

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 05 April 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Cllr H. Cartmill (from 10am); Prof. S. Chandran (until 12:45pm); Mr A. Cogan; Mr M. Connor; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Prof. J. Innes; Miss F. Ireland; Ms K. Kasper; Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan and Ms V. de Souza.

Executive Board Members: Mr C. Campbell (Chief Executive); Mr C. Marriott (Director of Finance); Ms A. MacDonald (Executive Nurse Director) and Dr D. Milne (Director of Public Health and Health Policy).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Mrs M. Carr (Service Director DATCC, shadowing J. Campbell); Dr J. Long (Director of Primary Care); Ms T. McKigen (REAS Services Director); Mr E. Doyle (Associate Divisional Medical Director); Ms L. Kerr (General Manager, East Lothian IJB); Ms K. Taylor (Communications Manager); Ms J. Bennett (Associate Director for Quality Improvement & Safety); Ms M. Campbell (Observer, Director of Estates & Facilities); Ms G. Symes, Audit Scotland (Observer, Board's External Audit Team); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Ms N. Akta (Non-Executive Director); Mr P. Allenby (Non-Executive Director); Cllr S. Akhtar (Non-Executive Director); Ms T. A. Miller (Non-Executive Director); Miss T. Gillies (Executive Medical Director); Mr C. Briggs (Director of Strategic Planning); Ms J. Mackay (Director of Communications and Public Engagement); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB) and Ms F. Wilson (Chief Officer, East Lothian IJB).

1. Declaration of Interests

- 1.1 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. Professor Innes made a non-financial declaration that his wife was Director of Evidence with Healthcare Improvement Scotland, this declaration was noted.

2. Chair's Introductory Comments

- 2.1 The Chair welcomed new members, Mr Cogan and Professor Innes to their first Board meeting, since joining the Board on 1 April and asked members present to introduce themselves.
- 2.2 The Chair highlighted that some members of the NHS Lothian Talent Management and Succession Planning Programme cohort were observing the meeting along with Ms Symes from Audit Scotland and Ms Campbell, Director of Estates & Facilities.
- 2.3 The Chair also informed the Board that Miss Gillies, Executive Medical Director, was unable to attend the meeting due to personal circumstances, that Dr Doyle was attending the meeting in her stead and that Ms Bennett would present the Corporate Risk Register.

ITEMS FOR APPROVAL OR NOTING

3. Items proposed for Approval or Noting without further discussion

- 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 that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 3.2 Minutes of Previous Board Meeting held on 8 February 2023 – Minutes were approved.
- 3.3 Healthcare Governance Committee Minutes – 24 January 2023 – Minutes were noted.
- 3.4 Finance and Resources Committee Minutes – 21 December 2022 & 07 February 2023 – Minutes were noted.
- 3.5 Staff Governance Committee Minutes – 14 December 2022 – Minutes were noted.
- 3.6 Audit and Risk Committee Minutes – 21 November 2022 – Minutes were noted.
- 3.7 Midlothian Integration Joint Board Minutes – 15 December 2022 – Minutes were noted.
- 3.8 West Lothian Integration Joint Board Minutes – 10 January 2023 – Minutes were noted.
- 3.9 East Lothian Integration Joint Board Minutes – 8 December 2022 – Minutes were noted.
- 3.10 Edinburgh Integration Joint Board Minutes – 13 December 2022 – Minutes were noted.
- 3.11 NHS Lothian Climate Emergency and Sustainability Report 2021-22 – The Board:
- Noted the Report covering the period April 2021 to March 2022, based on the NHS Lothian Carbon Emissions report presented to the Finance and Resources Committee in draft in August 2022.
 - Accepted moderate assurance in relation to the delivery of pathway to Net Zero, based on an overall reduction in (reported) carbon emissions of 4.0% (2,744 TCO₂).
 - Noted that the NHS Lothian Annual Climate Emergency and Sustainability report for the year 2022/23 would be available in draft in August 2023.
- 3.12 Appointments to Members of Committees and Integration Joint Boards – The Board agreed the recommendations in the paper:
- To appoint Katharina Kasper as the Lead Voting Member of the Edinburgh Integration Joint Board, with immediate effect.
 - To approve the removal of Angus McCann as the Lead Voting Member of the Edinburgh IJB, with immediate effect.
 - To appoint John Innes as a Voting Member of the West Lothian Integration Joint Board, with immediate effect.
 - To appoint Andrew Cogan as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.
 - To approve the removal of Val de Souza as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.
- 3.13 NHS Lothian Standing Orders Update - The Board agreed to approve the revised Standing Orders and accept significant assurance that this annual review meets the requirements of good governance and takes account of both the NHS Scotland Blueprint for Good Governance Second Edition, and the Code of Conduct for Members of Lothian NHS Board.

- 3.14 NHS Lothian Quality Strategy – The Board agreed the recommendations in the paper:
- To accept the proposal to extend the current Quality Strategy lifespan to May 2027 acknowledging the impact of the pandemic and its aftereffects, on the pace of implementation.
 - To accept the proposal that a detailed implementation plan will come to the December 2023 Board. Any questions, ahead of December, could be raised through the medical director's office.
- 3.15 National Whistleblowing Standards - Quarter 3 Performance Report – The Board noted the content of the Quarter 3 Whistleblowing Performance Report which was approved by the Staff Governance Committee at its meeting on 1 March 2023. The Board also noted that the Quarterly and Annual reports, in line with the requirements of the Standards, were published on the NHS Lothian website.

ITEMS FOR DISCUSSION

4. Board Chair's Report – April 2023

- 4.1 Jacque Campbell Valedictory Comments - The Chair paid tribute to Ms Campbell on behalf of the Board, for her outstanding contribution to the work of the Board and to the highly competent, professional role model she had been for NHS Lothian over her 38-year career. The Chief Executive echoed these sentiments, noting that Ms Campbell's performance during the Covid-19 pandemic had been particularly outstanding and that her presence would be missed by all. The Board welcomed the appointment of Mrs Carr as Ms Campbell's replacement.

5. Board Executive Team Report – April 2023

- 5.1 The Board noted the Board Executive Team report for April 2023. In response to questions from Board members, the following points were discussed and noted:
- System Inpatient Bed Capacity Planning – Examples of good practice in acute bed modelling from other parts of the UK had been explored and considered. However, the NHS Lothian proposal was to include acute and downstream environments and currently there were no "off the shelf" whole system models from elsewhere that were mature enough to use. Board members suggested making use of existing modelling capacity within Public Health Scotland. They highlighted the potential benefits of co-creation with external experts, whilst stressing the importance of retaining internal ownership of modelling data to support the potential need for later adaptations. The Executive Leadership Team would consider options in the coming weeks, including the appropriate balance between the use of internal and external resources.
 - NHS Lothian Innovation Team – The Board congratulated the NHS Lothian Innovation Team on their work on Long Covid, in partnership with Chest Heart & Stroke Scotland and POGO Digital Healthcare, which had to them winning the Technology Enabled Independent Living Award at the Digital Health and Care Awards 2023.
 - Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspection, Edinburgh Royal Infirmary – The Chief Executive confirmed that the report from the inspection was due at the start of May and would come back to the next Board meeting. There was an action plan in place to address the issues identified and there would be further discussion through the Strategy, Planning and Performance Committee and the Healthcare Governance Committee. He acknowledged that this would be a challenging report and the Board's response would include a specific focus

on redirection at the Royal Infirmary. The importance of effective communications was noted.

6. Opportunity for committee chairs of IJB leads to highlight material items for awareness

6.1 Healthcare Governance Committee (HGC)

The Board noted that recent HGC meetings had seen the approval of the Equality Outcomes Progress Report, its pending publication and continued monitoring. The extension of the NHS Lothian Quality Strategy and HGC's role in monitoring progress against this had also been covered.

6.2 Finance and Resources Committee (F&RC)

The Board noted that recent F&RC meetings had involved discussion on the findings of the Scottish Fire and Rescue Service Audit at the RIE and this would be considered by the Board in private session. The F&RC had also considered the challenge of balancing the impacts of the climate emergency against omnipresent service pressures and there would be further discussion on this at the Strategy, Planning and Performance Committee.

6.3 East Lothian Integration Joint Board (ELIJB)

The Board recognised that the ELIJB had rejected the funding offer from East Lothian Council. This was an unusual position over the history of ELIJB but unfortunately not an isolated position against other IJBs across Scotland, given current financial pressures. Discussions between the ELIJB Chief Finance Officer and the Council would continue.

6.4 Midlothian Integration Joint Board (MIJB)

The Board noted that the MIJB was in a similar position to East Lothian in terms of local authority funding. There would be continued efforts to progress the position ahead of the next MIJB meeting on 13 April 2023, where a vote was anticipated on whether to accept the funding offer. The MIJB Chair planned to write to the Scottish Government and would copy the NHS Lothian Board Chair into this correspondence.

6.4.1 The Director of Finance emphasised that NHS Lothian would pass on all allocated funding from the Scottish Government as is supposed to happen in order to fulfil working with IJBs and Councils. There are certain 'passed through' funds from Scottish Government that are provided to local authorities, and it is clear these funds should be 'passed through' to IJBs. However, some local authorities have interpreted the terms of the funding letter differently.

7. NHS Scotland "Blueprint for Good Governance" Second Edition

7.1 The Board Secretary introduced the report for the Board's awareness and highlighted an upcoming "Understanding Good Governance" event on 26 April 2023.

7.2 The Board Secretary explained that, following the publication of the second edition of the Blueprint in December 2022, further specific detail on implementation was awaited. It was understood that a survey tool was being developed by the Scottish Government and Board Chairs to support boards in undertaking a self-assessment exercise. This would likely be the first piece of work that boards would be asked to do. It was noted that, based on its current governance arrangements, the Board was well placed to adapt to comply with any further requirements.

7.3 The Corporate Governance Team would work to bring together existing operating guidance and other evidence to demonstrate how the Board's assurance framework aligns with the requirements of the Blueprint. The results of this work would be taken back through senior

management and the Board in due course in order to support the Blueprint self-assessment later in the year.

- 7.4 The Board accepted the recommendations in the report:
- To note the publication of the NHS Scotland Blueprint for Good Governance: second edition.
 - To note that further detail is awaited from the NHS Scotland Strategic Governance Group on specific implementation plans.
 - To note that a dedicated Board Development Session will be arranged once further detail is forthcoming on implementation and a self-evaluation exercise.

8. NHS Lothian Equality and Human Rights Strategy 2023-2028

- 8.1 The Director of Public Health & Health Policy presented the report to the Board seeking agreement of the Equality and Human Rights Strategy 2023-2028 and its publication on the NHS Lothian website.
- 8.2 The Director of Public Health & Health Policy highlighted that the Strategy had been discussed extensively by Strategy, Planning and Performance Committee in January, after which a small group of non-executive board members were consulted directly. This had led to further refinements which had been circulated to Board members.
- 8.3 There was discussion on the development of the underpinning action plan for the Strategy, which would be considered by the Corporate Management Team in the coming weeks. It was confirmed that a refreshed approach to undertaking integrated impact assessments (IIAs) would be included within the action plan.
- 8.4 The reporting lines for the Strategy were also considered. The recently reinstituted Annual Public Health Report would include elements of statutory reporting in this area and specific progress against delivery of the Strategy would be monitored and reported to the Board through the Healthcare Governance Committee.
- 8.5 Board members also highlighted or sought assurance on:
- 8.5.1 The potential impact on unpaid carers of a commitment to uphold individual rights to the highest standards of mental health;
 - 8.5.2 The important role that Power of Attorney could play in helping people exercise their human rights;
 - 8.5.3 Whether appropriate formal structures existed to support gathering the views of people with lived experience;
 - 8.5.4 The extent of staff training and whether there was capacity amongst staff to undertake additional training; and
 - 8.5.5 What successful delivery would look like and what specific measures would be utilised to demonstrate progress against the objectives of the Strategy.
- 8.6 In response, it was confirmed that formal engagement structures and reporting measures were being developed through the Public Health team. It was anticipated that formal reporting would commence with a report to the Healthcare Governance Committee in March 2024, with a mid-year update to be provided to the Board. Mandatory equality and diversity training was already in place for staff and the work of the Strategy would build upon this by focusing on the development of culture and attitudes.
- 8.7 The Board agreed to the implementation of the Strategy and its publication on the NHS Lothian website.

9. Patient Experience Strategic Plan

- 9.1 The Executive Nurse Director presented the Patient Experience Strategic Plan 2023-28 for the Board's Approval. The Board noted that the Plan had been considered by both Corporate Management Team and the Healthcare Governance Committee (HGC).
- 9.2 The Executive Nurse Director outlined the significant consultation process that had been undertaken by a short life working group of the Patient Experience Programme Board. This had led to the development of the five-year plan to support staff and services move forward in an improved way through clear, shared learning experiences from complaints and compliments.
- 9.3 The Chair noted that this topic had been of interest to the Board for some time and invited members to consider and discuss the proposed Strategic Plan.
- 9.4 The Board expressed support for the aims of the Strategic Plan but wished to see further development of the metrics by which success would be measured in this area. A number of potential data and information sources were highlighted, including Care Opinion, regular GP surveys, patient stories gathered by the Patient Experience Team, and national work such as the "What Matters to You?" initiative. However, it was noted that data was often unstructured, and it was challenging to develop specific metrics that objectively measured improvements in patient experience over time.
- 9.5 The Board agreed that HGC was the appropriate route for reporting on progress against the aims of the Strategic Plan but requested that, after further discussion at HGC, a supplementary paper should be prepared to expand upon and enhance the currently proposed measures in page ten of the Strategic Plan. This additional report would be considered by the Strategy, Planning and Performance Committee.
- 9.6 The Board agreed to approve the Patient Experience Strategic Plan 2023-28, subject to the further development of performance measures, as described in the action above.

10. NHS Lothian Paediatric Audiology - Final Report

- 10.1 The Chief Executive presented a final report on work undertaken to address issues in the Paediatric Audiology service that were identified following a Scottish Public Services Ombudsman (SPSO) report in May 2021 and subsequent externally commissioned reports by the British Academy of Audiology (BAA).
- 10.2 The Chief Executive explained that progress against delivery had been monitored regularly by the HGC, most recently in March 2023, and there had been close liaison with the Scottish Government throughout, keeping it informed of developments. It was anticipated that the levels of assurance recommended within the paper would be improved further once all elements of the action plan were fully delivered. To this end, HGC would continue to monitor things.
- 10.3 Board members sought reassurance that the departmental culture and environment had improved. The Chief Executive confirmed that, following the delivery of the action plan and new recruitment to leadership roles, there had been an increased level of positive engagement within the department and a willingness of staff to challenge one another. It was noted that the department had demonstrated a willingness to improve and was receptive to external support and input.

- 10.4 Board members also sought reassurance that lessons had been learned and welcomed confirmation from the Associate Director for Quality Improvement & Safety that all physiology services were being reviewed as a result of this and options for external accreditations were also being considered.
- 10.5 The Board welcomed the report and wished to formally record its thanks to the Executive Medical Director for her leadership throughout this challenging period and also to the HCG and its members for their forensic oversight of this work.
- 10.6 Based on the report and action plan presented, the Board agreed to accept:
- Moderate Assurance that the quality of care delivered in Paediatric Audiology had improved and was in line with UK standards; and
 - Limited Assurance, at this time, on the development of the proposed quality control system (Due to this aspect being predicated upon software and reporting development from an external supplier, for which the anticipated timescale was June 2023).

11. NHS Lothian Board Performance Paper

- 11.1 The Deputy Chief Executive presented the NHS Lothian Board Performance report and provided some background on the report format and detail for new board members.
- 11.2 There was discussion on areas of positive performance despite ongoing system challenges, in particular outpatient activity, which exceeded pre-pandemic levels. However, the health and social care system remained under duress with high levels of inpatient occupancy across acute sites. Unscheduled care pressures continued to impact upon scheduled care, compounded by workforce challenges across all clinical and leadership areas.
- 11.3 The Deputy Chief Executive noted the major incident event at Leith Docks that had taken place on 22 March, and highlighted the remarkable response from clinical, administrative and leadership teams across the health and social care system to provide rapid access to emergency care when the number of casualties was initially unknown. The Board noted and commended this response. It was confirmed that work to ensure lessons were learned from the incident was almost concluded.
- 11.4 The Deputy Chief Executive confirmed that an improvement strategy on unscheduled care at the RIE would come to the next SPPC meeting and that cancer performance was subject to enhanced weekly oversight by executive directors. There was discussion on pressures within the urology service and the prostatectomy pathway and work being undertaken to enhance performance, including the expansion of robotic prostatectomy activity and input from Margaret Kelly, Effective Cancer Framework Consultant, Scottish Government.
- 11.5 A continuing decrease in waiting times for psychological therapies was welcomed but the impact of ongoing workforce challenges on delayed discharges, particularly in mental health, was also noted. Staffing in the community was acknowledged as one aspect of the challenge and the issue was a subject of ongoing work and discussion with Integration Joint Boards (IJBs). The Lothian Strategic Development Framework (LSDF) and its “implementation books” provided a basis for the Board to offer scrutiny of delivery in this area.
- 11.6 There was acknowledgement of the need to modernise workforce planning models but also that multiple workforce pressures were coalescing at the same time, e.g., general recruitment pressures, safe staffing legislation, a national commitment to explore a shorter

working week, etc. The Chief Executive confirmed that workforce, and its impact on all other areas, had been stressed as a top priority in sector-level discussions with the Scottish Government. He would continue to raise this at the Board's request.

- 11.7 Primary Care was another area with challenges. The Director of Primary Care clarified that in relation to the balance of face to face and telephone consultations, there were still more telephone calls than pre-pandemic, with some need for face-to-face consultations before onward referral. NearMe never quite worked as it should have, and telephone consultations were better. Out of Hours there were more calls received for advice than pre-pandemic also.
- 11.8 The Board also discussed performance against other LDP standards and considered areas of impact outwith the Board's control, e.g., NRAC funding allocations. The significant ongoing pressures in Dermatology and Ophthalmology were mentioned along with the need for the Board to evidence that current resource was being used to maximum benefit, as engagement with the Scottish Government around population capacity and demand continued.
- 11.9 Treatment Time Guarantee (TTG) Performance was also discussed. There was ongoing focus on maximising resources and there was a piece of work within the Day Surgery Unit at St John's Hospital to look at longest waits and programme scheduling to optimise activity, along with testing of a theatre scheduling tool and dedicated, sustained leadership. The Board noted that the biggest issue in relation to TTG was orthopaedics – hips and knees. The RIE was under the most scheduled care pressure, so it was hard to ringfence orthopaedic capacity. There were also the financial pressures to consider and whether to focus money on large volume activity within ophthalmology, in orthopaedics to reduce those waiting or split money between these areas.
- 11.10 The Board acknowledged the ongoing operational and strategic performance challenges, as well as the progress achieved in some key areas. The Board accepted the recommendations within the Performance Report:
- To note the performance across NHS Lothian in relation to the metrics included in the paper.
 - To acknowledge that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.
 - If further deeper dives are requested by the Board, these should be addressed in separate reports to maintain the structure of the core performance report.

12. Financial Updates

12.1 February 2023 Financial Position

- 12.1.1 The Director of Finance updated the Board on NHS Lothian's financial position at month 11, the year-end process and the anticipated delivery of a break-even position, which would be a significant achievement amidst the current challenges.
- 12.1.2 The Chair thanked the Director of Finance for the positive update. The Chair offered the Board's thanks to all staff involved in bringing a break-even position about. There was discussion on pay settlement projections, other non-pay issues and the statutory responsibility for the Board to seek opportunities for efficiency savings.
- 12.1.3 The Board accepted the report as a source of significant assurance that NHS Lothian would achieve a breakeven outturn this financial year.

12.2 NHS Lothian 5-Year Financial Outlook and Outline Plan 23/24

- 12.2.1 The Director of Finance updated the Board on NHS Lothian's Five-Year Financial Outlook and Outline Plan for 2023/24. The Board noted the Finance and Resources Committee's input into this work.
- 12.2.2 There was discussion on the projected deficit position for the 2023/24 financial year, the collective pressures for the coming year, including service recovery, Covid business as usual, pay pressures, inflation which impacts drugs and energy costs and the need to deliver greater than 3% efficiency targets in the financial year. The Board accepted that while assurance on break even for 2023/24 was not possible at this stage given the need to finalise cost improvement plans the overall target must be that NHSL will break even in 2023/24.
- 12.2.3 The NRAC differential was also highlighted along with the pressure of the expected population growth over the next ten years and the costs involved with staff annual leave accrual.
- 12.2.4 The Board noted that NHS Lothian had demonstrated sound financial stewardship for many years, repeatedly returning a position outcome in an increasingly challenging financial environment. However, the Board recognised the challenge of managing the recurring versus non-recurring position in 2023/24 and accepted the recommendations within the paper:
- To approve the 2023/24 Outline Financial Plan as a basis for opening budgets and submit to Scottish Government as required.
 - To acknowledge that the Finance and Resources Committee was unable to offer assurance, at this stage, that NHS Lothian would be able to deliver a balanced financial position for 2023/24.
 - To endorse the allocation of resources agreed by the Finance and Resources Committee for the purposes of budget setting.

13. Corporate Risk Register

- 13.1 The Associate Director for Quality Improvement & Safety introduced the paper reviewing the NHS Lothian Corporate Risk Register (CRR) and the associated processes to ensure it remains fit for purpose. The Chief Executive confirmed that the performance aspects of worsening risks would be considered in more detail by the Strategy, Planning and Performance Committee (SPPC) in May.
- 13.2 The Board accepted the recommendations within the paper:
- To review the February 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table.
 - To note that any materially worsening risks have been set out in the CRR paper and will be considered by the SPPC.
 - To note the February Corporate Management Team increased the grading for 4-hour Emergency Access risk, the Hospital Bed Occupancy risk and Access to Treatment risk from Very High 20 to Very High/Extreme 25 due to worsening performance and impact on patient experience and outcome of care. Risk mitigations plans will now be presented to the May SPPC meeting.
 - To accept the Audit and Risk Committee's recommendation to approve the updated Risk Management Policy and Procedure, including a new Risk Appetite Statement.

14. Any Other Business

14.1 No other items of competent business were identified.

15. Reflections on the Meeting

15.1 Board members were invited to contact the Chair or the relevant Executive Director if they had further questions on any of the areas presented to the Board.

16. 2023 Board Meeting Dates

16.1 The remaining Board meeting dates for 2023 were noted:

- 21 June 2023
- 23 August 2023
- 04 October 2023
- 06 December 2023

Signed by Chair – 21 June 2023

**Prof. John Connaghan CBE
Chair – Lothian NHS Board**