

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 05 February 2025 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); Mr P. Allenby; Cllr S. Akhtar; Mr E. Balfour; Mr J. Blazeby; Dr P. Cantley; Cllr H. Cartmill (from 10am); Mr A. Cogan; Mr M. Connor; Ms V. de Souza; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Mrs K. Kasper (until 11.30am); Prof A. Khan; Mr P. Knight; Ms K. Macdonald; Prof. L. Marson (from 10.40am); Ms T. A. Miller and Cllr D. Milligan.

Executive Board Members: Prof. C. Hiscox (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Nurse Director) and Ms D. Milne (Director of Public Health and Health Policy).

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. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care)(from 10.40am); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms M. Campbell (Director of Estates & Facilities); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Mr A. McCreddie (Deputy Director of Finance); Mr D. Thompson (Board Secretary) and Mr C. Graham (Corporate Governance Team Manager, minutes).

Apologies for Absence: Mr C. Marriott (Director of Finance) and Ms F. Wilson (Chief Officer, East Lothian IJB).

71. Welcome & Declaration of Interests

- 71.1 The Chair welcomed members, colleagues, and observers to the Board meeting.
- 71.2 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

72. Items proposed for Approval or Noting without further discussion

- 72.1 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.
- 72.2 Minutes of Previous Board Meeting held on 04 December 2024 – Minutes were approved.
- 72.3 Finance & Resources Committee Minutes – 23 October 2024 – Minutes were noted.
- 72.4 Healthcare Governance Committee Minutes – 19 November 2024 – Minutes were noted.
- 72.5 Staff Governance Committee Minutes – 30 October 2024 – Minutes were noted.

- 72.6 Midlothian Integration Joint Board Minutes – 19 September and 24 October 2024 – Minutes were noted.
- 72.7 Disposal of St Michael's Hospital, Linlithgow – The Board approved the St Michael's Hospital site being formally declared as surplus to requirements, based on the recommendation of the Finance and Resources Committee.
- 72.8 Health & Care (Staffing) (Scotland) Act 2019 – Quarter 3 Board Compliance Report – Report was noted. Ms de Souza confirmed that the report is also considered by Staff Governance Committee, but meeting timings had meant this report had not yet been reviewed. Ms de Souza and the Executive Nurse Director would consider how best to allow further Non-Executive Director discussion on the report. The Board agreed to accept Moderate Assurance on how NHS Lothian is meeting its legal duties under the 2019 Act, based on the Scottish Government's compliance scoring and its rating of "Reasonable Assurance" for NHS Lothian.
- 72.9 Pharmacy Practices Committee Outcomes – Quarter 3 2024/25 – Outcomes were noted.
- 72.10 Appointment of Members to Committees and Integration Joint Boards – The Board approved the reappointment of Martin Connor as co-chair to the Pharmacy Practices Committee until end of August 2025.

ITEMS FOR DISCUSSION

73. Board Chair's Report – December 2024

- 73.1 The Chair noted the passing of previous Board Chair, Mr Brian Houston. The Chair added that Mr Houston had been a trusted colleague and enormous source of good advice, always acting with integrity. The Board conveyed its condolences to Mr Houston's family.
- 73.2 The Chair highlighted the following:
- **Ms Janis Butler, Director of HR&OD** – The Board acknowledged that this would be Ms Butler's last Board meeting before retirement. The Chair wished Ms Butler all the best with her retirement and thanked her for being a sound source of advice to the Board over her long career. The Board congratulated Ms Butler on her retirement.
 - **Ms Kirsty Macdonald, Non-Executive Director** – The Board noted that Ms Macdonald would be standing down from the Board at the end of March. The Chair thanked Ms Macdonald for her contributions to the Board in her short time as a member.
 - **Board Recruitment** – The Chair updated the Board on the ongoing Non-Executive Director recruitment round. The process was currently halfway through and it was hoped to recruit two new members – one generalist and one with expertise in finance, audit and risk. The plan would be to announce the new appointments before the end of February but this was dependent on ministerial approval.
 - **First Minister Round Table Discussions 03/02/2025** – The Chair reported on discussions held with the First Minister that had focused on the immediate pressures facing the NHS, including de-pressuring hospitals and better system flow. There had also been discussion on the submission of Board's Annual Delivery Plans, the ambitions around elective waiting times, shifting to community based settings and embracing reform and digital innovation.

74. Chief Executive's Report – February 2025

74.1 The Chief Executive introduced her report, highlighting the key items within this and the following areas were discussed:

- **NHS Scotland Board Chief Executives / Executive Group** - The Chief Executive provided further insight to the group which was newly established on behalf of NHS Scotland to respond in relation to the current challenges being faced. The Group was co-chaired by a Board Chief Executive and the NHS Scotland Director General, there were 22 members sitting on the group.

The objective of the group was to influence in a collective way, work together as a country, recognising all Health Boards as their own legal entities and consider what things could be done collectively, providing services with parity. The group also discussed operational and system wide matters and was looking to tangibly change the understanding of the complexity of healthcare systems across Scotland. The Chief Executive was happy to share agendas and more detail with board members outside the meeting or bring more detail back to the next Board or SPCC if required. The intention of the Group was not to cut across existing governance arrangements but support these through greater collaboration.

- **Financial Planning for 2025/26** - The Board noted the positive financial planning session that had been held between the Corporate Management Team and members of the wider leadership team, to review and discuss the first stage proposals from each service intended to achieve the required level of financial savings in 2025/26. It was recognised that the output from the January session informed the development of the Board's Financial Plan and the Annual Delivery Plan for the next year, early drafts of which had now been provide to Scottish Government.
- **Developing our approach to transformation and innovation** - There was discussion on transformation, innovation and reform. The Chief Executive would arrange for the 'NHS Lothian Innovation & Transformation: Design and Implementation Approach' paper that had gone to Corporate Management Team on 28 January, to be part of future discussions at a Non-Executive Directors informal meeting.
- **Maternity Services** - The Chief Executive confirmed that the significant move of an additional 32 substantive posts into maternity services had been communicated back to the service. The Executive Nurse Director stated there were a number of midwives that were being invited to take up these new posts. The options around use of final year midwives were also being considered as had been done previously.
- **Veterans First Point Lothian (V1P)** - The Board noted the continued work with V1P users and providers. There was an ongoing focus on shaping the redesigned service and listening to feedback on what matters most to veterans and families.

There continued be meetings with Scottish Government to secure optimal funding for the future service. Feedback from service users and colleagues was being gathered and analysed to establish the key things that make a difference to veterans. This work would come through the appropriate governance route when ready.

- **Resilience Response – Storm Eowyn** - There was discussion around resilience processes and how the engagement had been with partners in dealing with the recent storm on Friday 24 January. The Chief Executive confirmed the level of communication from key partners had been appropriate. The Director of Public Health added that the

Lothian and Borders Resilience Partnership had been activated on Thursday 23 January and had met three times, this included a mop-up session on Saturday 25 January.

- **2025 New Year Honours for NHS Lothian Staff** - The Board welcomed the recognition in the 2025 New Year Honours List for Rakiya Sulieman, Equality & Diversity Adviser and for former NHS Lothian Chief Executive, Calum Campbell. Rakiya had been appointed an MBE for services to eliminating discrimination and advancing equality and good relations. Calum had been appointed an OBE for services to healthcare in Scotland.

74.2 The Board welcomed the format of the Chief Executive report and noted that there would be continued conversations on some of the topics discussed through the cycle of Board, SPCC and other governance committee meetings.

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

75.1 **Healthcare Governance Committee** – Mr Cogan highlighted the following items from discussions at the meeting held on 28 January:

- **Maternity** – A comprehensive report and update had been provided by Maternity Services with support from Executive Directors. The Committee had taken assurance from this work and a further update would come to the May 2025 meeting as part of the Women's Services Annual Report.
- **Mental Health REAS** – The annual assurance report had resulted in limited assurance and REAS colleagues had been asked to undertake additional work, in partnership with colleagues, and report back to the May 2025 meeting where the assurance level would be reviewed. The Committee would also review this in March as part of the annual reporting process.
- **Hospital Standardised Mortality Ratio (HSMR)** – The Committee had received a report that showed HSMR below 1 (0.98) for NHS Lothian for the period July 23 to June 24, reported in November 2024. The committee had thanked colleagues for the significant work undertaken over the past 12 months to review HSMR data & clinical processes following the identification of issues at RIE, which had been regularly reported. HSMR would return to routine reporting & review unless data showed otherwise.

76. Unscheduled Care Improvement Programme RIE

76.1 The Deputy Chief Executive introduced the report outlining the plans to improve Unscheduled Care (USC) performance, initially focused on the RIE, in partnership with Lothian IJBs, HSCPs and Local Authorities, after being successful in bidding for financial support from Scottish Government to support these initiatives.

76.2 The Deputy Chief Executive provided the context behind the improvement programme, noting factors such as population growth, demographics, demands on beds, increased need for care home beds, occupancy levels and delayed discharges.

76.3 The development of the improvement programme had been done through working as a whole system team, involving experts and clinicians. There had been a focus on infrastructure, and a shift of focus around change. It had been recognised that the brunt of pressures were around the maternity departments and wards with high occupancy levels, with a number of signals from the Emergency Department around the continued safety of the department. Reduction of overall hospital occupancy would enable the Emergency Department to function more optimally, increase the ability for patients treated there to be treated, normalised and discharged.

- 76.4 The Board noted the overall ambition of the improvement programme to roll out processes across the rest of the acute sites, Western General and St John's Hospitals, once positive outcomes had been demonstrated from phase one.
- 76.5 The Deputy Chief Executive confirmed that a Programme Board had been established to lead on this work. This was chaired by the Chief Officer for East Lothian and was meeting three times per week to develop a set of performance indicators, understand where impact had been demonstrated and allow agile movement as change develops.
- 76.7 There was discussion on the funding arrangements around the programme, noting the recurrent nature of the funding should improvement be demonstrated, the milestones involved, recognising the January 2025 milestone had been missed but it was hoped added resource would start to be seen by the end of February and trajectories would be recalibrated going into the 2025/26 financial year.
- 76.8 The Deputy Chief Executive added that this was not an isolated piece of work and was a key component of the Board's Lothian Strategic Development Framework (LSDF).
- 76.9 There was further discussion on the importance of staff, families, carers and third sector engagement, the change around use of beds, community and primary care involvement in the programme work, the sustainability of delivery for the programme, the short-life working group engagement between NHS, IJBs and other partners, the recognition that there were issues with some systems and the hope that demonstrating success of this work may encourage similar Scottish Government funding for other such initiatives.
- 76.10 The Employee Director made the point that whilst this work was the right thing to do and correct way forward, it did not immediately resolve issues with the Emergency Department. Staff there continued to deal with issues around overcrowding and stacking of ambulances and it was important to recognise the need for continued support of the staff until improvements are realised.
- 76.11 The Board also expanded discussion around the use of real-time data to drive work forward, lead time around modelling for Phase 2 of the improvement work and the measuring of system efficiency.
- 76.12 The Board acknowledged that there would be a lot of discussion on this work over the course of the next year and that it would be good to understand how previous improvement work would dovetail with this programme. There would be further updates to the Board, with more in-depth discussion through the Strategy, Planning and Performance Committee (SPPC).
- 76.13 The Chief Executive welcome the optimism around the improvement programme as presented and emphasised the importance of this Lothian wide system work and the provision of data with a continued focus on outcomes. This would be a transformation piece refocusing and rebalancing measures, which would allow the Board to make changes and test other work with colleagues, recognising this provides opportunity to step back and reflect when something may not work. The confidence of Scottish Government depends on the Board's ability to deliver this improvement programme and listening to partnership, colleagues and the patient experience was crucial. Colleagues were doing their absolute best to try and make the current system work, but the system was now not able to work in the way needed, so the system had to change.
- 76.14 The Board noted the successful bid for investment into the Lothian USC system and recognised the hard work of the Deputy Chief Executive and colleagues in achieving the financial support for the improvement programme. The Board noted the action plan developed in line with this investment and associated expected performance trajectories.

77. Director of Public Health Annual Report 2024

- 77.1 The Director of Public Health & Health Policy introduced the Annual Report for 2024, intended for future publication.
- 77.2 The Director of Public Health & Health Policy explained the move away from the traditional reporting of numbers and demographics towards a focus on activity. There was discussion on the report in particular improving of health outcomes and reducing inequalities, recognising the requirement for focus on prevention within the Lothian Health and Care System.
- 77.3 The Board considered that the Report built upon the previous reports received on Prevention activity in April 2024 and dovetailed well with recent discussions on innovation and transformation. There was further discussion on the public health realignment to focus on working in local partnership, early years work (pre-conception health) and priorities for action.
- 77.4 The Board discussed the importance of linking the work of Public Health with the decisions of Integration Joint Boards (IJBs) and to acknowledge the cost effectiveness and return on investment of prevention delivered through Primary Care. Demonstrating how this work connects to potential wider system reform and supporting the effective measurement of delivery and impact were critical.
- 77.5 The Chief Executive reminded the Board of the commitment made to reshape the overall integrated performance and governance framework, how to measure performance and focus on things the Board are held to account for. Prevention would be a key part of the Corporate Objectives for the year ahead. The Chair requested that, in any future iterations, population changes should be expressed in a similar form to the graph within the report and replicated out to 2040.
- 77.6 The Board welcomed the report and noted that the evidence relating to improving health outcomes and reducing inequalities requires a focus on prevention within the Lothian Health and Care System.

78. Princess Alexandra Eye Pavilion (PAEP) Update

- 78.1 The Deputy Chief Executive updated the Board on the current PAEP position. There were two elements to the update:
- Briefing on Capital Works - The Board noted that asbestos had been identified in unexpected areas and, following review by engineers, the programme had been extended by two weeks but it was still hoped to conclude the programme in April 2024.
 - Ongoing provision of Ophthalmology Services distributed across Lothian - The Board noted there had been some positive feedback from both patients and colleagues around the new locations of services, although there had naturally been disruption and impacts caused due to travel to both East and West Lothian to access services. There was evidence that disruption to patients had been minimised and the population within East Lothian had benefitted from not having to travel into the city, however there had been impact on activity in particular inpatient areas.
- 78.2 The Board welcomed the update and the Deputy Chief Executive confirmed that overall, the position remains positive and there was optimism around the April completion date and the migration of services back to PAEP. Further detail would come to the next SPPC meeting.

79. Mental Health Escalation

- 79.1 The Service Director for REAS updated the Board on the Child and Adolescent Mental Health Service (CAMHS) escalation position.
- 79.2 The Board noted that NHS Lothian had been informed in December 2024 that the Mental Health Director in Scottish Government had recommended that the Board should be escalated for CAMHS performance to Stage 3 of the NHS Scotland Support and Intervention Framework.
- 79.3 This position had been confirmed verbally on 28 January 2025 with the recommendation having been accepted by the National Planning and Performance Oversight Group, a sub-group of the Government's Health and Social Care Management Board. Formal written confirmation of this decision was currently awaited.
- 79.4 It was understood that the escalation decision had been based on NHS Lothian not meeting the national standard for CAMHS, which states that 90% of children & young people (CYP) should start treatment for their mental health within 18 weeks of referral.
- 79.5 The Board discussed the formal decision to escalate NHS Lothian, progressing to meeting the national standard, details of recent changes in the CAMHS workforce and financial resource, national benchmarking data on CAMHS performance and the immediate next steps agreed with Scottish Government officials on 28 January 2025. The Board noted the report detailed the recorded position at month end, December 2024.
- 79.6 The Chair stated that any escalation of this type was taken seriously and noted the development of a recovery plan in engagement with Scottish Government, that would be incorporated within the Board's Annual Delivery Plan for 2025/26.
- 79.7 The Chief Executive thanked the Service Director for REAS for the update and there was further discussion on referral rates, increasing activity and the alignment of data recording with other health boards. The Chief Executive assured the Board that this was one focus of the transformation work that would be taken forward, irrespective of escalation.
- 79.8 The Board noted the pending formal notification of this escalation decision and the background to current levels of CAMHS performance. The Board also noted that the relevant senior staff would continue to engage with Scottish Government officials on this matter to consider levels of support required to reduce waiting lists and to agree an appropriate recovery plan that would be reflected within the Board's 2025/26 Annual Delivery Plan (ADP).

80. NHS Lothian December 2024 Financial Position

- 80.1 The Deputy Director of Finance presented an update on NHS Lothian's financial position as at December 2024. He reminded members that the organisation had started the year with a 7% gap, equating to £140M.
- 80.2 The current financial position, at Month 9, reflected a £10M overspend, in line with expectations. The financial position was comprised of an operational overspend of £26.1m, offset by the release of corporate reserves flexibility of £16.1M.
- 80.3 Pressures remained within medical, dental, non-pay, GP prescribing and management of the reduced working week. However, the nurse agency position was improving. In relation to prescribing in general the Director of Finance highlighted that NHS Lothian was a relatively low-cost prescriber with a well-established efficiency programme. The Medical Director added that there was ongoing work with both Primary Care and Acute Services to monitor drugs of low clinical value and reduce or eliminate their prescribing as part of formulary compliance.

- 80.4 There was discussion of the Year End Forecast, which the Finance and Resources Committee had received an update on at its December meeting (based on Month 7 data). This had shown a projected overspend at the year-end of c.£23m.
- 80.5 The Committee had acknowledged this position and were content to receive limited assurance on delivering financial balance at that time. The Board noted that since then, further work had been progressed on the year end position following the Month 9 outturn and additional information subsequently received on in-year costs and allocations from the Scottish Government.
- 80.6 The Board noted the financial position to the end of December 2024, reporting a £10m overspend within NHS Lothian and noted that an updated financial forecast would be reported to Finance & Resources Committee on 12 February 2025.

81. Corporate Risk Register

- 81.1 The Board received NHS Lothian's Corporate Risk Register, reviewing the November and December 2024 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table within the report appendix.
- 81.2 The Executive Medical Director drew the Board's attention to the top five risks on the register which were all graded at the highest possible level of 25 (over the last three years). The challenge for individual executives and teams to consider was how to develop more nuanced plans around risk and mitigation, flexing the grading up and down as required. Otherwise, there was not the dynamism that was trying to be achieved within the risk register.
- 81.3 The Board noted the following:
- The Corporate Management Team (CMT) had approved the process for setting target risk scores.
 - Minor changes to risk descriptions #5186 - 4-hour emergency access target and #5185 - Access to treatment to remove references to Covid-19.
 - That CMT had reviewed the divisional High and Very High risks at their December meeting.
 - The overview of the changes in the CRR over the past two calendar years in Table 1.
 - That management actions agreed in the recent internal audit report of the Corporate Risk Register process had been implemented.

82. NHS Lothian Board Performance Report

- 82.1 The Deputy Chief Executive presented the Board Performance Report, noting a number of significant drivers that had been discussed earlier in the meeting, such as finance and workforce, and the impact these had on performance. The Board's attention was drawn to an error that had been presented within the Radiology figures in the December 2024 report and the appropriate corrections made.
- 82.2 The Board discussed the performance trajectories within scheduled care (outpatients and treatment time guarantee), the focus on reviewing and developing options for improvement in 2025/26, the Annual Delivery Plan (ADP) and the review of principles work being undertaken by the Chief Officer for Acute Services. The Board noted there was Scottish Government funding available to the Board for performance improvement to the March 2026 target. There would be further discussion on the ADP and revised principles at a future SPPC meeting.

82.3 Based on the recommendations in the paper, the Board noted both the implications of the performance matters described and NHS Lothian's current levels of compliance against national performance standards and KPIs.

83. Any Other Business

83.1 None.

84. Reflections on the Meeting

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

85. Date of Next Board Meeting

- Wednesday 23 April 2025

Signed by Chair - Prof. John Connaghan
16 April 2025