

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Thursday 10 October 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; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill (from 9.50am); Mr A. Cogan; Mr M. Connor; Ms V. de Souza; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Prof A. Khan; Mr P. Knight; Prof. L. Marson; and Cllr D. Milligan.

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 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 P. Togher (Chief Officer, Edinburgh IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Mr P. Allenby (Non-Executive Board Member); Mrs K. Kasper (Non-Executive Board Member); Ms K. Macdonald (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Mr J. Crombie (Deputy Chief Executive) and Ms M. Barrow (Chief Officer, Midlothian IJB).

43. Welcome & Declaration of Interests

- 43.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 43.2 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

44. Items proposed for Approval or Noting without further discussion

- 44.1 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.
- 44.2 Minutes of Previous Board Meeting held on 14 August 2024 – Minutes were approved.
- 44.3 Finance & Resources Committee Minutes – 05 June 2024 – Minutes were noted.
- 44.4 Healthcare Governance Committee Minutes – 23 July 2024 – Minutes were noted.
- 44.5 Audit & Risk Committee Minutes – 17 June 2024 – Minutes were noted.
- 44.6 West Lothian Integration Joint Board Minutes – 25 June 2024 – Minutes were noted.

- 44.7 East Lothian Integration Joint Board Minutes – 27 June 2024 – Minutes were noted.
- 44.8 Edinburgh Integration Joint Board Minutes – 17 June & 20 August 2024 – Minutes were noted.
- 44.9 Midlothian Integration Joint Board Minutes – 20 June 2024 – Minutes were noted.
- 44.10 Pharmacy Practices Committee Outcomes - Quarter 2 2024/25 – Report was noted.
- 44.11 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- The appointment of Dr Andrew Coull, Consultant Physician, Medicine of the Elderly, as, Non-Voting Member of the Edinburgh Integration Joint Board, with effect from 10 October 2024.
 - The removal of Kirsty MacDonald as a non-executive member of the Remuneration Committee.

ITEMS FOR DISCUSSION

45. Board Chair's Report – October 2024

45.1 The Chair highlighted the following:

- **NHS Lothian Annual Ministerial Review Feedback** - The Chair reported that he had undertaken a high-level presentation on structure, resilience, recovery, and renewal at the Public Annual Review session. The presentation had also outlined progress with the Lothian Strategic Development Framework and had acknowledged the resilience demonstrated by all staff throughout the Covid pandemic as well as the contributions made by leaders within the system.

Board members sought feedback from the Annual Review's Patient and Carers session. The Executive Nurse Director reflected that feedback provided by some patients and carers was critical of care provided and would be challenging to respond to, due to its historic nature given that events occurred some years previously. However, NHS Lothian would take the learning from these examples on board. In future reviews, the Board would work more closely with Healthcare Improvement Scotland (HIS) to ensure greater support for representatives and to better understand in advance the issues being presented. She confirmed that representatives who raised issues during the recent session were being contacted to arrange follow-up discussions.

The Chief Executive confirmed that the Corporate Management Team would consider lessons learned from the Annual Review, in order to improve future event planning. Board members' reflections would be sought to inform this exercise and a final brief report would be shared once available.

The Board noted the update and recognised that a formal report provided by the Scottish Government would be shared with members once it was available.

- **Board Development Session on Digital** – The Board noted that this session would be arranged for the afternoon of 4 December, following the Board meeting. A diary invite had been circulated with details of the programme to follow.

- **Chair's Appraisal** – The Chair highlighted that as part of his formal appraisal, some colleagues would be asked to complete a 360-feedback review. Invites would be issued to participants in due course.

46. Chief Executive's Report – October 2024

46.1 The Chief Executive introduced her report, highlighting the key items within this. She explained that the revised format of the report was intended to communicate to the Board any current challenges or emerging issues not otherwise on the agenda and to help frame its subsequent discussions.

46.2 The Board noted the Chief Executive's Report and discussed the following areas:

- **Celebrating Success Awards** – Members noted the necessity of hosting the 2024 event virtually but sought to understand if a return to face-to-face delivery was being considered for future events. The Director of Human Resources & Organisational Development explained that potential options to allow this to return to an in-person event were being explored but were subject to the ability to cover the additional costs, which had arisen because the event was treated by HMRC as an in-kind staff benefit. The Chair reflected on a recent visit to the NHS Lothian Transplant Unit, from which there had been a number of staff award nominations, and the fact that this was an annual event that staff clearly looked forward to.
- **Mental Welfare Commission Report – Melville Young People's Mental Health Unit** – Members sought and received reassurance that a response and action plan would be presented to the Healthcare Governance Committee later in October.
- **Agenda for Change** – The Board acknowledged the significant work that was ongoing within NHS Lothian to implement changes arising from the Reduced Working Week (RWW) and the Band 5/6 Nursing Review. It was noted that there were challenges in delivering the RWW without compromising the delivery of care, particularly in the current financial context and the due to the ongoing need to comply with safe staffing legislation. Members welcomed the insightful and important decision, arising from the efforts of the national trade unions, to arrange the smoothing of the back pay for the 2024/25 pay award for lower paid staff on universal credit.
- **Independent Investigation of the National Health Service in England (Lord Darzi Report)** – Members noted the key factor highlighted by Lord Darzi of a shortfall in historic capital spending and its impacts upon the NHS in England. It was noted that a paper on this item would be prepared for discussion at the next Strategy, Planning and Performance Committee meeting.
- **Blueprint for Good Governance – Board Assurance Framework** – The Chair reflected on recent conversations around this proposal and noted that a more detailed update would be presented to the Board in December.

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

47.1 The Healthcare Governance Committee (HGC) had received a Year-1 Progress Report of the Patient Experience Strategy in September. The original Strategy had been approved by the Board in April 2023.

- 47.2 The Finance and Resources Committee (FRC) had considered a business case in September, intended to address the significant fragility of the Regional Infectious Diseases Unit (RIDU). The Board noted the operational impacts of managing this risk, which included a reduced number of elderly patient beds in Ward 74. It was acknowledged that information on this impact had previously been circulated to the Board in the form of papers presented to the Edinburgh IJB.
- 47.3 The FRC had also discussed the ongoing fragility of the Hospital Sterilisation and Decontamination Unit (HSDU), which had both local and national impacts. This remained at the top of the Board's list of capital investment priorities but could not be addressed until capital funding was made available by the Scottish Government.
- 47.4 The Chair of the Staff Governance Committee (SGC) reported on an excellent Leadership event held by NHS Lothian at the end of September, with over 150 staff attending for the full day. Feedback from the event would be reported to the Staff Management and Experience Board.

48. NHS Lothian Winter Planning

- 48.1 The Director of Strategic Planning highlighted ongoing winter planning arrangements within NHS Lothian and provided an update on the Scottish Government's national Winter Preparedness Plan which had been published on 24 September.
- 48.2 The Board noted that further detail on winter planning would come to the Strategy, Planning and Performance Committee meeting in November before returning to the December Board meeting. The Director of Strategic Planning explained that previously the Board would have received the Scottish Government's questionnaire to complete and return prior to the national plan being published. However, as previously outlined to the Board, NHS Lothian had adopted a business continuity surge approach to planning as this was now a year-round approach, not just winter.
- 48.3 There was discussion on the Board's ability to cope with surges and the Chief Executive confirmed that although there had been discussion at the Corporate Management Team, there remained work to be done to move to a higher level of assurance around planning.
- 48.4 The Board recognised that a particular challenge for this year was the lack of beds to accommodate surges, with all beds being open all year round, as well as a lack of workforce availability, particularly in the social care side. There were further impacts due to the constraints on additional revenue and capital funding.
- 48.5 The Board sought to understand if the Scottish Government's decision to cease paid media and marketing and focus on digital-only campaigns might impact the ability to communicate sufficiently on winter planning. The Director of Communications confirmed that NHS Lothian had been informed of this decision and would be addressing any resulting gap by securing as much free editorial space as possible.
- 48.6 Members considered the importance of planning decisions by Integration Joint Boards (IJBs) and their impact on the wider system. The Chief Officer for East Lothian IJB explained that all IJBs were engaged in weekly Collaborative Response and Assurance Group (CRAG) meetings with the Scottish Government, where there was significant interrogation of the delayed discharge position. At a local level, bed capacity across all four IJBs was being continually monitored, with updates reported regularly to the Corporate Management Team (CMT).

48.7 The Board welcomed the collaborative winter planning approach being taken within Lothian and noted that the self-assessment checklist received from the Scottish Government would be completed and scrutinised via the Corporate Management Team. Thereafter, this would be circulated to members, for information.

49. Princess Alexandra Eye Pavilion Update

49.1 The Chief Executive introduced the report, acknowledging the leadership exercised by the Deputy Chief Executive in overseeing the significant resilience planning work, which was ongoing. She also acknowledged the work and leadership demonstrated by other senior management colleagues and the staff within the Princess Alexandra Eye Pavilion (PAEP) in responding to and managing the current incident.

49.2 The Board noted that, following an incident of burst and leaking water pipes in the PAEP, first reported to senior management on 11 September 2024, the need for urgent and extensive remedial works to the building had been identified. It had subsequently been confirmed that the building would need to be fully vacated and closed to allow these remedial works to be undertaken.

49.3 The PAEP would therefore close on 25 October 2024 to accommodate the remedial works required. The expected timeline for completion of the works was six months, including the recommissioning and reopening of the building. The Chief Executive made clear that the estimated timescale was based on the results of current surveys. This timescale also accommodated for the fact that the recommissioning process for buildings following remedial works was often challenging, particularly in the case of older buildings or those that had reached the end of their useful life. The timescale did not account for any additional issues that might be discovered once works began and more extensive investigations were conducted.

49.4 The Board noted that the currently estimated overall cost of this work was £3M, including the costs of decanting from the building and delivering the capital works required. This estimate would be refined as planning progressed and the costs of distributing services elsewhere within NHS Lothian became clearer. At this stage, the Board had received a commitment from the Scottish Government to fund both the capital and revenue costs of this work.

49.5 An extensive communications plan was underway and a number of discussions with key stakeholders, including relevant third sector organisations and MPs/MSPs, had already been held. The Chair would be writing to the Cabinet Secretary shortly to provide a full update and offer further assurance. Affected patients would be contacted and updated through a range of channels.

49.6 At present, there was a clear focus on maintaining the delivery of patient care within other parts of Lothian, as far as possible. The Chief Executive explained that mutual aid was being sought from other health boards, specifically for a period of two weeks at the start of the works and decant stage and for two weeks at the final recommissioning stage. Discussions were also being sought about potentially bringing forward NHS Lothian's allocation of future capacity for cataract operations from the Golden Jubilee Hospital.

49.7 The Chief Officer for Acute Services described the resilience planning process underway to ensure the optimal and safe provision of care for PAEP patients and to maintain a safe working environment for staff. Daily meetings were being held and key principles underpinning the planning process included the desire to maintain the cohesion of clinical teams and adhere to existing job plans. Work was beginning with the Digital Team to establish a critical path supporting appointment booking and access to patient records. Significant consideration was also being given to both staff and patient travel and transport impacts, accounting for revised outpatient and theatre schedules. Staff engagement was a core part

of the planning process, and detailed FAQs were being developed and updated on an ongoing basis. Engagement with third sector organisations was seen as essential, particularly to support communications with patients and public. A website hub had been established to host key information.

- 49.8 Members sought reassurance that communications were being prepared specifically for primary care colleagues and community optometrists. It was confirmed that work was in hand to communicate the situation to both. The NHS Lothian Area Clinical Forum had also recently discussed the works and the Lothian Area Optical Committee had been involved to ensure adequate clinical engagement.
- 49.9 Members also sought reassurance that the planned works would not create any additional environmental risks, such as from the disturbance of asbestos materials or the increased risk of legionella. It was confirmed that expert contractors were being used to ensure that any asbestos risk was managed, and that running water would be maintained throughout the works to mitigate any legionella risk. The Chief Executive stated that she was satisfied that there had been no increased environmental risks leading up to the identification of the current issues.
- 49.10 The Board noted the update provided.

50. NHS Lothian August 2024 Financial Position and Year End Forecast

- 50.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position as at August 2024 and gave an update on the Quarter 1 forecast outturn position.
- 50.2 The Director of Finance outlined the ongoing financial recovery plans, noting a current scheduled position of £51M against the £54M target.
- 50.3 The Board noted progress around efficiency and other workstreams such as asset sales and corporate controls. There had also been a recent choices workshop held to refocus the financial position for 2025/26, the outputs of the workshop would be taken back through the Corporate Management Team.
- 50.4 The Director of Finance explained that the intention for 2025/26 would be to start the year with a balanced financial plan and then flush out all the things that have to be done through engagement with the Board, Corporate Management Team, and Scottish Government. It was noted that some of this work would lead into an Authorising Environment. The Chair suggested that this new approach would benefit from further discussion at the Strategy Planning & Performance Committee.
- 50.5 Potential impacts from the October UK budget were also mentioned. The Director of Finance clarified that not much had been heard about this but the first conversation with Scottish Government was always around the ability to breakeven. There were positive ongoing conversations with UK government in terms of funding of pay awards and flexibility on capital.
- 50.6 The Board accepted the following recommendation within the paper:
- **Awareness** – Noted the financial position to the end of August 2024 reporting a year-to-date overspend of £15.1m.
 - **Awareness** – Noted the Quarter 1 Forecast projects a financial gap of £31.8m for 2024/25.
 - **Assurance** – Agreed and accepted that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2024/25, based on assumptions around additional funding.

51. NHS Lothian Board Performance Report

- 51.1 The Chief Executive presented the Board Performance report, drawing the Board's attention noting the ongoing challenges around emergent issues such as the eye pavilion and the impact this would have on performance.
- 51.2 The Chief Officer for Acute Services provided an update on the current performance position against national trajectories and Annual Delivery Plan commitments. There was discussion on the work around planned care managed through the Scheduled Care Delivery Board; Cancer performance (62-day pathway) and pressures within Urology. Work was ongoing with the Medical Director and other boards to address the issues around capacity. In relation to diagnostic tests the long waits within Endoscopy were noted and any impacts of this was being monitored.
- 51.3 The Chief Officer for Acute Services confirmed that the Emergency Department Standard Operating Procedure was now in its implementation phase following sign off in August 2024. There remained pressure across all sites, attendances were not significantly increased but there were many other variables that impacted performance, such as peaks in demand from patients attending requiring mental health services.
- 51.4 Engagement with clinical teams remained ongoing to ensure good clinical care for patients and the unscheduled care programme continued, looking at attendance avoidance, admission avoidance and outpatient length of stay. The Board noted that elements of the output from the outpatient redesign programme would be brought to a future Strategy Planning & Performance Committee.
- 51.5 There was discussion on any impact on additional nurses as part of the reduced working week. It was noted that there was no impact currently being seen. The Director of HR&OD confirmed that no hours were being reduced until the impact could be fully understood and at the moment staff effected were being paid a transitional allowance ahead of any reductions. The Board recognised that this was not a challenge unique to NHS Lothian.
- 51.6 The Chief Executive provided a short update around the Scottish Government direction of travel in relation to planning at both local and population level. The Board noted the establishment of a new group called the NHS Scotland Executive Leadership Group, which had held its first meeting. This group was co-chaired by the Director General and the Chair of the Board Chief Executives' Group. The intention of the group would be to have more effective national working into each Board to deliver services in the best way possible. There was a workshop scheduled for November 2024 where Board Chairs and Chief Executives in the east would consider future opportunities and any update would come back to the Strategy Planning & Performance Committee.
- 51.7 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.

52. Corporate Risk Register

- 52.1 The Executive Medical Director presented NHS Lothian's Corporate Risk Register and outlined the proposal to remove risk 3829 and a minor revision to risk 1076. The Board noted the internal risk process, and ongoing discussions within the Corporate Management Team around the estates and facilities operational risk which would be presented to the Board as appropriate.

52.2 The Board agreed the recommendations within the paper:

- To approve removal of **risk 3829 - Sustainability of Model of General Practice**. This position around this risk remained stable currently, but this would remain under monitoring through the HSCPs' risk registers and could be brought back in future should the situation change.
- To agree a minor revision to the descriptor for **risk 1076 – Healthcare Associated Infection (HAI)**, which now identified the causes of the risk more clearly. Further work was being undertaken to develop and strengthen the associated risk mitigation plan with a focus on embedding governance and assurance lines across the organisation. An internal audit on HAI governance and assurance was about to commence and would support this effort.

53. Any Other Business

53.1 There was no other business.

54. Reflections on the Meeting

54.1 The Chair noted the discussions in particular around finance and the eye pavilion. Members were asked to contact colleagues offline if they wished to discuss any items further.

55. Date of Next Board Meeting

- Wednesday 04 December 2024

Signed by Chair: Prof. John Connaghan Chair – Lothian NHS Board
04/12/2024