

Lanarkshire NHS Board

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Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 29 January 2020 at 9.30am in the  
 Board Room, NHS Lanarkshire

**CHAIR:** Mrs N Mahal, Non Executive Director

**PRESENT:** Mrs L Ace, Director of Finance  
 Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals  
 Mr C Campbell, Chief Executive {From Minute 2020/01/23}  
 Mr P Campbell, Non Executive Director  
 Mr M Fuller, Non Executive Director  
 Mrs M Lees, Chair, Area Clinical Forum  
 Mrs L Macer, Employee Director  
 Councillor McGuigan, Non Executive Director  
 Mr B Moore, Non Executive Director  
 Miss M Morris, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Dr L Thomson, Non Executive Director

**IN ATTENDANCE:** Mr C Brown, Director of Communications  
 Mr P Cannon, Board Secretary  
 Ms C Coulombe, Head of Infection Prevention and Control  
 Mr C Cunningham, Head of Commissioning and Performance  
 Mr G Docherty, Director of Public Health and Health Policy  
 Dr L Findlay, Acting Medical Director  
 Ms H Knox, Acting Chief Executive  
 Mr G Johnston, Head of Planning and Development {Minute 2020/01/016}  
 Mr C Lauder, Director of Planning, Property & Performance  
 Ms A Leitch, Chief of Nursing Services, University Hospital Wishaw {Minute 2020/01/09}  
 Mr R McGuffie, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership  
 Ms J Miles, Senior Nurse, Older People's Services {Minute 2020/01/09}  
 Ms J Park, Acting Director of Acute Services {Minute 2020/01/17}  
 Mrs K Sandilands, Deputy Human Resources Director  
 Ms M Smith, Board Secretary, State Hospital  
 Ms E Thomas-Tudo, Audit Scotland Minute 2020/01/08}  
 Ms F Watson, Audit Scotland {Minute 2020/01/08}  
 Mr D Wilson, Director of Information and Digital Technology  
 Mr T Wilson, Staff Side Representative (shadowing Mrs Macer)

**APOLOGIES:** Dr J Burns, Medical Director  
 Councillor P Kelly, Non Executive Director  
 Mrs V de Souza, Director, South Lanarkshire Health and Social Care Partnership

2020/01/08

**WELCOME**

Mrs Mahal welcomed colleagues to the meeting, particularly Mrs Sandilands, who would be taking up her new role as Director of Human Resources from 3 February 2020.

Mrs Mahal noted that Mr Calum Campbell hoped to join the meeting later in the morning. However, Ms Knox was in attendance in her new role as Acting Chief Executive. This arrangement would be in force until Mr Campbell completed his short term assignment as Turnaround Director at NHS Greater Glasgow and Clyde. It was also stressed that during this period Mr Campbell would remain as Accountable Officer for NHS Lanarkshire and would retain oversight of the key strategic direction of the NHS Board, with Ms Knox taking responsibility for day to day operational management.

Mrs Mahal noted that there would be a number of visitors attending the meeting to present items to the NHS Board. She also advised Board Members that following the public session, she would ask the Board to agree to exclude the public and press for consideration of business due to the confidential nature of the business to be transacted.

2020/01/09

**DECLARATION OF INTERESTS**

There were no declarations of interest in respect to any items on the agenda for today's meeting.

2020/01/10

**MINUTES**

The minutes of the meetings of the NHS Board held on 30 October 2019 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 30 October 2019.

2020/01/11

**MATTERS ARISING**

Mr Moore asked whether an update was available in respect of the national review of neo-natal services, which had been discussed at the Board Meeting on 30 October 2019. Mrs Barkby advised that there was nothing new to report.

2020/01/12

**ACTION LOG**

The NHS Board considered an updated Action Log and confirmed satisfaction with the progress recorded for actions. The Action Log would be further updated to reflect actions arising from the Board's deliberations.

**P Cannon**

2020/01/13

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the Board.

a) Non Executive Board Member recruitment

Mrs Mahal reported that interviews for the post of Non-Executive Board Member from 1 April 2020 had been completed, and that confirmation was awaited on the appointment from the Cabinet Secretary for Health and Sport. In addition, confirmation was also awaited on the appointment of the Non- Executive Whistleblowing Champion for NHS Lanarkshire.

b) Chairs' meeting - 27 January 2020

Mrs Mahal updated Board Members on the range of issues discussed at the recent NHS Board Chairs' meeting.

NHS Chairs had received a presentation from the Scottish Public Services Ombudsman in respect of the draft Whistleblowing Standards, which would come into effect in July 2020. A training event had been arranged to take place in February 2020. Mrs Mahal asked Mrs Sandilands about progress towards implementation of the new arrangements within NHS Lanarkshire, and Mrs Sandilands confirmed that a progress report would be brought to the NHS Board in March 2020.

K Sandilands

NHS Chairs noted that guidance to support the roll out of Hospital at Home was being finalised by Health Improvement Scotland. NHS Lanarkshire, alongside NHS Fife, had been chosen as an exemplar for this initiative.

Work was being progressing on the framework for the Ladder of Escalation for NHS Boards, at governmental level, with further advice to follow.

NHS Chairs discussed the strategic role for NHS Boards in the delivery of primary care, and mental health services, whilst acknowledging the role of the Integration Joint Boards.

Mrs Mahal reminded colleagues that a Board Development Session would take place on 5 March 2020, and that further details would be circulated.

Mrs Mahal also highlighted and acknowledged the significant efforts of staff, faced with increasing demands over the winter period and thanked staff for their commitment and support.

**THE BOARD:**

1. Noted the update from the Board Chair

2020/01/14

**BOARD EXECUTIVE TEAM REPORT**

The NHS Board considered the Board Executive Team Report.

Ms Knox advised that new permanent appointments had been made to the Director of Hospital Services posts at University Hospital Wishaw (UHW) and at University Hospital Monklands (UHM). She also highlighted the continued roll out of Best Start Teams in Airdrie and Coatbridge, the continued work to improve accommodation for junior doctors at UHM, and the very positive Scottish Renal Registry Report for 2019.

Ms Knox also reported that the Executive Director On Call had initiated the Significant Incident Full Capacity Protocol since this had been agreed with Council and Ambulance Service partners in late December 2019, and that the Board would be updated on the Protocol at the NHS Board meeting in March 2020.

Ms Knox invited colleagues to highlight areas of note within the detailed Executive Team Report.

Mrs Barkby referred in particular to the event held in November 2019, aimed at Senior Nurses, Midwives and Allied Health Professionals.

In her update, Dr Findlay noted the establishment of the senior clinical on call rota, as well as the focus on safe staffing legislation for medical staff, as well as her attendance at a recent Mental Health Stigma and Discrimination Event.

Mr Lauder highlighted the focus on resilience in meeting the challenges of the winter period and advised that a whole system approach was being progressed; with close cooperation between himself and Ms Knox, Mr McGuffie and Mrs de Souza meeting each week to review progress. A report would be brought to the next meeting of the Planning, Performance and Resources Committee in February 2020.

Mr Wilson advised that a major upgrade to the Clinical Portal and the Patient Management System had been completed in November 2019. He had also joined the national Primary Care Digital Reform Board as the Scottish NHS Boards eHealth Lead representative.

Mrs Sandilands updated the NHS Board on the transitional arrangements as she took over from Mr White. She highlighted that a key appointment had been made for the position of Head of Workforce.

Mrs Ace highlighted that the first draft financial plan was submitted in December 2019 using an uplift assumption of 2.5%, waiting times funding at the same level as in 19/20, and a small move to NRAC parity. The Scottish Budget will be announced on 6 February 2020 followed by the UK budget on 11 March 2020 at which point the plan will be rerun using more definite figures.

Mr Docherty highlighted the improved performance for flu vaccination for NHS Lanarkshire staff, and the important role that peer influencers had played in this. He also provided assurance to the NHS Board on system preparedness within NHS Lanarkshire for the coronavirus, with further reviews and preparations being taken forward with both North and South Lanarkshire Health and Social Care Partnerships.

Mr Docherty also provided an update on the latest position with the regard to the Coronavirus, and the steps being taken locally to begin to prepare for this arriving in the UK.

Mr Brown noted that a draft of the NHS Lanarkshire Communications and Engagement Strategy was being circulated to Board Members, and that this would be presented to the NHS Board at its next meeting in March 2020.

Mr McGuffie referred to the launch of a consultation document for North Lanarkshire Health and Social Care Partnership Commissioning Plan 2020/23, and that a draft and progress report would be presented at the Planning, Performance and Resources Committee meeting in February 2020.

Mr Cunningham advised that the Joint Inspection of Services, for Children and Young People in Need of Care and Protection in the South Lanarkshire Community Partnership Area had been completed and that the final report should be available in April 2020. He also noted that the Hamilton Care at Home service had been served with an improvement notice following inspection and that a programme of urgent action was being put into place in response to this.

Mr Cannon highlighted the success of two members of NHS Lanarkshire staff who had completed the Royal College of Physicians of Edinburgh (RCPE) Quality Governance Collaborative Fellowship. The Board asked for details to be circulated for information.

Mrs Mahal asked for further information in relation to the improvement notice issued in respect of the Hamilton Care at Home service and assurance that this had not impacted on the flow of patients who needed to be discharged from Hospital in this area. Mr Cunningham advised that all mitigating actions were being reviewed and progressed to ensure that no patients were delayed by the impact of the improvement notice, and Mrs Barkby confirmed that she was providing support to South Lanarkshire Health & Social Care staff in this regard.

Mrs Mahal also noted the performance in the staff uptake in flu vaccination programme and that a further update would be provided at the February 2020 Planning, Performance and Resources Committee.

**THE BOARD:**

1. Noted the content of the report; and
2. Noted that the Significant Incident Full Capacity Protocol had been enacted, and that a further report would be brought to the NHS Board in March 2020; **J Park**
3. Noted that the Unscheduled Care Action Plan would be reported to PPRC in February 2020; and **C Lauder**
4. Noted that the North Lanarkshire HSCP Commissioning Plan would be reported to PPRC in February 2020; and **R McGuffie**
5. Requested a progress update on actions taken in respect of Hamilton Care at Home. **V de Souza**
6. Noted that further details of the project completed by cohort 1 staff from NHS Lanarkshire who had undertaken the RCPE Quality Governance Collaborative Fellowship would be shared. **P Cannon**
7. Mrs Mahal also noted the performance in the staff uptake in flu vaccination programme and that a further update would be

provided at the February 2020 Planning, Performance and Resources Committee.

G Docherty

2020/01/15

### **AUDIT SCOTLAND – 2019 NHS IN SCOTLAND OVERVIEW REPORT**

Ms Watson and Ms Thomas-Tudo were in attendance to provide a presentation to the NHS Board in respect of the Audit Scotland 2019 NHS in Scotland Overview Report; which had assessed how well NHS Scotland managed its finances and performance against targets in 2018/19, as well as how well NHS Scotland was adapting to ensure future sustainability.

Ms Thomas-Tudo led Board Members through key details on financial and operational performance, particularly the whole system financial pressures experienced with £65.7 million brokerage from Scottish Government to the NHS in Scotland. She placed this within the context of national trends in demand and activity and the longer term strategy of Scottish Government to shift the focus of care from acute to primary care. Although the number of patients seen had increased, waiting times had also increased.

Ms Watson then highlighted achieving sustainability for the NHS, particularly the focus on Health and Social Care integration. The challenge faced by NHS Boards to continue to deliver services, whilst at the same time focusing on innovation, was acknowledged. The report had noted the need for the NHS workforce to change in support of the integration agenda, and acknowledged the work being taken forward by NHS Boards in response to the Sturrock report, particularly around culture and values and behaviours. Finally, the significant number of changes in senior leadership across NHS Boards was also highlighted.

In response to a question from Mrs Mahal, Ms Watson acknowledged that NHS Lanarkshire had not featured prominently in the report, and that this was an indicator of the Board's success. By way of example, Ms Watson highlighted the work progressed on psychological safety in the workplace, as an area of good practice, as well as referring to the detailed improvement plan produced following the self-assessment exercise conducted as part of the Blueprint for Corporate Governance.

Mr (Philip) Campbell echoed the comments made in the report about the significant changes in the senior leadership structure of NHS Scotland, and the concerns that this can lead to a degree of instability. He also commented that the report did not tackle the root causes of the challenges faced and potential structural solutions.

Dr Osborne highlighted the serious position faced by NHS Scotland in relation to rising demand against sustainability, and for further clarity on the steps that were needed at Board and governmental levels to address these challenges. Ms Watson emphasised the pace and scale of integration of Health and Social Care, and that a review of new priorities (and the funding linked to that to support wide scale change) would need to be led by Scottish Government.

In answer to a question from Mrs Barkby about Project Lift, in terms of its inclusivity, Ms Watson noted that it was too early to assess the overall

success of the programme on impacting on the NHS workforce more widely.

There were some follow up questions on detail within the report, which Ms Watson and Ms Thomas-Tudo advised they would be happy to respond to separately, given the level of detail on individual areas.

Mrs Mahal asked whether Audit Scotland were engaging across NHS Scotland to capture feedback, and Ms Watson confirmed that Audit Scotland were seeking feedback from all NHS Boards.

Ms Watson asked for more information on the Psychological Safety work which had been undertaken and Mrs Barkby agreed to provide this detail out with the meeting.

Mrs Mahal thanked Ms Watson and Ms Thomas-Tudo for their helpful presentation, and for positive comments about NHS Lanarkshire. At the same time, she noted that the Lanarkshire NHS Board were not complacent about performance and would continue to face challenges.

**THE BOARD:**

1. Noted the report from Audit Scotland on the Audit Scotland 2019 NHS in Scotland Overview Report.
2. Noted that Mrs Barkby would provide details to Audit Scotland on the Psychological Safety work

2020/01/16

**PATIENT EXPERIENCE - STYLES AND SMILES**

The NHS Board received a report from the Director of Nursing, which included a presentation led by Ms Leitch and Ms Miles. The Board viewed a short video clip which showcased the work of the Styles and Smiles initiative at University Hospital Wishaw (UHW).

Ms Leitch reported that NHS Lanarkshire and partners use patient experience feedback to evaluate and improve services, and as part of this initiative SERCO invites employees to make suggestions on how services can be improved for patients. Porters reported that female patients who may have been in hospital for more than a few days were very conscious of their appearance and could be anxious, or embarrassed, when moving around the hospital. The concept of introducing a hairdressing salon in the hospital was taken forward by a Short Life Working Group including staff from NHS Lanarkshire, SERCO, Summit Healthcare, Property Services and Support and New College Lanarkshire. The Group formed in January 2019, with the “Styles and Smiles” salon opening in April 2019; and more than 500 patients have now used this service.

This was received very warmly by Board Members who commented on the obvious connection between the students and the patients, and how it was possible to lift patients’ mood and well- being through this service. Ms Leitch confirmed that alongside support from staff, the Styles and Smiles service had significant impact on patient well-being, and that this impact would be evaluated.

The modest nature of the set up costs were detailed within the report, including support from New College Lanarkshire and local businesses. In discussion it was noted by Board Members that this was a good example of low cost health intervention which also supported employability in the local area. It was planned to roll this service out more widely throughout NHS Lanarkshire, and there had been interest from other NHS Boards as part of sharing good practice.

**THE BOARD:**

1. Noted the excellent work being taken forward through the Styles and Smiles initiative;
2. Noted the initiative as a low cost health intervention which also promoted local employability;
3. Noted the intention to evaluate the impact on patients; and
4. Noted that work was progressing to roll out the service further.

2020/01/17

**HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE 14 NOVEMBER 2019**

The NHS Board received and noted a draft minute of the meeting of the Healthcare Quality Assurance & Improvement Committee held on 14 November 2019.

**THE BOARD:**

1. Noted the draft minute.

2020/01/18

**CHAIR OF THE HEALTHCARE, QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE (HQAIC)**

The NHS Board received a report outlining changes in the portfolios of Non Executive Board Members from 1 April 2020, specifically the Chair of HQAIC; given that the current chair, Mr Fuller, would leave the Board at the end of March 2020, having served on the Board for eight years.

It was noted that Mrs Mahal had asked Dr Lesley Thomson QC to take on the role of chair of HQAIC as of 1 April 2020, and the NHS Board approved this. It was also noted that confirmation of the appointment of a new Non-Executive Board Member, as well as appointment of a Whistleblowing Champion, was awaited from Scottish Government. Once this is confirmed Mrs Mahal indicated that it would be necessary to review Non Executive Portfolios further.

**THE BOARD:**

1. Approved the appointment of Dr Lesley Thomson QC as chair of HQAIC; and
2. Noted that a further review of Non Executive Board Member portfolios would be undertaken once the 2 new Non Executive Board Members had been appointed to the NHS Board.

P Cannon



2020/01/19

## QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

The NHS Board considered an update on the Lanarkshire Quality Approach and progress with Quality Initiatives across NHS Lanarkshire. The report provided an update on Assurance of Quality, Quality Improvement and evidence for quality.

Dr Findlay took Board Members through the report, noting in detail the resolution of the previous problem experienced with reporting complaints through the Datix system. She also asked the NHS Board to note the new national notification system for adverse events. She noted that twelve cases had triggered the Duty of Candour legislation between 1 April to 30 November 2019, and in each patient or relative had been informed of the event and an apology had been given. The detailed investigations into each case were ongoing.

Dr Findlay also highlighted the positive outcome for the three NHS Lanarkshire hospitals following the release of HSMR data on 12 November 2019, with each being within or below normal limits.

Finally, she asked Board Members to note that while the overall falls rate had reduced during 2019/20 to date, the data was showing falls with severe harm had continued to increase, and it was thought that there may be a categorisation issue in the recording of data, which was being followed up.

The NHS Board noted the report, and agreed that further scrutiny of the falls data should be led through HQAIC. It was also noted that further assurance was required in respect of actions taken to address concerns raised within Patient Safety Leadership Walkrounds to close the loop; as well as review of the timing of the walkrounds to encompass late or night shift periods. It was agreed that this would be followed up out with the meeting and reported back to the Board.

The NHS Board noted that the report template was being reviewed to highlight trend data and to provide further assurance on the implementation of the quality strategy priorities.

### THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services and the assurance provided; and
2. Noted that further consideration of the remit and practice in place for patient safety walkrounds for acute and community health should be taken forward and reported back to the Board and;
3. Requested that reporting in future should consider including a breakdown and analysis of key quality strategy priorities and patient safety data.

K Cormack

K Cormack

2020/01/20

**HEALTHCARE ASSOCIATED INFECTION (HCAI) UPDATE**

The NHS Board received a report, which provided an overview of Infection Control and Prevention (IPC) and noted the key performance headlines and improvement activity.

Ms Coulombe was in attendance to provide a summary of the key indicators. She led the NHS Board through the detail and placed this within the context of the new national standards on Healthcare Associated Infection and Indicators for Antibiotic Use. She also asked Board Members to note that the performance data had been validated nationally by Health Protection Scotland (HPS). NHS Lanarkshire had developed local AOP standards which would take effect retrospectively from April 2019.

Mrs Mahal advised that there would be an opportunity to focus further on the new standards as well as whether there was any learning for NHS Lanarkshire in this area, at the Development Session after the Planning, Performance and Resources Committee in February 2020.

**THE BOARD**

1. Noted the report; and
2. Agreed that there should be further focus in this area at the Development Session after the Planning, Performance and Resources Committee in February 2020.

I Barkby

2020/01/21

**GOVERNANCE COMMITTEE TERMS OF REFERENCE**

The NHS Board received a report seeking approval for the revised Terms of Reference for the following Governance Committees:

- Monklands Replacement Oversight Board;
- Audit Committee; and
- Acute Governance Committee

Board Members were asked to note that these would be included in the Updated Code of Corporate Governance which was presented to the Board annually in March of each year.

**THE BOARD**

1. Approved the Terms of Reference for the Monklands Replacement Oversight Board, the Audit Committee and the Acute Governance Committee; and
2. Noted that these would be included in the Updated Code of Corporate Governance which was presented to the Board annually in March of each year.

P Cannon

2020/01/22

**CORPORATE OBJECTIVES STRATEGY MAP 2020/21**

The NHS Board received a paper which provided an update on discussion at the Board Development Day, which took place on 27 November 2019

when the Chief Executive had provided an updated Strategy Map for 2020/21 for discussion. Work has been progressed following further consultation at the meeting of the Planning, Performance and Resources Committee in December 2019, and through the Corporate Management Team.

The NHS Board was asked to note that this would help inform the NHS Board's Corporate Objectives, and that further reporting in this respect would be brought to the NHS Board in March 2020. This should also help to communicate these objectives to wider stakeholders, capturing the Board's mission and priorities in a simple high level document that could be communicated to all stakeholders.

Board Members asked that this document should have clearer visibility on the NHS Lanarkshire website.

**THE BOARD:**

1. Noted the report; and
2. Approved the Corporate Objectives Strategy Map for 2020/21.
3. Agreed that the document should be clearly headlined on the NHS Lanarkshire website

**C Brown**

2020/01/23

**ACHIEVING EXCELLENCE: CAR PARKING MANAGEMENT**

The NHS Board received a paper seeking approval for a series of tests of change at University Hospital Hairmyres (UHH) and Motherwell Health Centre, as part of the process of developing a Car Parking Management Policy. The test of change were set out in the paper in three phases, Phase 1 – April 2020 to June 2020, Phase 2 – July 2020 to September 2020 and Phase 3 – October 2020 to January 2021. It was stressed that prior to moving between phases a formal report setting out the outcomes of the phase will be considered by Corporate management Team and the Area Partnership Forum.

Mr Lauder provided a summary of the key points, asking Board Members to note in particular that this was a specific objective within Achieving Excellence, and would enable effective management of current parking capacity, and reduce inappropriate, unsafe and unauthorised parking. Board Members acknowledged that car parking was a sensitive issue but was also causing safety concerns on sites and needed to be addressed.

Mr Johnston was in attendance to provide further details on the planning and phasing of the tests of change in practice, as well as monitoring the impacts.

Mr Moore asked for clarity on whether similar arrangements existed in other Boards and how this operated in practice. Mrs Lees asked if any other Boards had managed to implement this successfully.

Mr Johnston confirmed that other NHS Boards had already introduced similar schemes and also provided further explanation of how the introduction and management of a fine system would work.

Board Members were concerned about the potential impact on patients and staff which would also impact on the reputation of the NHS Board, if these measures were introduced without careful consideration. In discussion Board Members raised that it was important to note that a clear process should be put in place to allow management at a local level, ensuring that patients and carers who required to attend UHM or Motherwell Health Centre for lengthy periods, and in distressing circumstances, would not be subjected to inappropriate parking charges. This issue was of particular importance to Board Members who sought assurance that it would be managed sensitively, and underlined the need for careful evaluation of the tests of change. Mrs Macer reminded colleagues that it was also important to be mindful of the policy of open visiting in particular, which could potentially be in conflict with time limited car parking arrangements. However, she indicated that the Area Partnership Forum had discussed this issue and were supportive of a sensitive test of change to inform any future policy on car parking.

Mr Johnston provided assurance that under certain circumstances, it would be made as easy as possible and sensitively handled where car parking charges needed to be rescinded.

Mr Johnston highlighted that the tests of change were set out in the paper on a phased basis, and that prior to moving between phases a formal report setting out the outcomes of the phase will be considered by Corporate Management Team and the Area Partnership Forum.

Dr Osborne and Mr Fuller sought further information on the enforceability of the car parking charges.

The NHS Board discussed the legal implications of introducing car parking charges in terms of the position of the Board and the potential for complexity in terms of both intended and unintended consequences. Mr Lauder provided assurance on the legal position as a matter of civil law between the owner of the site and the driver of the vehicle, and the action that could be taken to identify the driver. He emphasised that the route of embarking firstly on tests of change was recommended to the NHS Board so that these complex issues could be evaluated in a sensitive way.

Mrs Mahal asked Board Members to note that they were only being asked to approve the test of change as outlined in the paper, at this stage, and that the evaluation of these tests of change would be reported to the NHS Board for consideration on the way ahead. She also stressed the importance of clear communication around this test of change so that patients and staff appreciated the need for the Board to address this safety issue whilst supporting patients and staff. Board Members noted the intention to involve public partners in the development of appropriate communication material in the coming weeks.

#### **THE BOARD:**

1. Approved the proposal for a series of tests of change at UHH and Motherwell Health Centre as part of the process of developing a Car Parking Management Policy;

**C Lauder**

2. Noted that an evaluation of the tests of change would be reported to the NHS Board; and **C Lauder**
3. Asked that careful consideration be given to both internal and external communication of these tests of change; and that this should recognise the importance of the safety issues at each site and that the Communications Plan should be shared with Board Members to keep them apprised **C Brown**

2020/01/24

**ACHIEVING EXCELLENCE: MODERNISING OUTPATIENTS PROJECT**

The NHS Board received a paper, which provided an update on the Modernisation of Outpatients Workstream, using the framework set out by the Scottish Access Collaborative, and demonstrate how this had been taken forward within the Gastroenterology service.

Ms Park was in attendance to lead Board Members through this update, and Mrs Mahal asked the NHS Board to note that Ms Park would be Acting Director of Acute Services, during the period that Ms Knox would be Acting Chief Executive

Ms Park provided a powerpoint presentation which outlined the key issues, and underlined the successes achieved through a demonstration of the reduction in waiting times for new patients. This also meant that through development of patient centred pathways, patients with new and long term conditions had access to timely advice. Given the success of the changes made, this approach was being used as a framework for other specialties to implement.

Board Members welcomed the report, and asked for further detail and assurance on the impact on patients; especially on how this change would improve both service delivery and the quality of the service received.

Ms Park provided further background on patient feedback, which during the change process had moved from concerns being raised about waiting times pressures within the system, to more positive feedback from patients.

Ms Park was also asked by the NHS Board to provide further background detail on how the multi-professional approach worked, how this was experienced by patients, how to use this model as an exemplar throughout other areas and, further, how to support staff who lead change in working practices. She described the approach and how it worked particularly well for return patients when multi-disciplinary teams were co-located. This allowed access for the patient to the professional best able to provide the help they required at the right time. This included access to the Consultant should there be any concerns for an individual patient. The quality impact for patients was measurable and would be evaluated as part of the change programme. All changes were underpinned by careful research of service delivery nationally, and with NHS England, and taken forward by testing changes with patients every step of the journey.

The approach was being rolled out in other areas, with the respiratory service planned to adopt the framework next. Finally, clinical leads were acting in the role of clinical champions to promote positive change.

In answer to a question from Mrs Macer, on the use of the private sector, Ms Park confirmed that additional recruitment to the service going forward should see less reliance on the private sector in the next financial year.

**THE BOARD:**

1. Noted the report and the excellent exemplar framework;
2. Noted the success of the multi-disciplinary approach, and that quality impacts would be measured;
3. Noted that the Respiratory Service would be next to adopt the framework; and
4. Noted that this should be shared with other NHS Boards in Scotland to share learning.

2020/01/25

**URGENT CARE OUT OF HOURS SERVICE**

The NHS Board received a paper, which provided an update for the NHS Board on the Out of Hours Service (OOHs); and asked for approval of the approach outlined in the Project Plan as a high level description of the work to be undertaken to assess the current workforce model, and put in place robust arrangements to quality assure the service delivery model. A Project Team would be established to progress this work under the leadership of the Nurse Director for South Lanarkshire Health and Social Care Partnership, Ms Maria Docherty.

Mr Cunningham provided Board Members with a detailed overview and emphasised that the Chief Executive had asked for a review of the current provision of staff delivering the service to inform service delivery and establish improvement requirements for the future.

Mr Cunningham highlighted that currently 70% of OOHs sessions were provided by salaried or sessional GPs, with 30% by other clinicians. The Project Plan set out clear milestones for the recruitment and retention of clinical staffing. NHS Lanarkshire Urgent OOH service would continue to work to the two existing sites, and utilise all available resources across multi-disciplinary teams. The Project Team had produced an initial, high level, project plan to inform this review of current practices, systems and processes and would develop a comprehensive plan to meet future needs.

Board Members noted the plan and discussed the specific implications of recruitment and retention of staffing, particularly placing this in the national context. They welcomed the work which was taking place to sustain a 2 site model for OOHs services.

In answer to a question on the working relationship with NHS24, Mr Cunningham confirmed that more local GP triage had been introduced to date, as opposed to triage through NHS 24, and that next day nurse led clinics were in place as further support. Ms Knox added that it was important to realise the role the Board could play to create alternative pathways in this way. She advised that the experience of the winter season would also help to inform the project plan.

Mrs Mahal asked for consideration of public representation on the Project Plan given the potential for change in the model. Further, for links to be made with NHS GGC in light of the Sir Lewis Ritchie Report, especially around lessons learned. She asked for key milestones to be added to reporting to the NHS Board for assurance on progress and to ensure that timelines for taking work via the Healthcare Quality Improvement Assurance Committee were also clearly identified.

**THE BOARD:**

1. Approved the establishment of the Project Board and the approach taken;
2. Asked for consideration to be given to the public membership of the Project Board; **M Docherty**
3. Noted that lessons learned from other systems should be considered, linking to the Sir Lewis Ritchie Report; and **M Docherty**
4. Future reporting should come to HQAIC and to the NHS Board and should include milestones for progress. **M Docherty**

2020/01/26

**FINANCE REPORT TO 31 DECEMBER 2019**

The NHS Board received a paper, which outlined the financial position to 31 December 2019. The Board was reporting a £0.191m overspend which was £0.084m better than the financial plan trajectory to date. The report advised that the forecast was for NHS Lanarkshire to end the current financial year within its agreed Revenue Resource Limit. Mrs Ace led the Board through the detail of the paper, referring to the financial plan for the NHS Board 2019/20.

The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift and opened with a gap of £2.103m. It was noted that the gap had now been closed. There are still risks around the delivery of a number of Acute Division savings schemes and uncertainties over drug expenditure forecasts at this time of year but the risk of not achieving the target year-end financial position was now assessed as low.

**THE BOARD:**

1. Noted the content of the report detailing the financial position with actual overspend of £0.191m to 31 December 2019;
2. Noted the initial assessment that month 9 was on trajectory though this relied upon various assumptions on drugs and funding;
3. Noted the significant risks outlined in Section 11 of the report which at this stage had more relevance in 2020/21; and
4. Noted that there was now a strategy for managing the over commitment on the capital plan for 2019/20 and for improving the position going into 2020/21.

2020/01/27

**POPULATION HEALTH, PRIMARY CARE AND COMMUNITY SERVICES GOVERNANCE COMMITTEE 12 NOVEMBER 2019**

The NHS Board received an update from the Population Health, Primary Care and Community Services Committee which had met on 12 November 2019. Miss Morris provided an overview of the key issues discussed at the meeting for the NHS Board. Members noted that the key issues discussed were a report on Speech & Language Therapy - Children and Young People's Service pressures and the gradual percentage reduction over the past 9 months of patients seen within the 12 week waiting time standard; the restructuring the Lanarkshire Weight Management Service to meet the requirements of Scottish Government's Framework for the Prevention, Early Detection and Early Prevention of Type II Diabetes; and Climate Change: the Impact on Population Health.

The NHS Board also received summary access target reports from North and South Lanarkshire Health and Social care Partnerships (H&SCPs). Mr McGuffie provided a summary of the key points on behalf of North Lanarkshire H&SCP and Mr Cunningham provided a summary on behalf of South Lanarkshire H&SCP. In particular, the NHS Board was asked to note the improvements made in delayed discharge performance although in discussion, it was acknowledged that performance was variable across both H&SCPs and that a sustainable solution was needed to address issues.

In response to questions about Children Adolescent Mental Health Service Waiting Times, Mr McGuffie noted that the e-health Business case had been approved and that accommodation solutions had been identified.

Board Members asked that both reports should contain trend information demonstrating variation and performance over time with clear trajectories for meeting performance.

**THE BOARD:**

1. Noted the update report from the Population Health, Primary Care and Community Services Committee; and
2. Noted the contents of the North Lanarkshire H&SCP Performance Access Report; and
3. Noted the content of the South Lanarkshire H&SCP Performance Access report.
4. Requested that trend information with performance over time and trajectories for meeting target performance be included in reports

2020/01/28

**ACUTE GOVERNANCE COMMITTEE – 20 NOVEMBER 2019**

The NHS Board received the draft minutes of a meeting of the Acute Governance Committee which took place on 20 November 2019. Dr Osborne provided a summary of the key issues considered with the Committee.

The NHS Board also received a copy of the Access Targets Exception Report, Waiting Times Report and the Unscheduled Care Report.



Dr Osborne asked the NHS Board to note that performance for Treatment Time Guarantee (TTG) was off trajectory, with concerns in particular for unscheduled care. However, cancer waiting times was on track. Ms Knox added that unscheduled care had been under pressure over the seasonal period, with development and implementation of the Significant Incident Full Capacity Protocol. The Acute Management Team were maintaining a high level of focus on unscheduled care delivery. Although it was unlikely that NHS Lanarkshire would achieve its TTG target in year 2019/20, improvement was expected on a year on year basis. Board Members also noted that further actions were being considered as part of the Unscheduled Care Action Plan which would be discussed in February.

**THE BOARD:**

1. Noted the content of the draft minutes from the Acute Governance Committee held on 20 November 2019; and
2. Noted the content of the Access Targets Exception Report, Waiting Times Report and Unscheduled Care Report for Acute Services.
3. Noted that a further update would be provided at the February Performance, Planning & Resources Committee on the Unscheduled Care Improvement Plan.

C Lauder

2020/01/29

**NHS SCOTLAND CORPORATE GOVERNANCE BLUEPRINT IMPROVEMENT PLAN**

Board Members were reminded that an improvement plan was drafted and agreed in April 2019, following completion of a self-assessment exercise which had taken place in January 2019. The Improvement Plan was updated and presented to each meeting of the NHS Board for their review and consideration.

Mrs Mahal noted that further input was required to the improvement plan in the following areas: engagement, culture, and administration. At a national level work was being progressed to link Board self-assessments to the Ladder of Escalation, and that a further update in this regard should be available in spring 2020. She also advised that she was meeting with Non-Executive Directors to discuss specific aspects of the Improvement Plan and this would form part of the next update.

A further update would be brought to the next Board Meeting in March 2020.

**THE BOARD**

1. Noted the Corporate Governance Blueprint Improvement Plan; and that a further progress report would be received at the next Board; and
2. Noted that a further update would follow in spring 2020 on how Board self-assessments would be taken forward in the future.

P Cannon

P Cannon

2020/01/30

**CORPORATE RISK REGISTER**

The NHS Board considered the Corporate Risk Register.

Mr Cannon asked the NHS Board to note the material changes made to the Corporate Risk Register since the last reporting period including new or closed risks.

**THE BOARD:**

1. Noted the summary of significant material changes to the Corporate Risk Register, including the position of new and/or closed risks since the last reporting period;
2. Noted any other changes to the corporate risk register for this reporting period;
3. Approved the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 16 January 2020;
4. Received assurance on the mitigation of all Very High graded risks on the Corporate Risk Register, noting the change of number of risks emerging and reviewed;
5. Considered all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making; and
6. Noted the Corporate Risk Register, accurate as at 16 January 2020.

2020/01/31

**EU WITHDRAWAL UPDATE**

The NHS Board received a paper from the Director of Public Health, which provided an update on the Board's response to political developments within the UK meaning that the UK would leave the EU on 31 January 2020 under the terms of a transition agreement negotiated between the UK and the EU.

Mr Docherty provided a verbal update in relation to the up to date position, and the NHS Board was asked to note the current assessment of the impacts and residual potential impacts; as well as the actions endorsed by the Corporate Management Team. It was noted that NHS Lanarkshire remained in live incident mode, which was currently suspended, but could be stepped up again in the lead up to 31 December 2020.

**THE BOARD:**

1. Noted the report, and the assurance provided.

2020/01/32

**CORPORATE COMMUNICATIONS REPORT**

The NHS Board received a report from the Director of Communications, which provided an update on performance metrics for media coverage, social media, NHS Lanarkshire's public website and Freedom of

Information Requests. The paper also provided progress updates in respect of the campaigns on the Winter Plan, Seasonal Flu and the Primary Care Improvement Plan. Mr Brown provided a summary of the key points and asked the NHS Board to note in particular the additional resources and planning put in place to support winter planning.

**THE BOARD:**

1. Noted the content of the report.

2020/01/33

**NORTH LANARKSHIRE INTEGRATION JOINT BOARD 24 SEPTEMBER 2019**

The NHS Board received and noted the minutes of the meeting of the North Lanarkshire Integration Joint Board which took place on 24 September 2019.

2020/01/34

**SOUTH LANARKSHIRE INTEGRATION JOINT BOARD 3 DECEMBER 2019**

The NHS Board received and noted the draft minutes of the meeting of the South Lanarkshire Integration Joint Board which took place on 3 December 2019.

2020/01/35

**AREA CLINICAL FORUM 21 NOVEMBER 2019**

The NHS Board received and noted the draft minutes of the meeting of the Area Clinical Forum held on 21 November 2019.

2020/01/36

**COMMUNITY PLANNING PARTNERSHIP MINUTE NORTH – DECEMBER 2019, SOUTH – 23 OCTOBER 2019**

It was noted that the meeting of the North Community Planning Partnership scheduled to have taken place in December 2019 had been cancelled

The NHS Board received and noted the minutes of the meeting of the South Community Planning Partnership on 23 October 2019.

2020/01/37

**STAFF GOVERNANCE COMMITTEE 25 NOVEMBER 2019**

The NHS Board received and noted the draft minute of the meeting of the Staff Governance Committee on 25 November 2019.

2020/01/38

**AUDIT COMMITTEE 3 DECEMBER 2019**

The NHS Board received and noted the draft minutes of the Audit Committee held on 3 December 2019.

2020/01/39

**WORKPLAN 2020/21**

The NHS Board received and noted an updated Workplan for 2020/21, which would be updated to reflect discussion at today's meeting.

2020/01/40

**CALENDAR OF DATES 2020**

The NHS Board received an updated Calendar of Dates for meetings in 2020.

2020/01/41

**ANY OTHER COMPETENT BUSINESS**

There were no further items of competent business for discussion at this meeting.

2020/01/42

**RISK**

The NHS Board did not consider that any new emerging risks should be added to the Corporate Risk Register, or that any existing risks should be re-assessed following discussion at this meeting

2020/01/43

**EXCLUSION OF PUBLIC AND PRESS**

The Board considered and approved a motion by way of the Standing Orders (Section 19.5) to exclude the public and press during consideration of business due to the confidential nature of the business to be transacted.

2020/01/44

**DATE OF NEXT MEETING**

Wednesday 25 March 2020, at 9.30am