduled care programme board.

28.21 Ms Campbell added that the work at St John's Hospital had been part of a small Quality Improvement Test of Change with the data being used to help ensure the right thing was being done. The clinical lead for the work also worked at the Royal Infirmary of Edinburgh and had been asked to replicate the Quality Improvement Methodology at that site.

28.22 The Board agreed the recommendations within the report:

- To acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- To recognise the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
- To consider the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
- To agree that if further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

29. Oversight of Care Homes

29.1 Professor McMahon introduced the report updating the Board on the developments relating to the Executive Nurse Director's enhanced professional oversight of Care Homes (CHs) in Lothian that was instigated on the 17th of May 2020 and is place until at least March 2022.

29.2 The report and the Lothian Care Home Annual Report 2020/21 provided an overview of developments and progress to date whilst recognising the responsibilities that the four Health & Social Care Partnerships (HSCPs) have for Care Homes in Lothian.

29.3 The Board noted that the report had been discussed at the Healthcare Governance Committee and it had been agreed to bring this to the Board given the amount of work undertaken since May 2020. The work had been done in partnership with care homes, care inspectorate and the health and social care partnerships.

29.4 Professor McMahon explained that the report had been written from a point of learning in a proactive way to help shaping plans moving forward. The report also detailed investment made against governance, education, training and infection control.

- 29.5 There was discussion on inspection arrangements for care homes, the current Nurse Director role in relation to care homes, required infrastructure and funding from the Scottish Government. The Board recognised the sustaining care home performance benefited the whole system as hospital admissions could be avoided. Professor McMahon confirmed that there would be a meeting with the new Minister for Mental Health tomorrow and he expected the Nurse Director role to be developed rather than removed with the arrangements currently remaining in place until end of March 2022 at the earliest.
- 29.6 Professor McMahon outlined that at local level there was very much a partnership approach and that at national level discussion could be confusing where so many groups were involved such as Care Inspectorate, Health Improvement Scotland etc. Which was why NHS Lothian were looking to develop the Health and Social Care Academy with its partners. A project manager had been recently appointed and there had been great buy-in from health and social care partners along with national interest in the concept. There was also interest from local authorities given the social care element, this would not just be NHS Lothian's investment.
- 29.7 Ms Macdonald added that the oversight arrangements for care homes had provided more consistency of approach and had been welcomed by independent care homes giving more scrutiny and a more joined up approach.
- 29.8 The Board thanked Professor McMahon and his team for this work and recognised that this was an excellent piece of work and a great example of partnership working and that the report should be shared and promoted widely.
- 29.9 The Board agreed to the recommendations in the report:
- That the Board continue to support the delegated responsibility for assurance of the enhanced professional oversight of CHs in Lothian.
 - To accept moderate assurance that the governance infrastructure put in place to allow the Board to deliver the enhanced professional oversight of care homes across Lothian is working effectively.
 - To note progress and accept moderate assurance in respect of the four aspects of Covid-19 related accountability bestowed on the Executive Nurse Director:
 - Workforce requirements and supply of mutual aid
 - Infection prevention and control, including PPE and cleaning requirements
 - Education and training
 - Supportive Review / Visits
 - To note the Lothian Care Home Annual Report 2020/21.
 - To note the Care Home Support Framework which details the NHS Lothian and four HSCPs response to the additional responsibilities for multi-professional oversight of all care homes, irrespective of their status (private, local authority or third sector) by Health Boards related to the Covid-19 pandemic.

30. COVID Vaccination Programme

- 30.1 Professor McMahon introduced the report updating the Board on the Covid vaccination programme.
- 30.2 The Board noted the vaccination position as at 22 June 2021 with 976,263 vaccines administered by NHS Lothian. Significant coverage was being achieved and the process of offering first vaccinations for the over 18s age group had started with a target completion date of 12 July 2021.
- 30.3 Professor McMahon reported that there were ongoing national discussions around workforce requirements for vaccinations and that he, the Director of Public Health and the HSCPs Chief Officers would be meeting tomorrow to discuss local management of the vaccination programme. The Chair added that there had also been discussion at the recent Board Chairs meeting about moving the vaccination programme forward.
- 30.4 There was discussion on concerns around the rate of people not attending appointments (DNA) and the huge number of returned appointment letters. Professor McMahon explained that the DNA rate went up and down quite significantly almost on a day-to-day basis. The Board noted this was currently around 8% which was relatively low but had been much higher. The rate was now tracking within the Scottish norm benchmarking or slightly below.
- 30.5 Higher rates had been associated with good weather and people returning to work finding attending appointments more challenging. This was where the vaccination drop-in clinics had proven to be attractive, especially for second-dose vaccinations.
- 30.6 Professor McMahon expressed his frustration with the issues around the large number of returned appointment letters, with well over 10,000 returned which could be more like 15,000. The addresses used for these letters had been taken from GP registers and it was recognised that the cause of the problem may be Lothian's transient student population and people who live at a property for a short period and information not then being updated with GPs when they moved on. There was a significant challenge ahead for the Board and Universities when the students return to Edinburgh and the Lothians after summer.
- 30.7 Professor McMahon explained that time and money was being invested in opening all the returned letters and trying to contact people. This was not a good use of the resource available but ethically there was a need to follow up with these people. It was likely that a look back exercise would be required to look at lessons learned for moving forward with any future vaccination programme. The Chair highlighted that although the letters were returned to NHS Lothian they were not initially issued by the Board.
- 30.8 Mr McQueen asked about the older age groups e.g. over 50 years old and if there was intelligence around vaccination numbers. Professor McMahon stated that 95.6% of over 80s had received a first jab and the second dose number was close to this. It was possible that people may have moved out of area to another care home for example.

- 30.9 Professor McMahon added that there were people that were still reluctant to be vaccinated and this was not just within younger cohorts. There was targeted work ongoing with GPs to contact hard to reach cohorts and offer local vaccination. There would likely be further communication of walk-in clinics for any age group but it was hard to believe that people had not heard or seen information about vaccination or been invited to come forward.
- 30.10 The Board noted the update on the Covid vaccination programme performance and noted that NHS Lothian's reported performance against the whole eligible population was skewed by several issues and that Lothian's performance against the cohorts offered vaccination was better than reported.

31. NHS Lothian Remobilisation Plan 3

- 31.1 Mr Briggs outlined the report seeking approval from the Board for Remobilisation Plan 3.
- 31.2 The Board specifically noted the immense work undertaken by members of staff working in escalated areas and the challenges the Lothian system still faced in the areas around escalation. The Board also noted that the underlying capacity issues related to NRAC remain.
- 31.3 The Board agreed to approve Remobilisation Plan 3 and noted the position regarding escalation.

32. Lothian Strategic Development Framework Progress

- 32.1 Mr Briggs introduced the report to update the Board on progress in developing the Lothian Strategic Development Framework (LSDF).
- 32.2 The Vice Chair mentioned the continuing 'buddy group' arrangements and that there was still the opportunity for discussion to be widened to allow a schedule of engagement for all Non-Executive Directors to contribute to.
- 32.3 The Board thanked Mr Briggs and his team for progress with the Framework and agreed the following recommendations:
- To note general progress
 - To note that our 4 IJB partners have agreed to collaborate in the process of developing the LSDF
 - To agree proposed phasing of work to deliver the LSDF document
 - To agree the fixed points identified by the NHS Lothian Corporate Management Team
 - To note the process in train to answer key questions
 - To note the establishment of the "buddy group" and the headlines from that group's first discussion

33. 2020/2021 Financial Position

33.1 Mrs Goldsmith provided an update to the Board on the financial position for 2020/21 for NHS Lothian.

33.3 The Board agreed to Accept NHS Lothian had achieved its financial target of breakeven for the year 2020/21, subject to external audit review.

34. Corporate Risk Register

34.1 Miss Gillies introduced the report reviewing NHS Lothian's Corporate Risk Register and associated processes to ensure these remains fit for purpose.

34.3 The Board agreed to the recommendations in the paper to:

- Approve the recommendations for individual risks on the Corporate Risk Register (CRR) as set out in Table 1.
- Approve the revised risk descriptions, governance, management, and assessment of adequacy of controls and grading.
- Approve the new risks for inclusion on the CRR.
- Note the Chairs' risk assurance meeting.
- Note the yearly internal audit into Lothian's Risk Management System will be presented to the June 2021 Audit & Risk Committee

35. Any Other Business

35.1 Valedictory Comments – Esther Robertson

35.1.1 The Vice Chair paid tribute to the outgoing chair highlighting her leadership of the Board through the challenges of the past 16 months and her successes in bringing in a new Chief Executive and new Non-Executive Directors against the backdrop of a pandemic and the delayed opening of the new RHCYP/DCN.

35.1.2 The Board expressed its thanks to Esther, wished her every happiness and success in whatever form that takes in future and looked forward to seeing where her experience and boundless energy would take her next.

35.1.3 The Chair replied that she was also interested to see what her next challenge would be and welcomed the Board's kind words and appreciation. She expressed regret that she had not managed to meet the full Board in person given the pandemic restrictions and paid tribute to the Chief Executive and the Executive Team for how they have gelled as a group and supported her with the recent challenges. The Chair also thanked all staff in the organisation for their hard work throughout the difficult times and was looking forward to a time when she would be able to see the board members in person and visit the new Children's Hospital.

35.1.4 Finally the Chair expressed her gratitude to the Vice Chair for his help and support over her time as chair.

36. Reflections on the Meeting

36.1 None.

37. Next Board Meeting

37.1 The next Board meeting would be held on 04 August 2021.

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

38.1 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.

Chair's Signature

Date 04-08-21

Original kept in file