

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 14 August 2024 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Board Chair); Mr A. Fleming (Vice Chair); Cllr S. Akhtar; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Allenby; Prof J. Innes; Mr E. Balfour; Ms T. A. Miller; Mr J. Blazeby; Dr P. Cantley; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Prof A. Khan; Mr P. Knight; Mr A. McCann and Ms K. Macdonald.

Executive Board Members: Prof. C. Hiscox (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 F. Wilson (Chief Officer, East Lothian IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Cllr H. Cartmill (Non-Executive Board Member); Mr G. Gordon (Non-Executive Board Member); Prof L. Marson (Non-Executive Board Member); Cllr D. Milligan (Non-Executive Board Member); Ms V. de Souza (Non-Executive Board Member); Ms M. Barrow (Chief Officer, Midlothian IJB); Mr P. Togher (Chief Officer, Edinburgh IJB) and Ms A. White (Chief Officer, West Lothian IJB).

31. Welcome & Declaration of Interests

- 31.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 31.2 The Chair welcomed the Chief Executive, Professor Caroline Hiscox, to her first meeting of the Board and asked members and attendees to introduce themselves. The Chair also thanked the Deputy Chief Executive for his leadership over the past two months whilst undertaking the Interim Chief Executive role.
- 31.3 The Chair asked members to 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

32. Items proposed for Approval or Noting without further discussion

- 32.1 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.
- 32.2 Minutes of Previous Board Meeting held on 26 June 2024 – Minutes were approved.
- 32.3 Staff Governance Committee Minutes – 29 May 2024 – Minutes were noted.
- 32.4 Healthcare Governance Committee Minutes – 28 May 2024 – Minutes were noted.
- 32.5 Audit & Risk Committee Minutes – 15 April 2024 – Minutes were noted.
- 32.6 West Lothian Integration Joint Board Minutes – 23 April 2024 – Minutes were noted.
- 32.7 East Lothian Integration Joint Board Minutes – 23 May 2024 – Minutes were noted.
- 32.8 Edinburgh Integration Joint Board Minutes – 22 April 2024 – Minutes were noted.
- 32.9 Midlothian Integration Joint Board Minutes – 18 April 2024 – Minutes were noted.
- 32.10 National Whistleblowing Standards – Quarter 1 Performance Report – Report was noted.
- 32.11 Pharmacy Practices Committee Outcomes - Quarter 1 2024/25 – Report was noted.
- 32.12 Health and Care (Staffing) (Scotland) Act 2019, Quarterly Board Compliance Report, Quarter 1, 01 April – 30 June 2024 - The Board agreed to accept Moderate Assurance on how effectively NHS Lothian is meeting its legal duties in this area. This was based on an overall “Reasonable Assurance” rating generated by the Scottish Government’s compliance scoring, regarding how NHS Lothian has carried out its duties under the 2019 Act.
- 32.13 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- The appointment of Professor Patricia Cantley as chair of the Dental Appeals Panel with immediate effect.
 - The re-appointment of Jacqui Macrae, Registered Nurse, Non-Voting Member of the Edinburgh Integration Joint Board, with effect from 12 August 2024.
 - The re-appointment of Fiona Stratton, Registered Nurse, Non-Voting Member of the Midlothian Integration Joint Board, with effect from 23 June 2024.
 - The re-appointment of Linda Yule, Registered Nurse, Non-Voting Member of the West Lothian Joint Board, with effect from 06 October 2024.
 - The re-appointment of Claire Mackintosh, Non-GP medical practitioner, Non-Voting Member of the East Lothian Joint Board, with effect from 23 August 2024.

ITEMS FOR DISCUSSION

33. Board Chair's Report – August 2024

33.1 The Chair highlighted the following:

- **Mr Angus McCann** – The Board recognised that this would be Mr McCann's final Board Meeting before stepping down from the Board at the end of August. The Chair thanked Mr McCann for his support and counsel since joining the Board in 2017 and the Board wished Mr McCann all the best in his future endeavours. Mr McCann reflected on his time with the Board and reminded the Board that, behind the numbers the Board sees in performance reports, are real people and their families. It had always been his objective to make a useful contribution and he was grateful for having had the opportunity to do so.
- **Mr Calum Campbell** – The Chair reported that he had been in touch recently with the previous Chief Executive who was enjoying retirement and he hoped to stay connected in future.
- **Board Chairs' meeting with the Cabinet Secretary for Health and Social Care** – The Chair highlighted the key messages that had come out of the recent meeting:
 - **Financial Pressures** – Concerns about the pressures facing the health service and public sector were acknowledged. There was a continued expectation on NHS Boards to address the financial challenge this year.
 - **Delayed Discharges National Push** – There was a desire to substantially reduce delayed discharges at a national level over the coming months. The Chair would be having further discussions with the Deputy Chief Executive on Lothian's performance benchmarking as part of the work to contribute to the reduction.
 - **Population Health Framework** – The Board noted that the Framework remained in draft. The Director of Public Health was involved in discussions through the 10-year population strategy work and would share slides on the Framework with Board members ahead of a fuller briefing coming back to a future Board Meeting.

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There was brief discussion amongst board members on implications of the Scottish Government population growth strategy for the Lothian Strategic Development Framework. It was noted that this discussion would be picked up further at the Strategy, Planning and Performance Committee.

34. Board Executive Team (BET) Report – August 2024

- 34.1 The Chief Executive offered some personal reflections on her introduction to NHS Lothian. She conveyed her thanks to the Chair for the warm welcome offered and to the Deputy Chief Executive for his leadership during the interim period preceding her arrival.
- 34.2 The Deputy Chief Executive explained that the format of the BET report had been revised with aim of focusing the Board's attention on key issues arising from senior management discussions, which may not already be on the Board Agenda. The following areas were discussed:
- **Regional Infectious Diseases Unit (RIDU) Relocation** - There was discussion on the increasing service risk in the continued use of the current building, which had been made higher due to increased delivery standards. The Board noted the continued remarkable resilience and dedication of the team in delivering an exemplar service however the ability to continue to deliver sustainable compliance levels was significantly challenged and the

service had to be relocated. The implications within the report were noted, as was the impact on the Western General Hospital site, Acute Division and the wider Health & Safety system. The intended relocation of beds to more suitable accommodation was noted. The Board noted that RIDU relocation sat within the Scottish Government capital criteria of business continuity, so had not been on the previous capital prioritisation list approved by the Board.

- **Edinburgh Integration Joint Board Draft Strategic Plan** - The Board noted that the draft strategic plan would be discussed in further detail at the next Strategy, Planning and Performance Committee and there would be more detail around resource impact discussed at the next Finance & Resources Committee meeting.
- **Whole System Bed Model** - The Board noted that the Model has been successfully developed and handed over, with minor fixes made following review by both NHS Lothian staff and the Healthcare Planners. The formal launch with Corporate Management Team is due to take place in mid-August, ahead of the outputs of the Model being shared with Strategy, Planning and Performance Committee in September 2024.

There was discussion on the reduction in beds for older people and the potential for whole system impact given current stresses on social care. The Chair asked that a more in-depth briefing be provided outside the meeting. The completion of the Liberton hospital move was also discussed and, by way of briefing on both issues, the Director of Strategic Planning agreed to circulate a paper considered recently by the Edinburgh IJB, which contained the appropriate detail.

CB

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

- 35.1 Healthcare Governance Committee – The Board noted that the committee had acknowledged and discussed the clinical governance aspects of the acute services risk (ED 4-hour standard) as well as the process improvement actions at its meeting on 23 July 2024.

36. NHS Lothian Annual Delivery Plan

- 36.1 The Director of Strategic Planning presented the final Annual Delivery Plan (ADP) for 2024/25, for the Board's formal approval.
- 36.2 The Board noted that the ADP had been submitted to Scottish Government on 22 March 2024, following the Strategy, Planning and Performance Committee, with formal acceptance received from the Scottish Government on 19 June 2024.
- 36.3 The Director of Strategic Planning reminded Board Members that the ADP lays out what the Board would do for the year ahead and contributed towards to the delivery of the Lothian Strategic Development Framework (LSDF).
- 36.4 The initial ADP feedback received on 19 June 2024, had been high level and not in-depth, however the Scottish Government had not asked for any changes and given endorsement for the ADP to be presented and agreed by the Board in public. The feedback also included caveating language in regard to the financial position facing the public sector as a whole.
- 36.5 The Director of Strategic Planning confirmed that the ADP, once formally approved, would be appropriately formatted for consumption in the public domain. This would include the addressing of the content for the climate emergency section, details of which had been dealt with separately through the Finance & Resources Committee.

- 36.6 There was discussion on the inclusion of emergency department performance and trajectory information; national diagnostics support funding and optimising the use of digital. It was noted that the intended Board Development Session on the digital strategy remained in the planning phase.
- 36.7 The Director of Strategic Planning and Director of Finance confirmed that financial meetings remain ongoing; the emergency department trajectory performance had not been included as this had not been part of the Scottish Government request but would be discussed at the Board's upcoming Annual Review with the Cabinet Secretary. A significant amount of funding had gone into clinical priorities such as the development of CAR-T therapy. In terms of diabetes there were issues around availability of funding from Scottish Government that remained in discussion, with a steer to focus on children services.
- 36.8 The Director of Finance reminded members of the requirement to deliver £140M in financial savings over 2024/25. This was in the context of the Board being historically underfunded according to the Scottish government's own allocation formula (NRAC), significant restrictions on capital funding, and the Board's intention not to seek any "brokerage" from the Scottish Government. The Quarter 1 financial position for 2024/25 showed that tensions were still playing through the system and there was a deteriorating impact on the national position.
- 36.9 The Board also discussed the impact of population growth on General Practice demand. The Director of Strategic Planning and Director of Primary Care both highlighted ongoing work to address the capital development requirements in General Practice and the prioritisation work associated with this. The Director of Primary Care confirmed that of the 116 GP practices within the Lothians, currently only three had closed lists and that assignments to practices had dropped to 30 per month over the past year. She indicated that, in contrast to the position within some other Boards, there was relative stability in General Practice within NHS Lothian.
- 36.10 The Board agreed to approve the ADP for 2024/25, which would now be prepared for publication via the Board website.

37. NHS Lothian Financial Position – June 2024

- 37.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position to June 2024.
- 37.2 There was currently overspend at Month 3 of £12.7M. This was an indicative figure, ahead of the formal Q1 position being finalised. The context for this position included a flat budget allocation for 2024/25 and significant additional in-year pressures from inflation and non-pay costs. Continuing areas of uncertainty included the outcome of pay negotiations for 2024/25 and an indication that new public spending controls would be imposed by the Scottish Government.
- 37.3 Members sought to understand if the current financial position was broadly as anticipated for this point in the year. The Director of Finance explained that, even with additional funding received in year, the current position was still around £10M adrift of target. Without this additional funding, the gap would have been closer to £40M. The Chair emphasised that it remained the Board's intention to achieve a balanced financial position for 2024/25.
- 37.4 Members asked whether ongoing efforts to achieve efficiency saving targets of 3% were proving successful across all business units. The Director of Finance reported that there was significant effort being dedicated to this and monitoring was undertaken via the Finance & Resources Committee. However, teams required space, time and support to achieve what was being asked of them. This was particularly the case as savings greater than 3% were now required to deliver financial balance.

- 37.5 It was reported that both senior managers and senior clinicians were closely engaged in national discussions with counterparts at other boards and with the Scottish Government. There was considered to be a risk of clinical disengagement, for example if other boards take a different approach to balancing financial performance against service delivery. Continued political support for the introduction of new medicines also presented a challenge when individual boards had to consider the relative value of new drugs against financial constraints. These issues continued to be raised by NHS Lothian in national fora.
- 37.6 Several board members expressed a need for a more cohesive view of the collective impact of the Board's financial decisions on service delivery and provision. It was acknowledged that decisions taken so far in 2024/25 (e.g., "pause and assess") to support financial balance had been wholly necessary. However, it was also felt necessary that the Board understand, as far as possible, if and when the risks associated with these decisions were materialising and to be aware of any unintended consequences or unexpected impacts on service delivery and performance. These impacts should be clearly presented and informed by discussion at the relevant standing committees of the Board, including Healthcare Governance Committee and Staff Governance Committee. It would be unacceptable to allow a permanent erosion of services to occur unknowingly and without a corresponding mitigation or a plan for service redesign/recovery.
- 37.7 The Chief Executive acknowledged the need to consider how the Board was kept informed on ongoing strategic risks and on the emerging performance and service delivery impacts of its decisions, beyond the current financial and access performance reporting arrangements. The Chair indicated that new approaches to performance and assurance reporting were being considered in response to the requirements of the NHS Scotland Blueprint for Good Governance. It was considered that this could help to present a more cohesive picture to the Board in relation to strategic risks and the impacts of the Board's decision-making. Proposals would be developed further through the Corporate Management Team and an update provided to the next Board Meeting.
- 37.8 The Board noted the financial position to the end of June 2024 which indicated a £12.7m overspend ahead of the formal Quarter 1 position being reported.

38. NHS Lothian Board Performance Report

- 38.1 The Deputy Chief Executive presented the Board Performance report, drawing the Board's attention to the changes in the report as part of a continued journey of development. It was hoped that over time the Board's Performance Report would evolve into a more integrated and system-wide view, framed by conversations around the Blueprint for Good Governance.
- 38.2 There was discussion on the implications of financial decision making, deteriorating waiting times and length of waits; and the Scottish Government's Support and Intervention Framework (noting that Lothian was not currently escalated at level 3 or above – where external support would be offered to Boards from Scottish Government).
- 38.3 The Deputy Chief Executive briefed further on Delayed Discharge performance following concerns expressed for NHS Scotland, by the First Minister earlier in the year. There was a weekly national meeting taking place chaired by the Cabinet Secretary, to monitor and discuss action on Delayed Discharge performance across 31 IJB areas. Each IJB was categorised as having either major, moderate or low issues. Edinburgh, West Lothian and Midlothian IJBs were all categorised as moderate and East Lothian IJB was low. The scale of reduction sought at a national level was significant. Achieving this target would be highly challenging in light of current demand and resource issues. Weekly monitoring continued.

- 38.4 There was further discussion on issues within urology; scheduled care and indicators where, even if performance was ahead of the national position, the Board would still expect improvements on the current level, i.e. 62-day cancer standard.
- 38.5 The Chief Officer for Acute Services outlined the issues within urology and the Board noted that a short-life working group had been established to review the whole urology diagnostics pathway, identify blockages and present suggestions to address these. The Board recognised that the blockages appeared to be in the earlier stage of the pathway as performance once a patient was listed for treatment was over 90%.
- 38.6 In terms of scheduled care performance the increase in waiting list trajectories and increasing referrals for urgent suspicion of cancer were recognised as potentially impacting long waits. There were measures, process and controls in place as well as the carrying out of impact assessments. It was noted that the number of people waiting over 104 weeks was expected to rise very significantly. This was a previously reported and anticipated impact of the “pause and assess” decisions taken by the Board, which were a necessary consequence of the current funding position. Nonetheless, all efforts would be made to improve on these projections, as far as was possible within the available resource.
- 38.7 The Director of Public Health addressed issues within smoking cessation (community pharmacy QUIT) performance, stating that management data was now showing a shift in performance over the last two quarters.
- 38.8 The Board noted the step change in work undertaken around performance noting the number of complex challenges now subject to more detailed interaction such as those within the Royal Infirmary of Edinburgh Emergency Department. The ongoing issues with CAMHS staffing were also acknowledged.
- 38.9 Based on the recommendations in the paper, the Board noted the implications of the performance matters described in the paper and noted the compliance against performance standards and KPI's.

39. Corporate Risk Register

- 39.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register and highlighted the number of risks that remained at the highest level of 25. It was accepted that a more dynamic approach to Board-level risk assessment was required to avoid all risks sitting at the highest grading and to more actively demonstrate where controls were leading to a reduction in risk severity to a more tolerable level.
- 39.2 Members queried whether the recent examples of civil unrest occurring in other parts of the UK had corresponded to any increase in incidences of violence and aggression against staff in NHS Lothian, particularly racially motivated incidents. The Employee Director reported that there were no known examples of this being the case.
- 39.2 The Board received the circulated paper, noting there had been no new items added or proposed changes to risk levels at this time.

40. Any Other Business

- 40.1 There was no other business.

41. Reflections on the Meeting

- 41.1 The Chair asked members to contact colleagues offline if they wished to discuss any items further.

42. Date of Next Board Meeting

- Thursday 10 October 2024

Signed by Chair
10 October 2024

Prof. John Connaghan
Chair – Lothian NHS Board