

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 06 December 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 S. Akhtar; Ms N. Akta; Mr P. Allenby; Cllr H. Cartmill; 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); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Nurse Director); Ms D. Milne (Director of Public Health and Health Policy) and Mr C. Marriott (Director of Finance).

In Attendance:

Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); P. Togher (Chief Officer, Edinburgh IJB)(from 11:30am); Ms A. Goodfellow (Deputy Director of Public Health)(for Item 63); Ms M. Stewart (Public Health Registrar)(shadowing D. Milne); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence:

Ms T. A. Miller (Employee Director and Non-Executive Board Member); Mr S. Chandran (Non-Executive Board Member) and Cllr S. Jenkinson (Non-Executive Board Member).

55. Welcome & Declaration of Interests

- 55.1 The Chair welcomed members; colleagues and observers to the last Board meeting of 2023.
- 55.2 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. No declarations of interest were made.

ITEMS FOR APPROVAL OR NOTING

56. Items proposed for Approval or Noting without further discussion

- 56.1 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.
- 56.2 Minutes of Previous Board Meeting held on 04 October 2023 – Minutes were approved.
- 56.3 Staff Governance Committee Minutes – 26 July 2023 – Minutes were noted.

- 56.4 Finance and Resources Committee Minutes – 09 August 2023 – Minutes were noted.
- 56.5 Audit and Risk Committee Minutes – 21 August 2023 – Minutes were noted.
- 56.6 Healthcare Governance Committee Minutes – 26 September 2023 – Minutes were noted.
- 56.7 Midlothian Integration Joint Board Minutes – 24 August 2023 – Minutes were noted.
- 56.8 West Lothian Integration Joint Board Minutes – 19 September 2023 – Minutes were noted.
- 56.9 East Lothian Integration Joint Board Minutes – 21 September 2023 – Minutes were noted.
- 56.10 Edinburgh Integration Joint Board Minutes – 21 September 2023 – Minutes were noted.
- 56.11 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- **To appoint Mr Andrew Fleming** as Vice Chair of the Board, with effect from 1 February 2024 and for a period of three years.
 - **To appoint Ms Val de Souza** as Chair of the Staff Governance Committee, with effect from 1 February 2024.
 - **To appoint Mr Andrew Fleming** as Chair of the Remuneration Committee, with effect from 1 February 2024.
 - **To appoint Mr Andrew Cogan** as a member of the Healthcare Governance Committee, with effect from 1 February 2024.
 - **To appoint Mr Peter Knight** as a co-Chair of the Pharmacy Practices Committee, with effect from 1 February 2024.
 - **To reappoint Mr Martin Connor** as NHS Lothian's Voting Member on West Lothian Integration Joint Board with immediate effect and then take on Lead Voting Member on the West Lothian Integration Joint Board, with effect from 1 February 2024.
 - **To appoint Mr Andrew Cogan** as NHS Lothian's Lead Voting Member on the East Lothian Integration Joint Board, with effect from 1 February 2024.
 - **To appoint Mr Philip Allenby** as a Voting Member of the City of Edinburgh Integration Joint Board, with effect from 1 February 2024.
- 56.12 Drug Related Deaths Annual Report – The circulated annual report was noted. The report had been discussed by the Healthcare Governance Committee, recognising the small reduction in Drug Related Death numbers. Any further questions or points could be raised with the Director of Public Health outside the meeting.

ITEMS FOR DISCUSSION

57. Board Chair's Report – December 2023

- 57.1 The Chair took the opportunity to personally thank all NHS Lothian staff for all they had achieved in 2023, working in sometimes difficult circumstances. The Chair also thanked the Chief Executive and Executive Team for their achievements in the course of the year and thanked the corporate governance team for their support to the Board over the past year. The Chair gave a verbal update, highlighting the following:
- Non-Executive Director Recruitment – The first set of interviews had taken place on 5 December, with a further two days of interviewing to take place. In terms of experience and skills sought, there were two general posts and one post requiring specific experience in finance, audit and risk.

- Blueprint for Good Governance Self-Assessment Survey – The Board noted the closing date for completion of the questionnaire had been extended to 8 December. The results from the survey would be part of a special Blueprint development session being planned for March 2024.
- Fiona Ireland – The Chair reported Miss Ireland's intention to step down as Area Clinical Forum chair at the end of April 2024 and she would therefore also demit from her Non-Executive Director position at that time. There would be an opportunity at a future Board meeting to acknowledge and record thanks for Fiona's contribution and an election process for a replacement Area Clinical Forum Chair would now commence.
- Valedictory Comments Peter Murray and Bill McQueen – The Chair thanked both Mr Murray and Mr McQueen for their tremendous work ethic and significant contributions to the Board, noting that this would be their final Board meeting before they both demitted office at the end of January 2024:
 - **Peter Murray:** The Chair noted that Mr Murray had Joined the Board in February 2016 and had served on most of the Board's standing committees during this time, including Finance & Resources, Audit & Risk and Healthcare Governance. He had led groups and committees dedicated to specific areas of assurance and had chaired the Remuneration Committee. More recently, he had played a particularly significant role in the integration of health and social care within NHS Lothian, being a Voting Member of the Edinburgh IJB and the Lead Voting Member for the East Lothian IJB, chairing this between 2021 and 2023. In addition to this, he had served as the Board's Vice Chair since December 2021, lending critical support to the Chairman and the wider Board membership.
 - **Bill McQueen:** The Chair noted that Mr McQueen had joined the Board in February 2018 and had made very significant contributions to the Board during his tenure, sitting on the Audit & Risk, Finance & Resources and Pharmacy Practices Committees, as well as being a previous member of the St John's Stakeholder Group. Most recently, he had provided considered and collaborative non-executive leadership as the Chair of the Board's Staff Governance Committee and as the Lead Voting Member of the West Lothian IJB, chairing the IJB since September 2021.
- Chief Executive – The Board was informed that the Chief Executive had indicated his intention to retire in June 2024 after 40 years' NHS service. This would represent a significant change for the Board and a recruitment exercise was underway. The Chair offered his personal thanks to Mr Campbell for his contributions to NHS Lothian and to the NHS in Scotland more widely. He noted that there would be an opportunity at a future Board meeting to fully acknowledge and record the Board's gratitude for Mr Campbell's significant contribution.

58. Board Executive Team (BET) Report – December 2023

58.1 The Chief Executive presented the report. Questions from Board members prompted more detailed discussion in some areas and highlighted the following points:

- Nursing & Midwifery Workforce – The improved progress with graduates coming in was noted but a long-standing establishment gap remained in the numbers. The reduction in vacancy gap from 9% to 4.5% was recognised as was the intention to maintain leeway around supplementary staffing. Work on staff retention continued, including promoting staff wellbeing improving the retention of newly qualified staff, and the appointment of clinical educators to support newly qualified staff. The overall position for next year was in a better place ahead of the safe staffing legislation being enacted. Safe staffing was being overseen by a Programme Board and consistent processes were being implemented. The Programme Board would report to the Corporate Management Team in January 2024 ahead of the required reporting to Scottish Government.
- Hosted Services - The hosted services moving under East Lothian HSCP management responsibility were noted, these were permanent moves, and any substantial issues would be reported back to the Board as appropriate.
- Analytics - The Board noted the developments following the recommendations of the Strategic Review of Analytics Report commissioned by the Board. A small working group had been established at the direction of the Corporate Management Team to consider the report's recommendations, what required outputs would be and the best way to engage with colleagues to design the implementation process. There would be focus on the organisational recommendations and how these supported the Board's Annual Delivery Plan, Corporate Objectives and LSDF. The links to digital ambition were noted and opportunities to enhance the use of digital tools would be explored.
- Scheduled Care - CfSD Sub-Specialty Delivery Groups - The ongoing work was noted and further update on the projects involved would come to the Board, possibly as part of a future development session.
- RAAC Update – The Director of Finance reported that advice was that any resource requests should go to Scottish Government and that greater clarity on available resources may come via the Scottish Budget announcement scheduled for 19 December.
- Capital Projects - The Board noted the projects now in formal delay awaiting the outcome of the Scottish Government's ongoing review of capital spending. This was the same position for all health boards in Scotland. The impact of uncertainty around resource allocation was recognised by the Board and it was hoped that the Scottish Budget announcement would provide the clarity needed on which projects, if any, could progress. There were ongoing discussions around 'Plan B' for projects and the impact on current project teams was also recognised. There would be further consideration of governance, finance and staff engagement and communication.
- GP Lead for Health Inequalities - The Board noted the appointment of the GP Lead and discussions on how IJBs and HSCPs could best link in with the new lead were ongoing.
- Midlothian Community Respiratory Team (CRT): Media coverage - The Board commended the Midlothian CRT for its achievements and recognition. The BBC media coverage, which included positive comments from patients, was testament to this excellent work.

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

- Healthcare Governance Committee – The Committee Chair informed the Board of Acute Services assurance levels discussed and agreed at the recent Healthcare Governance Committee meeting on 28 November.

60. Capital Prioritisation Process

- 60.1 The Director of Strategic Planning introduced the report briefing the Board on the outcomes of the Capital Prioritisation process. There had been previous discussion on this process at the last Strategic Planning and Performance Committee meeting and Board Members were aware of the requirement for this output to be submitted to Scottish Government by 31 December.
- 60.2 The Director of Strategic Planning reminded the Board of the process which had now been through two cycles and had worked well. There was discussion on the impacts on projects that any future Scottish Government decisions may have, as well as the impact on the Board's LSDF given assumptions made around capital and revenue resources.
- 60.3 The Board noted and discussed the latest results of the Capital Prioritisation Process. In particular, members commented on the population growth projections for Lothian which highlighted starkly the challenge of meeting the likely future demand for health and care in Lothian with the existing level of capital infrastructure and capacity. It was noted that whilst revenue resource allocations accounted specifically for population and demographics, funding for major capital projects did not.
- 60.4 It was acknowledged that the categorisation results accounted for when capacity was expected to be required. Therefore, although the Edinburgh Cancer Centre (ECC) was listed under Category B, this simply indicated that the need for this was further in the future than those projects listed under Category A. However, the enabling works required to prepare for the ECC were of the highest priority and therefore included within Category A.
- 60.5 Members discussed the potential impacts of any delays or cessation of the projects identified within the list of capital development priorities, including the need to undertake updated and more regular risk assessments of the Board's estate to understand and mitigate any deficit that might arise in the delivery of care. Further impacts would include increased pressure on limited capital maintenance resource, as existing infrastructure, which may already be considered sub-standard, needed to be maintained and utilised for longer than planned. It was noted that capital maintenance resource, allocated formulaically, was required to cover not just building maintenance but also any necessary investments in digital infrastructure and medical equipment.
- 60.6 The Board noted that the process used to construct the capital prioritisation was as briefed to the Strategic Planning and Performance Committee in January 2023 and as agreed by the Board in February 2023.
- 60.7 The outcomes of the process in categories A, B and C were noted and accepted by the Board. It was acknowledged that capital prioritisation was explicitly linked to a whole-system planning approach and the delivery of the Lothian Strategic Development Framework (LSDF).
- 60.8 The Board acknowledged the requirement to submit the prioritisation to the Scottish Government by 31 December 2023 and agreed to submit categories A, B, and C to the Scottish Government immediately after the Board meeting.

61. Corporate Objectives & Lothian Strategic Development Framework (LSDF) Mid-Year Review

- 61.1 The Board received and considered the Corporate Objectives and Lothian Strategic Development Framework (LSDF) progress report for the 2023-24 financial year. Progress was noted and it was acknowledged that this was the first year of a new approach, utilising a reduced number of Corporate Objectives which were linked explicitly to the activity and projects required to deliver the ambitions of the LSDF. Further updates would be considered at the Strategic Planning and Performance Committee.

62. NHS Lothian Annual Delivery Plan 2023/24

- 62.1 The Director of Strategic Planning introduced the paper providing feedback from the Scottish Government regarding the Board's Annual Delivery Plan (ADP). The guidance for next year's ADP had also now been received and showed a closer link to the availability of financial resources.
- 62.2 The Board recognised the appropriateness of this linked, transformation plan approach given the current financial position and were encouraged by the feedback received in particular around digital and climate narratives.
- 62.3 Members were hopeful that the Scottish Government's timeline for the development of 2024/25 ADPs would support the delivery of a more substantive draft in advance of the start of the financial year. This expectation would be fed back to the Board's Sponsorship Team.
- 62.4 The Board welcomed the generally positive feedback and thanked the Director of Strategic Planning and team for their work to get to a successful sign off. An ambitious timescale to have a substantial draft of the next plan before April 2024 was articulated.

63. Child Poverty Activity Report

- 63.1 The Deputy Director of Public Health introduced the report updating the Board on action being taken to tackle child poverty in NHS Lothian.
- 63.2 The Board noted the requirement for each area to produce plans and share the overview of issues with members.
- 63.3 Members discussed the content of the Report, noting the close link to the Board's role as an Anchor Institution. Discussions included:
- The role and contribution of the NHS Lothian Charity and how this might be broadened and deepened, within the limits of existing regulations.
 - The positive impacts delivered for patients and staff as a result of the Board's Income Maximisation service and acknowledgement that the Board is a Living Wage Employer.
 - Partnership with local authorities and education providers should include acknowledgement of the impacts of healthcare on children remaining in education.
- 63.4 The Board noted the update provided on child poverty activity and also noted the ongoing national discussions about maximising the contribution of NHS Scotland to tackling child poverty. A further report on the system effort required would be considered in due course.

64. NHS Lothian Board Performance Report

- 64.1 The Deputy Chief Executive presented the Board Performance Report, highlighting some key messages, including continued challenges within Primary Care and restrictions on hospital bed capacity. The ability to meet the 4hr Emergency Access Standard continued to be significantly compromised across the NHS in Scotland and efforts to improve this position within Lothian were continuing. He reiterated the strong correlation between any delay or reduction in the availability of capital project funding and the ability of the Board to achieve its performance and service improvement ambitions.
- 64.2 Board members noted a slight reduction in delayed discharges and also that, within this, Edinburgh HSCP had improved its relative position whilst the other three HSCPs were currently sitting in the lower range of performance nationally. It was acknowledged that frontline pressures would increase during winter and potentially impact performance.
- 64.3 Members questioned whether an additional focus on productivity in key areas might bring positive impacts. It was reported that a range of activity was already underway in this area. One example was a review of theatre utilisation within Ophthalmology, which was maximising the number cataract operations per session. A new theatre system was also being introduced which should help to improve productivity. Board members should look to see evidence of this through measures such as the average length of stay. It was noted that further information around specific productivity improvements could be considered via the Strategy, Planning and Performance Committee.
- 64.4 The Board members acknowledged the performance across NHS Lothian in relation to the metrics included in the paper, noted the assurance levels for expected delivery against key national standards or local trajectories by the end of 2023/24 and 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-committees.

65. RIE: Unscheduled Care Diagnostic Review

- 65.1 The Chief Officer for Acute Services introduced the Royal Infirmary of Edinburgh (RIE) Unscheduled Care Diagnostic Review report.
- 65.2 The Chief Officer for Acute Services highlighted that all twenty-nine recommendations from the report had been accepted in full by the NHS Lothian Performance Support & Oversight Board. These recommendations fell under six themes and within those themes, five areas of focus had been identified as high priority to be delivered at pace. These were:
- Development of an RIE Clinical Leadership Forum
 - Review of Emergency Department's Operational Delivery Model
 - Refresh Escalation Framework
 - Review GP Flow onto RIE site (Interface) with a view to relocating from RIE Emergency Department
 - Refresh performance report to ensure progress can be tracked.
- 65.3 The Chair acknowledged the concern that some consultants had expressed relating to performance issues within the Emergency Department of the RIE and their impacts. The Chief Executive offered assurances to the Board that there had subsequently been a series of open and transparent engagement meetings between members of the Executive Leadership Team, the Board Chair and the consultants themselves. An external review team had been invited into the department and staff had been fully engaged in the review process. The Chief Executive recommended that the Board accept the outcomes of this external review in full and agree that any deviation from the recommendations should only be considered with the approval of the Board.

- 65.4 The Board welcomed the report arising from the review, acknowledging the value of an external perspective, and noting that there would be an ongoing element of external support in the delivery of the report's recommendations. It was also accepted that expectations should be tempered by the fact that the emergency department within the RIE was built some time ago and had a finite capacity. Issues would not be fully addressed until a larger emergency department with greater capacity could be provided.
- 65.5 There would be further discussion on this work at the Strategic Planning and Performance Committee in January 2024 and there would be a rigorous programme management approach to ensure accountability for delivery.
- 65.6 Board members were encouraged to submit any individual reflections or queries relating to the report directly to the Deputy Chief Executive and Chief Officer for Acute Services by the end of December, to allow for these to be addressed at the SPPC meeting in January.

66. September 2023 Financial Position & Year End Forecast Update

- 66.1 The Director of Finance provided an update to the Board on the financial position at month 6 and an update of the year-end forecast for NHS Lothian. There was discussion on the continued delay with GP prescribing data, delivery of the 3% efficiency target and the deficit improvement at the mid-year point.
- 66.2 The Director of Finance highlighted the financial pressures across the NHS in Scotland following the recent autumn statement and the various interventions being put in place by Scottish Government to mitigate impacts and move health boards to improve their financial position towards breakeven. The Scottish Government had made the expectation of break even for the health portfolio clear, but this was not currently forecast. There would be ongoing monitoring of the NHS Lothian position through the Finance and Resources Committee.
- 66.3 The Board agreed to accept that, based on information available at this stage, the Finance & Resources Committee has considered the year-to-date position at Month 6 and the Quarter 2 financial forecast and had accepted that NHS Lothian is only able to provide limited assurance on its ability to deliver a breakeven position in 2023/24. The Board also recognised that the financial challenges would very likely increase in the next financial year across the NHS in Scotland.

67. Corporate Risk Register

- 67.1 The Executive Medical Director presented the paper. The Board reviewed the September/October 2023 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table and the proposal for the addition of a new risk onto the register was accepted, namely the Royal Infirmary of Edinburgh Fire Safety risk, detail of which is covered under item 68 below.
- 67.2 The Board noted the overview of the changes in the CRR over the past two calendar years and that any new or materially worsening risks would be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board. The Board accepted the recommendation from Corporate Management Team to include a new risk relating to fire safety on the RIE site on the Corporate Risk Register (more detail presented at item 68).

68. Corporate Risk – Royal Infirmary of Edinburgh (RIE) Fire Safety

- 68.1 The Deputy Chief Executive introduced the report requesting the formal addition of the RIE Fire Safety risk to the Board's Corporate Risk Register. The Board noted that this new risk had been separated out from the current risk around RIE Facilities Critical Systems (#5189).
- 68.2 The Deputy Chief Executive provided an update on the ongoing life cycle work with the PFI provider at RIE and engagement with Scottish Fire and Rescue Service (SFRS) on identified issues. This included the series of actions that followed facility inspections. As a joint duty holder, NHS Lothian had established an oversight group to focus on these recommendations. All staff had been appropriately briefed on the situation and the ongoing work to improve safety mechanisms within RIE. Updated training for staff had been introduced and the delivery of this was being monitored weekly.
- 68.3 The Board acknowledged that an Enforcement Notice for the RIE was expected from SFRS within the next month or so and, as a joint duty holder, this would place requirements upon the Board. There was continued engagement with SFRS, particularly on revised evacuation plans, and plans for alarm system upgrade works had been shared and agreed with them.
- 68.4 The Board considered the messaging to the public, recognising its responsibility as a joint duty holder to highlight any compromises to staff and have an evacuation plan in place. An opportunity to brief local MPs and MSPs on developments would arise on 8 December. There would be no tangible change for the public and patients and staff understood what was now required. There was a series of visible posters planned for sites on fire safety messages and these would launch in the new year along with a refresh of the no smoking on sites campaign. The Chair asked for the staff briefing to be shared with Board Members.
- 68.5 The Board noted the update and accepted the recommendations in the paper:
- Acknowledged the assigned risk rating of Very High (20) following the initial review of this risk by the Corporate Management Team.
 - Accepted a Limited assurance level and agreed that this risk has principal oversight by the Staff Governance Committee.
 - Acknowledged and accepted the Risk Mitigation Plan as outlined.
 - Acknowledged the dependency of compliant fire safety measures at the RIE in order to ensure the safety of patients, staff, and visitors of the site, as well as ensuring compliance with current fire safety standards.
 - Noted the link to the RIE Facilities Corporate Risk ID #5189 and that, as the Fire Safety component of this risk has been separated, this risk will now be revised via the appropriate governance processes.

69. Any Other Business

- 69.1 No other items of competent business were identified.

70. Reflections on the Meeting

- 70.1 The Chair invited Mr Murray and Mr McQueen to offer any personal reflections on their time as members of the Lothian NHS Board.
- 70.1.1 Mr McQueen stated that it had been a privilege to serve on the Board. He reflected upon the inherent organisational complexity of NHS Boards and the challenge this presents for non-executive directors in monitoring and scrutinising strategic delivery, particularly in challenging times. He offered his thanks and appreciation to all staff and leaders, past and present, in supporting the Board and its members to navigate these challenges.

70.1.2 Mr Murray concurred with the sentiments of Mr McQueen. He highlighted additionally the particular contribution of Health and Social Care Partnership colleagues and expressed his personal thanks to past and present Board Chairs for their support.

71. Date of Next Board Meeting

- 07 February 2024

Chair's Signature

Date

Prof. John Connaghan CBE

Chair – Lothian NHS Board