

DATA LABEL: PUBLIC



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS Lothian Board

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of Lothian NHS Board.

B. RECOMMENDATION

To note the terms of the minutes of Lothian NHS Board dated 6th October 2021 in the appendices to this report.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance.
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Working in partnership.
V Relevance to Single Outcome Agreement	We live longer, healthier lives.
VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	Regularly reported to Health & Care PDSP for noting.
VIII Other consultations	None required.

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of Lothian NHS Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept apprised of the activities of Lothian NHS Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments:	Appendix 1 Minutes of the meeting of NHS Lothian Board held on 6 th October 2021
Contact Person:	Alison White, Depute Chief Executive alison.white@westlothian.gov.uk
CMT Member:	Alison White, Depute Chief Executive
Date:	3 rd February 2022

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 06 October 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr M. Hill (Vice-Chair)(Chairing); Mr M. Connor; Dr P. Donald; Ms C. Hirst; Mr A. McCann; Mr P. Murray (from 9:45am); Mr W. McQueen; Dr R. Williams; Cllr J. McGinty; Mr J. Encombe; Prof. S. Chandran; Cllr S. Akhtar; Cllr G. Gordon and Mr E. Balfour

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Mrs S. Goldsmith (Director of Finance); Ms D. Milne (Director of Public Health and Health Policy) and Miss F. Ireland (Interim Executive Director, Nursing, Midwifery & AHPs).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Mr P. Lock (Director of Improvement); Mr C. Briggs (Director of Strategic Planning); Ms T. McKigen (REAS Services Director); Ms A. White (Chief Officer, West Lothian HSCP); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms J. Anderson (Unison Branch Secretary NHS Lothian); Ms J. Stonebridge, Consultant in Public Health (Item 63); Mr A. Payne (Head of Corporate Governance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Mr J. Connaghan; Cllr D. Milligan and Ms K. Kasper.

52. Declaration of Financial and Non-Financial Interest

- 52.1 The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no interests declared.

53. Chair's Introductory Comments

53.1 Mr Tom Waterson Condolences

- 53.1.1 The Chair advised that it was with sadness that he had to report the death of Mr Tom Waterson.
- 53.1.2 He commented that Mr Waterson had started working in the NHS in Lothian in 1989 as a Porter at the old RIE on Lauriston Place. Mr Waterson very quickly became a NUPE Shop Steward, going on to become the Branch Secretary of NUPE and held this position until the merger of COHSE, NUPE and NALGO into what we now know as UNISON. In 2005 the UNISON Lothian Health Branch was formed and Mr Waterson had been its only Branch Chair in all that time.

- 53.1.3 Mr Waterson had also held the position of Chair of the UNISON health committee (a pan-Scotland Role) since 2005 and in that time made a significant contribution across the NHS in Scotland, being instrumental in improving the position for lower paid staff by the removal of Agenda for Change band 1. Mr Waterson was a member of many tripartite committees and groups with employer's and government officials and had been a very prominent trade unionist and advocate for removing social injustice.
- 53.1.4 Mr Waterson had been very proud to be invited as a judge on the annual Daily Record Scottish Health Awards, where the UNISON Lothian Branch had sponsored the Team of the Year Award for many years.
- 53.1.5 Mr Waterson became Employee Director (and Non-executive Board member) in August 2020 and had been very well respected in that role, working closely with all trade unions and senior leaders across the organisation to improve staff and patient experience.
- 53.1.6 The Board expressed its condolences to Mr Waterson's family at this time.

53.2 Executive Director Nursing, Midwifery & AHP's

- 53.2.1 The Chair reported that Professor McMahon had now stepped down from the Board to become the Interim Chief Nursing Officer for NHS Scotland. This was a nine-month secondment from 4 October 2021 to 3 July 2022. The following individuals would become the Interim Director (and an executive Board member) for the following periods.
- Fiona Ireland – 4 October 2021 to 3 January 2022.
 - Gillian McAuley – 4 January 2022 to 3 April 2022.
 - Pat Wynne – 4 April 2022 – 3 July 2022
- 53.2.2 Miss Ireland was the Chair of the Area Clinical Forum and a non-executive member of the Board. Consequently, she will temporarily stand down as a non-executive while she is an executive Board member. Mr Eddie Balfour, vice-chair of the Area Clinical Forum, was therefore welcomed as non-executive Board member from 4 October 2021 to 3 January 2022.

Items for Approval

54. 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 matters to be moved out of this section. There had been no such requests.
- 54.1 Minutes of Previous Board Meeting held on 04 August 2021 – Minutes were approved.
- 54.2 Audit & Risk Committee Minutes – 21 June 2021 – Minutes were noted.
- 54.3 Healthcare Governance Committee Minutes – 27 July 2021 – Minutes were noted.
- 54.4 Finance & Resources Committee Minutes – 14 July 2021 – Minutes were noted.
- 54.5 Edinburgh Integration Joint Board Minutes – 22 June 2021 – Minutes were noted.
- 54.6 West Lothian Integration Joint Board Minutes – 29 June and 10 August 2021 – Minutes were noted.
- 54.7 Midlothian Integration Joint Board Minutes – 17 June 2021 – Minutes were noted.
- 54.8 East Lothian Integration Joint Board Minutes – 24 June 2021 – Minutes were noted.
- 54.9 Appointment of Members to Committees – The Board agreed to:
- Re-appoint Lorraine Cowan as the registered nurse non-voting member of East Lothian Integration Joint Board for the period from 5 December 2021 to 4 December 2024.
 - Appoint Linda Yule as the registered nurse non-voting member of West Lothian Integration Joint Board for the period from 6 October 2021 to 5 October 2024.
 - Nominate Jock Encombe as a voting member of West Lothian Integration Joint Board for the period from 1 December 2021 to 31 July 2022.
 - Appoint Katharina Kasper as a member of the Remuneration Committee with effect from 6 October 2021.
 - Appoint Angus McCann as the Chair of the Finance & Resources Committee with effect from 1 November 2021.
 - Appoint Dr Patricia Donald as the Chair of the Healthcare Governance Committee for the period 4 October 2021 to 3 January 2022.
- 54.10 NHS Lothian Board and Committee Dates Schedule 2022 - The Board approved the schedule of Board and committee meeting dates of 2022.

- 54.11 End Poverty Edinburgh (EPE) Annual Progress Report - The Board noted the update on the progress made across many of the EPC recommendations. The Board also noted that many of the actions relate to child poverty. The completed Edinburgh Local Child Poverty Action Report would be submitted for Board approval in the near future.

Items for Discussion

55. Board Chair's Report – October 2021

- 55.1 The Chair referenced the correspondence received last week from the Scottish Government, confirming that the NHS in Scotland would remain on emergency footing until 31 March 2022. Primary focus would remain on responding to current service pressures during the period ahead and not to expect to open any new programmes of work unless there were identified as priority. The necessary assurances would be provided to the Scottish Government and Ministers that NHS Lothian was responding to the current pressures and winter challenges ahead. The Board agenda this morning was testament to that focus.

56. Board Executive Team Report – October 2021

- 56.1 The Board noted the Board Executive Team report.

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

- 57.1 **Audit and Risk Committee** - Mr Connor delivered an update on two recent internal audit reports that have only achieved limited assurance, in relation to Estates and Consort Invoicing. These were being progressed with support from Audit and Risk Committee. There was an ongoing review of estates and work was underway to update structures with Consort and to recruit people with appropriate PFI and PPP contract management experience.
- 57.2 **Edinburgh Integration Joint Board (IJB)** - Mr McCann stated that the IJB had agreed to move forward with actions for the bed base review to develop the right types of bed in the right numbers due to current constraints in service and lack of intermediate care capacity. Mr Campbell supported the IJB strategic decision, but stressed that it was important to have details of the implementation plan confirmed before any capacity was taken out the system. The implementation plan, critical path and key milestones had been requested by the health board.
- 57.3 **Healthcare Governance Committee** - Miss Ireland reported from the September meeting. There had been two issues flagged to raise at to the Board's attention, these had been the Did Not Attend (DNA) Policy and the good news about the care planning functionality on the Trak system for adult services named the "Model Ward". There would be follow up analysis and a paper to Healthcare Governance committee from management, looking at the profile/characteristics of patients that do not attend appointments.

57.4 **Finance and Resources Committee** - The Chair reported on three items from the August and September meetings:

- The development of a project team and director appointment for the National Treatment Centre at St John's Hospital had been welcomed and it had been envisaged that this would now accelerate and progress planning and design in relation to the Centre.
- A report had been received on the Royal Infirmary of Edinburgh (RIE) Commercial Business Case and contract management resource. It had been noted that work was ongoing to ensure that the RIE continued to be fit for purpose and to continue to manage the remaining years of the contract in the best interest of the people of Lothian.
- There had been an update on the Scottish Hospital Inquiry and inquiry information requests. There had also been an extraordinary Finance and Resources Committee meeting on 29/09/2021 to approve the Board's response to request for information #2 and the narrative around request for information #1.

58. Lothian Strategic Development Framework

58.1 Mr Briggs introduced the report updating the Board on progress in developing the Lothian Strategic Development Framework (LSDF).

58.2 Mr Briggs outlined the process adopted for developing the LSDF and how the development of the Framework would look to answer the questions around improving population health through working with people and improving performance against an unstable baseline, through collaboration between NHS Lothian and the Integration Joint Boards. The Board noted the need to be conscious of the fact that the full impact of the pandemic was still to be known and this is why this was a framework rather than a detailed plan.

58.3 Mr Briggs explained that the framework was based on five key pillars – unscheduled care; scheduled care, primary care, mental health and children and young people. Relationships with NHS Lothian's partners were important as many of the plans would be for IJBs to direct NHS Lothian and local authorities to deliver. There was also the link to national work to consider and there would be cross cutting areas across all five pillars e.g. cancer.

58.4 The work around NHS Lothian becoming an anchor institution was also part of the LSDF and there were headline priorities that needed to be made more explicit to partners and the public such as becoming an increasing digital organisation.

58.5 Workforce constraints also had to be considered. As discussed at the Planning, Performance and Delivery Committee in September, there were issues around the demographic challenge and an ageing population which means there were not enough young people joining the workforce, which had impacts in nursing and care roles locally and nationally.

- 58.6 Mr Briggs confirmed that there would be a twenty page Strategic Framework ready for further discussion at the Board Strategic Away Day on 27/10/2021 and that the Royal Society for Arts, Manufactures and Commerce (RSA) were working with NHS Lothian to put together a representative group of citizens to work with us to design a formal consultation
- 58.7 Mr McQueen asked about workforce and concerns in many areas nationally that there may not be sufficient workforce. Mr Briggs confirmed that workforce issues would be part of the consultation stage of the framework and that nationally he was chairing the Directors of Strategic Planning Group and it was clear that NHS Lothian were ahead of the curve in grappling with many of these challenges. There had been a lot of work by thought leaders in this area, looking at opportunities such as the ability of technology to extend working lives and understanding what alternative workforces are out there, including use of the third and independent sectors.
- 58.8 Mrs Butler added that the workforce issues were well understood both locally and nationally and work at all levels was ongoing. Opportunities at both ends of the spectrum were being considered such as Retire and Return and Early Careers Programmes (Earn, Learn, Progress). The national health care academy had also stood up training programmes as part of a once for Scotland approach.
- 58.9 Dr Donald asked about the more effective use of volunteers. Mr Briggs commented that volunteering would be aligned to the framework as part of what NHS Lothian did going forward , whilst recognising that volunteer skills were not a direct replacement for nursing for example.
- 58.10 Miss Ireland added that the Edinburgh and Lothians Health Foundation volunteering programme and strategy were due to be reviewed for 2023 to 2028 and that service areas were now actively identifying help they required from volunteers, but again this was not a replacement for substantive posts.
- 58.11 Mr McCann and Dr Williams both made comment about the importance of communication and articulating to public and patients the changes of how services will be delivered in future. Miss Gillies added that there would be an area of sensitive language around communication. Most people are able to understand benefits when they are more abstract but when these become more personal there can be a reverting to previous ways doing things.
- 58.12 Mr Briggs stated that there would also have to be influencing of national communications to avoid messages in different directions and that there were no better advocates to demonstrate change than our own staff. Mr Briggs referred to a recent [BBC Scotland news article involving Penicuik Medical Practice](#).
- 58.13 The Board agreed to the recommendations in the report, to
- Note the outline of the process to date;
 - Note the headline proposals for change;
 - Agree the process for further development of the consultation draft.

59. NHS Lothian Board Performance Paper

- 59.1 Mr Crombie introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans. The detail in the report was to end of August 2021.
- 59.2 The Board noted that following the recent Active Governance Session for Board Members a revised presentation of data was being developed for the December Board Meeting, this would include the recommended format and run charts.
- 59.3 Mr Crombie reiterated that the NHS in Scotland remains on an emergency footing and that NHS Lothian's Gold Command structure was in place providing the highest level of oversight and reviewing the whole system position twice per week. The multiagency Gold Command had also been triggered and there were daily conversations between Mr Campbell and members of the Scottish Government.
- 59.4 It was important to note that in terms of data and indicators, front door attendances were now at a level which exceeded pre-Covid winter activity and we were not yet in winter. The spectre of Covid remained, having a very real impact on capacity across the system, in primary care, emergency departments, inpatients and in the rehabilitation and care environments.
- 59.5 Mr McQueen asked about fixed term posts in Psychology Therapies and CAMHS not being attractive to potential applicants and the balance between numbers of fixed term and permanent posts. Ms Mckigen clarified that both fixed term and permanent posts were being continually recruited and the majority of posts were now permanent with NHS Lothian deciding to advertise on a recurring basis, in order to improve the prospects of recruitment.
- 59.6 Mr Murray commented that the ability to achieve sustainable performance improvement may require operating outside normal parameters such as with the Covid additional powers.
- 59.7 Mr Campbell responded that national group conversations had been around increased public awareness in relation to health and social care need. Lots of people think Covid has peaked and is coming down but the winter impact, Flu, RSV, Flu and Covid vaccination programmes and continued requirements to isolate will have a massive impact on demand and on securing the workforce to cope with this. Increased communication was required to reinforce messages that if people need to come to us then fine, but if they don't need to come, then to try and use another means to get the care required.

- 59.8 Mr McCann asked about unscheduled care and the redesign of the urgent care programme. Mr Crombie confirmed that there was a varying impact being seen from the redesign. This was early days in the development of the programme but there was a continued focus on efforts around messaging and signposting, concentrating more on awareness of alternative options and how to support individuals as well as reducing demand on acute services.
- 59.9 Mr Campbell added that the challenge with redesign of urgent care was the ability of NHS24 to handle calls quickly and this could be frustrating for the public. Nationally, clearer redirection from A&E was being looked at. There needed to be a more assertive approach to people coming to the wrong door, in order to try and drive a change in culture.
- 59.10 Mrs Goldsmith emphasised that in terms of performance there remained an underlying capacity gap in the core finance position. The Chair added that this was important to keep in mind, but it should not be seen as finance putting a stranglehold on achieving performance. It was recognised this was a difficult situation to report.
- 59.11 Mr Crombie highlighted that whilst it was easy to get lost in the numbers and detail of the challenges in the report, it should be recognised that Lothian teams across health and social care continue with outstanding efforts and dedication in these challenging times. The Board commended this statement and passed on thanks to all staff for their continued efforts in challenging times.
- 59.12 The Board agreed the recommendations in the report:
- The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
 - The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
 - The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
 - To note the PPDC draft work plan is due to commence to further enhance coordinated and aligned performance reporting across the system.
 - If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

60. CAMHS Improvement Recovery and Renewal Plan

- 60.1 Ms McKigen provided a briefing on key context and progress in relation to improving performance against the CAMHS LDP Access Standard and the associated programme of work and key improvement actions to strengthen the clinical governance and improve the effectiveness of services.

- 60.2 Ms McKigen reported that CAMHS currently remained on escalation for not meeting the CAMHS Standard. A Recovery Plan had been submitted to Scottish Government in July 2021 and this had now been accepted and was moving to the implementation stage. Key factors within the Recovery Plan included an increase in workforce, redesign of individuals working roles and introducing a full CAPA (Choice and Partnership Approach) clinical system model. These changes would take between 6 and 12 months to fully implement.
- 60.3 The Board noted that the roll out would start with the North and South Edinburgh CAMHS teams as these had the largest referral numbers. It was expected that an improvement in North Edinburgh would be seen later in October and in South Edinburgh from November. The roll out would then move to East and West Edinburgh teams.
- 60.4 Ms McKigen added that there would be a 24/7 unscheduled care service introduced once all staff had been recruited. It was hoped this would take pressure off A&E, particular out of hours at St John's Hospital and also prevent some onward referrals. There would also be investment in Tier 2 services and work on single points of contact for primary care to redirect Tier 3 and Tier 4 services where historically all referrals had been.
- 60.5 Supervision and support would be required to implement all these changes and there was support from organisational development. Most posts were now permanent, having reviewed turnover. There was minimal risk even if funding from Scottish Government were to be non-recurring.
- 60.6 Mr Murray asked about effective signposting to alternatives and what could be done to help with this. Ms McKigen stated that a communication strategy would be part of the recovery plan work with members of the public and young people. Third sector organisations were now also coming back on stream following the pandemic and there would be an increase in direct funding from the Scottish Government to support the work of Tier 2 services.
- 60.7 Dr Williams asked about children and young people who are referred internally for a specific treatment/intervention but would not now be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.
- 60.8 Ms McKigen explained that these people were already in the service for PT or nursing intervention, internal referral to dietician for example. They would normally be on a waiting list for CAMHS with a standard support full package of care so would not now be added onto another waiting list to add to their journey.

- 60.9 Dr Williams then asked about the reporting and monitoring of patient outcomes. Ms Mckigen confirmed that there was national benchmarking against outcomes and a national specification that is reported against in terms of outcomes, deliverables, and patient satisfaction. CAPA had been welcomed by patients and families along with a high use of Near Me which patient surveys had indicated was preferred in certain circumstances. The Chair suggested that Healthcare Governance Committee would be the appropriate place to scrutinise quality outcome issues. Ms Mckigen would take this forward for CAMHS and Psychological Therapies.
- 60.10 Mr McCann asked about recruitment of staff and whether this was new recruitment or moves from other areas in Lothian or Scotland. Ms Mckigen confirmed that there was a mixture of some Lothian or Scotland staff as part of development opportunities along with recruitment of new psychology staff from England.
- 60.11 Mr McQueen asked about impact on inequalities and long waits for treatment. Ms Mckigen stated that inequalities in long waits had not been looked at specifically but this work would start once a more stable position for CAMHS and PT had been achieved. Schools did have a direct link for advice as did General Practice. Cllr Akhtar added that it would be helpful to see the impact of different interventions as a standalone paper. Ms Mckigen would bring back appropriate updates to the Board.
- 60.12 The Board accepted the recommendations in the report, to:
- Acknowledge the levels of improvement to date and continuing progress in relation to key trajectories and performance against the CAMHS LDP Access Standard.
 - Note that the Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.
 - Note the strategic aims of the NHS Lothian CAMHS Recovery and Renewal Plan align with the Boards CAMHS 2021 Project.
 - Endorse the NHS Lothian CAMHS revised waiting list trajectory and the assumptions made therein.
 - Note that in future those children and young people who are referred internally for a specific treatment/intervention will not be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.
 - Endorse and accept the requirements for recurrent funding to ensure that the additional 23 WTE required to clear the core mental health waiting list can be recruited on a permanent basis.
 - Note the associated investments secured from the Mental Health Recovery and Renewal Fund that will be applied against the delivery of the National CAMHS Service Specification and Transition Care Planning standards for children, young people, and families in Lothian.
 - Note the key risks around urgent referrals.

61. Psychological Therapies Performance Report and Recovery plan

- 61.1 Ms McKigen described the performance of psychological therapies (PT) against the LDP Access Standard and outlined the associated initiatives to strengthen clinical governance, improve the effectiveness of services and updated on progress with the current recruitment plan.
- 61.2 The Board noted that the PT position was similar to CAMHS in terms of escalation and working with the Scottish Government on the recovery plan. The plan put in place had been agreed with Scottish Government, NHS Lothian Corporate Management Team and the Health and Social Care Partnerships' Chief Officers as PT was a delegated service.
- 61.3 In terms of trajectory there was an overall reduction in numbers and people waiting over 18 weeks although there were still some people waiting a very long time. This included people who had been offered Near Me consultations but were holding out for face to face appointments. The Board noted that July 2021 had seen a slight shift off trajectory due to increased demand from East Lothian and this was being monitored.
- 61.4 Ms McKigen added that work with teams to introduce sustained, monitored job plans was ongoing and there was Organisation Development support again to support this. The tables in the paper detailed the position against the trajectory, also including an increasing availability of group work face to face and an increased number of people a clinician would see in a month, but this was not yet to the benchmarked level.
- 61.5 The Chair asked about additional funding requested from the Scottish Government. Ms McKigen confirmed that funding was in place for this year but this was not yet recurring and would be picked up in discussions with the Head of Performance at the Scottish Government.
- 61.6 Cllr Akhtar asked about expected demand and any increase in demand levels. Ms McKigen stated that apart from the small increase last month in East Lothian, an increase in demand had not been seen. When planning the trajectory the impact of Covid had not been known so the approach had been to go with a reasonable demand level for the recovery plan.
- 61.7 Mr McCann asked about the implementation of a digital platform for group work, such as MS Teams or Near Me. Ms McKigen clarified that there would be a pilot around this which NHS Lothian has requested to be part of but at the moment the issues around a digital platform for group work were not resolved.
- 61.8 The Board agreed the recommendations in the report:
- To recognise the steady improvement with the reduction of the total number of patients waiting in total and over 18 weeks for psychological therapy in Adult Mental Health Services with increased accountability and performance management; the overall performance is on track with the trajectory.

- To note the reduction in planned capacity offered in July associated with the change of service model in Edinburgh to Thrive, which has happened earlier than expected, as well as higher than expected demand levels in East Lothian and a coding TRAK error in West Lothian. While this caused a slight variation to the numbers expected to be waiting for psychological treatment, the performance over August is bringing the trajectory back on track.
- To support the TRAK work required to allow services to make use of Patient Focused Booking (PFB), with scheduled activity for taking on new patients, associated patient allocation and booking systems. A manualised version of PFB is currently in place.
- To note the recruitment in place for staff being offered fixed term contracts as part of the waiting list initiative; there remains a gap in recruitment of experienced applied psychologists to Band 8A fixed term posts.

62. August 2021 Financial Position

- 62.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 5 for NHS Lothian. The paper set out the financial impact from Covid-19 in the first five months and provided an update on the main core pressures in year.
- 62.2 The Board discussed the CAMHS and PT financial position, the Board's Core and Covid positions; additional funding to support primary care around covid booster and flu vaccination programme; NRAC funding and assumptions around Scottish Government funding. Mr Crombie highlighted the importance of attracting revenue and capital funding to support services such as the new National Treatment Centre coming to St John's Hospital. The success of the Board around the Scottish Government supporting the full business case for the re-provision of the Eye Pavilion were also to be commended.
- 62.3 There was also discussion on acute drugs spend; new drugs funding source and the introduction of electronic prescribing. The Board asked Mrs Goldsmith to provide a detailed report to the Finance and Resources Committee so better understanding of systems could be obtained.
- 62.4 The Board accepted the recommendations in the report and that, based on information available at this stage and assumptions around additional funding, NHS Lothian continues to provide limited assurance on its ability to deliver a breakeven position in 2021/22.

63. Drug Related Deaths

- 63.1 Ms Milne invited Ms Stonebridge to outline the report on drug related deaths (DRD) across Lothian. Information on current rates and trends was provided, the national and local priorities were summarised and current and proposed future actions were set out. The Board noted that DRD was a highly topical area and a key public health issue, with DRD often masking greater harm in society.

- 63.2 Ms Stonebridge explained that the 2020 data showed a similar position to 2019. The NHS Lothian position against the overall Scotland picture showed an increase which was not at the level of other health boards. However numbers were still high and there was a lot happening across the system in Lothian to address the increase, including great partnership working with the third sector and those with lived experience. There was a strong performance in relation to the medication assisted treatments standards and good benchmarking. Greater detail was provided through reporting to the Healthcare Governance Committee.
- 63.3 The Board noted there was a strong governance structure in NHS Lothian with the Pan Lothian Drug Harm Oversight group having a link to the Health and Social Care Partnerships, as well as links with children's partnerships and child poverty action groups.
- 63.4 The Chair recognised the amount of work in the area of DRD and asked whether there was enough visibility of DRD issues at Integration Joint Boards, with these Board being responsible for the strategic planning of services in this area. Ms Stonebridge confirmed that the perception from the Drug Harm Oversight Group was that there was excellent engagement and that the Edinburgh IJB Chief Officer chaired the executive Drug, Alcohol, Upstream Prevention group.
- 63.5 There was discussion on workforce demand and issues with buildings from where services were delivered. Ms Stonebridge stated that the buildings issue was an area where estates can help further. Current provision is not sufficient to allow expansion or development of services. This is a very important agenda and a conversation on how estates can help to support this would be welcomed.
- 63.6 The Board agreed the recommendations in the report:
- Clinical service delivery - The greatest area of risk for achieving the Medication Assisted Treatment (MAT) standards by April 2022 is associated with clinical treatment. The Board should request a more detailed report providing an assessment of these issues to be considered, in the first instance, by the Healthcare Governance Committee. There are specific concerns in relation to workforce capacity (development and retention), access to suitable buildings from which to deliver specialist services and appropriate therapies for the most vulnerable which must be trauma informed.
 - Data flows and health intelligence - The Board should continue to support health intelligence dedicated to enhancing a partnership approach to consistent data gathering, information governance and timely follow-up for all non-fatal overdoses (NFO's) (including those who are homeless and registered with the Access Practice) and frequent attenders at A&E.
 - Governance and oversight - It is recommended a twice yearly update on DRD reporting and associated work be presented either to the Board or delegated committee. The Board also recommended that a report be taken to each of the four Integration Joint Boards for visibility of the issues.
 - Early intervention and prevention - It is recommended that the Board support capacity building amongst NHS Lothian staff to reduce the stigma

and improve understanding of problematic drug use and associated behaviours. This could consider the updating and extension of mandatory training modules for staff on how to respond to an overdose and the use of naloxone.

64. NHS Lothian as an Anchor Organisation

- 64.1 Ms Milne updated on progress toward developing the Board's corporate objective to developing its Anchor Institution status. The Board noted that this work supported action to address inequalities and working with partners gave opportunities to make a difference.
- 64.2 Ms Milne reported that she was chairing the anchors programme board and there had been enthusiastic and positive discussions with people seeing the potential impact small changes can make. There had also been a lot of work as an employer around living wage accreditation; partner conversations around housing supply and improving affordable housing. There would be further work with capital, estates and engagement with private sector partners to look at further reducing inequalities and improving outcomes.
- 64.3 The Board noted that evidence from the Edinburgh and Lothians Health Foundation and Kings Fund show a need to be ambitious with this work and to look for the biggest impact that can be made. Ms Milne planned to bring more concrete recommendations around actions to take back to a future Board meeting.
- 64.4 The Board agreed that it had been briefed on progress towards developing its role as an Anchor Institution as part of its work on pandemic remobilisation and tackling inequalities. The governance arrangements for this work through the Corporate Management Team and Planning, Performance and Development Committee were noted.

65. National Whistleblowing Standards - Quarter 1 Performance Report

- 65.1 Ms Butler provided the Board with details of the first quarterly report produced under the National Whistleblowing Standards. The Board noted that the Standards had been launched on 01/04/2021 and they were for use by anyone employed in health services. There was a two stage process and if staff remained unsatisfied, they had the right to go to the independent national whistleblowing officer.
- 65.2 NHS Lothian had developed its infrastructure to support the Standards and progress the implementation. Work also continued with Primary Care Contractors used by NHS Lothian, but this process was slower. Governance arrangements were through the Board's Staff Governance Committee and cases coming through were also being monitored. There had been six cases under the new standards, four were closed in the quarter and two carried over due to the complexity of the cases. NHS Lothian had flagged an issue to SPSO and Scottish Government early on that it would not always be possible to close out cases at stage 2 in 20 days. Communication with the whistleblower was key in this and these mechanisms had been effective in

Lothian.

- 65.3 The Board noted the work to date on the roll out of the Whistleblowing Standards across all staff and contractor groups; Noted that further work was required and the continued need to promote and publicise the Standards; Noted the content of the attached Quarter 1 Performance Report and Noted that from Quarter 3 onwards Performance Reports would include figures from Primary Care Contractors.

66. Regional Health Protection Service

- 66.1 Ms Milne outlined the report recommending that the Board supports the strategic direction proposed for Health Protection services in the East Region. The Board noted that there had been a lot of discussion around this and the experiences of Boards working together during the pandemic had emphasised the importance and value of such linkages.
- 66.2 Ms Milne explained that the timescale was for the new model of service delivery to be agreed by December 2021 with the new integrated function starting from April 2022. The bulk of services was ready for this and teams in each of the Board areas had been informed and consulted.
- 66.3 There was discussion on staffing and IT interoperability. Ms Milne confirmed that work on governance arrangements was ongoing but learning was being taken from other regional services as to how to manage and host these. There would be a need for fewer employees but Health Protection was an area that had not been particularly well resourced prior to the pandemic and there were a number of people who had indicated they would retire in the next 12 months, so no-one was expected to be adversely affected. There had been appropriate HROD consultation with staff and partnership had also been involved.
- 66.4 In relation to IT, Health Protection use the same clinical management system in all Boards and it was hoped this could be adapted to manage this new service. Miss Gillies added that there was already a clinical viewer system in place between Lothian, Fife and Borders that could be extended to Forth Valley. Ms Milne stated the important thing was to identify any issues and have the IT system working properly from day one.
- 66.5 The Board accepted the recommendation in the report that NHS Lothian, Fife, Forth Valley and Borders would work towards implementation of a regional model for Health Protection services which would deliver a resilient, sustainable regional service that maximised the skills of the workforce, reduced duplication and made provision for surge capacity and mutual aid should it be required.

67. Winter Plan (This item was taken together with Item 68.)

- 67.1 Mr Briggs briefed the Board on the actions being taken to plan and prepare for winter. The Board noted that there had been an in-depth session on Winter Planning and RMP4 held on 04/10/2021.

- 67.2 The paper outlined the fragile position and challenges likely to be seen this coming Winter and included a checklist for the Board to use against best practice. The paper also included the individual plans that services would be putting in place to support the Winter Plan. The Board noted that as part of the leadership support, Gold Command and Regional Resilience Partnership structures were already place.
- 67.3 Mr Briggs added that, while there was no one thing alone that would make the huge difference for NHS Lothian, the measures recently announced by the Cabinet Secretary would help stabilise the care sector. This would not be quick, but this was the right direction and welcomed.
- 67.4 The Board recognised that the winter position would be a challenging one and it was important to remain conscious that each of the performance numbers represented an individual having a sub optimal experience.
- 67.5 Mr Murray asked why winter was treated differently to any other part of the year as the challenges were well known. Could staff not be brought in on the long term knowing there would be available funding later in the year. The Chair commented that the winter situation would be exacerbated this year with the pandemic recovery. Mr Campbell stated that there was a Winter Plan as there was an activity spike around adverse weather and that pandemic recovery required recurring investment not just staff for winter. Mrs Goldsmith made the point that there was a financial plan for winter each year, with agreement on how to use finding and this could be tailored in line with intelligence.
- 67.6 Dr Williams pointed out that in winter there was normally a peak in demand and a trough in capacity, however over the past two years there had been long term demand and capacity issues. The term Winter Plan may be misleading and it was not clear after winter if there was a confidence of returning to 'normal'. There would be the need for action plans to mitigate risks. Mr Briggs accepted this point and added that this winter more people would be going out as pre-pandemic and this would mean having to deal with other diseases (colds, flu, norovirus, RSV) as well as Covid. One of the most challenging things for the Lothian Strategic Development Framework was not knowing when 'normal' would return.
- 67.7 Mr Campbell clarified that although reassurance could be taken that it was believed that there was a robust plan in place that would be monitored closely, only limited assurance could be taken at this stage as the additional demand part was unknown and that this would be the most challenged Winter the NHS had known.
- 67.8 Mr McCann asked about other challenges through winter such as the ability to meet surge capacity and if there was any expected services affected by the COP26 event in November. Mr Campbell confirmed that he had met with Police, Fire, Directors of Public Health and Local Authority Chief Executives to discuss COP26. It was hoped that this would go smoothly but there was awareness of significant lobbies who may undertake protest, blocking roads

etc. This introduced additional pressure into the system at a time where there was little spare capacity to cope.

67.9 The Chair stated that there was a huge amount of work and analysis behind the winter planning and this was a testament to whole system working. The Board agreed to the recommendations in the report, to:

- Note the context the Lothian system is working within;
- Note the actions already underway to mitigate system pressures;
- Note the additional actions planned for the winter period;
- Note that the actions will be updated constantly through the winter period;
- Agree that the Board can only take limited assurance that the system will be able to respond to additional pressures during the winter period.

68. Remobilisation Plan 4

68.1 Mr Briggs outlined the report recommending that the Board note progress in developing Remobilisation Plan 4 (RMP4), covering the period 1st October 2021 to 31st March 2022. The paper clarified the discussion with the Scottish Government and the Board noted that the draft RMP4 had been sent to Scottish Government on 30/09/2021.

68.2 Mr Briggs explained that discussions on RMP4 were expected to continue in October/November with a view to finalising this in November and bringing RMP4 back to the Board on 01/12/2021.

68.3 The Board agreed to the recommendations in the report, to:

- Note the purpose of RMP4;
- Note that an accompanying paper to this Board meeting outlines the winter planning actions that form a key underpinning for RMP4;
- Note the discussions with Board members informing RMP4;
- Note that a draft version of RMP4 is under discussion with the Scottish Government;
- Agree that the final version of RMP4 should be brought to the December meeting of the Board for final agreement and to facilitate publication on the Board's website.

69. National Care Service Consultation

69.1 Mr Briggs introduced the report informing the Board of the current Scottish Government consultation on the proposal for a National Care Service, and to agree the process to prepare an organisational response to the consultation.

69.2 The Board noted that there would be more detailed discussion on this topic at the Board strategy away day on 27/10/2021. The closing date for consultation responses was 02/11/2021. Mr Briggs would be working with the Chair, Mr Campbell and Mr Payne to pull together the response process for NHS Lothian.

- 69.3 The Board agreed the recommendations in the report, to:
- Note the parameters of the consultation;
 - Note the high level summary of proposals;
 - Note the issues flagged in internal analysis;
 - Agree the process for concluding a response on behalf of NHS Lothian

70. Corporate Risk Register

- 70.1 Miss Gillies outlined the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 70.2 Miss Gillies reported that the final stages of the process to review risk management and make this more dynamic were almost complete with plans to mitigate every risk to the Corporate Management Team. Risk had now been regraded where appropriate or reworded to make risks clearer, the risk around general practice being an example of this. The Board also noted that moving forward there would be more explicit links to risks on the Corporate Risk Register coming through in governance committee papers. These would also signal a clearer link to mitigation plans, level of proposed assurance and an agreed link to progress plans already in place. This approach would make the Corporate Risk Register and actions around it more central and dynamic going forward.
- 70.3 The Board accepted the recommendations in the paper acknowledging that these followed on from Corporate Management Team discussions on the risk register:
- The reviewed and retitled Sustainability of the Model of General Practice risk remains on the Corporate Risk Register, plus associated gradings and adequacy of control.
 - The reviewed Violence & Aggression risk remains under review on the Corporate Risk Register pending the findings of the planned Internal Audit report.
 - The Bed Capacity in Acute Mental Health risk be downgraded to moderate and be removed from the Corporate Risk Register.
 - The Complaints risk be downgraded to moderate.
 - The Care Home risk be downgraded to moderate.

71. Any Other Business

- 71.1 None.

72. Reflections on the Meeting

- 72.1 The Chair thanked colleagues for the questions asked and participation in discussions. The Board noted that there were some items to be referred to Committees:

➤ Healthcare Governance Committee

- CAMHS and Quality of Outcome Reporting work
- 6 monthly Drug Related Deaths reports

- **Finance and Resources Committee**
 - The acute drugs system analysis

- **Planning, Performance and Delivery Committee**
 - Anchor Institution work

- **Staff Governance Committee and other appropriate committees**
 - Regional Health Protection Service update

73. Next Board Meeting

73.1 The next Board meeting would be held on 01 December 2021.

Chair's Signature

Date

John Connaghan
Chair – Lothian NHS Board