

Lanarkshire NHS Board

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**Minute of the Meeting of the Area Clinical Forum held on  
 Thursday 23 June at 2.00pm via MS Teams**

**PRESENT**

Mrs M Lees	Chair, Area Allied Health Professions Advisory Committee (Chair)
Dr A Campbell	Chair, Area Psychological Services Advisory Committee
Ms C James	Member, Area Allied Health Professions Advisory Committee (Vice Chair)
Dr J McGuire	Member, Area Healthcare Sciences Advisory Committee
Mr D McIntyre	Chair, Area Dental Committee
Dr K McIntyre	Chair, Area Medical Advisory Committee
Dr S Percival	Director of Dentistry
Mrs M Russell	Nursing & Midwifery Advisory Committee (from item 5)
Ms K Taggart	Chair, Area Healthcare Sciences Advisory Committee

**IN ATTENDANCE**

Mr P Cannon	Board Secretary
Dr J Burns	Executive Medical Director.

**APOLOGIES**

Mr A Macintyre	Chair, Area Pharmaceutical Advisory Committee
Mr F Munro	Chair, Area Ophthalmic Advisory Committee

**1. WELCOME**

Mrs Lees welcomed Members to the meeting, in particular David McIntyre who was attending his first meeting. She also congratulated Shelley Percival on her new appointment.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. MINUTES OF MEETING OF 14 APRIL 2022**

The Minutes of the meeting held on 14<sup>th</sup> April 2022 were approved as a correct record.

**4. COVID 19 UPDATES**

Dr. Burns indicated that there has been no official communication from the Scottish Government, but changes to Test and Protect, the availability of self-testing, and also the changes in isolation would indicate that there is a desire to get back to normal which included face to face meetings and staff in NHS Lanarkshire were being

encouraged to plan to return to the office for at least 2 days per week. She highlighted the need to continue with successful vaccination campaigns to protect those most at risk. She also explained that the vaccines currently provided seemed to give reasonable cover for current variants, in particular the spring booster which gives those who are vulnerable four doses of the vaccine.

Dr. Burns also highlighted that the Covid numbers were on the increase on a weekly basis in the hospitals and discussed the possible reasons for this. Although there was an increase in number, fewer patients were critically ill. There was also an increase in covid cases in Care Homes, which included Care Home staff, and it was felt that this could be a precursor to staff absence increasing. In general, staff absences were proving to be a real challenge and had an impact on a number of services.

Mrs. Lees agreed to speak to Mr. Cannon about how this is reported on the agenda and to the Committee. She also referred to how we best report to the group about 'renewing and restoring' and Mrs. Lees would speak to Mr. Lauder.

## 5. **RECOVERY ISSUES**

### a) NHS Scotland Global Citizenship Programme in Lanarkshire

Mrs Lees gave an update on the NHS Scotland Global Citizenship Programme in Lanarkshire. The main work was the twinning of the new Care Hub which is situated in Blantyre with the Central Province in Zambia. There had been one online meeting between the Lanarkshire team and Zambian staff and the initial discussions had been around mental health, wellbeing of the community, working with women and girls, and a strong focus on human rights. A key element of the exchange work would be to adopt an integration model to consolidate a health and social care approach, projects, increasing opportunities and health care. At the moment the focus is about exchanging expertise.

The Programme had been awarded £74,000 from the Scottish Government to help with dedicated project management and to set up the twinning arrangements. The co-leads for the Project were Calvin Brown, Director of Communications, Kate Bell, Scottish Government and Dr. John Logan, Consultant in Public Health. Mrs. Lees advised that if there were any questions or comments to re-direct them to the co-leads.

### b) Audit Scotland Report

Mrs Lees referred members to the Audit Scotland Report for 2021. She highlighted the key elements and recommendations from the report. It was pointed out that the NHS and social care workforce planning has never been more important and that the NHS ability to plan for recovery had been hindered by the lack of robust and reliable data over certain areas. It was also highlighted that the NHS was not financially sustainable before the pandemic, and that Covid had increased the pressure.

Within the report there was one recommendation for the Scottish Government and the remainder were for the Scottish Government and the Board. The recommendation for the Scottish Government was to address the wellbeing risk affecting staff. It was

noted from the report that the key themes seemed to be around data and staff wellbeing.

Dr. McIntyre stated that from the report there was a huge number of ways that will affect how business is done. He spoke of the financial pressures and in particular primary care general practices and also the Primary Care Improvement Plan and the problem of how this will be delivered.

Dr. Burns indicated that Audit Scotland had attended the Corporate Management Team, and would be presenting their report to the Board in May 2022. In relation to the recommendations she was concerned how well they would be embraced by the Scottish Government and the expectation they had of delivery and catch up to where we were before the start of the pandemic. She also highlighted the problems so far to get support for effective clinical prioritisation, to allow the Board to disinvest in certain areas at the same time as efficiency were required to be identify.

Mrs. Russell was in agreement with Dr. Burns and spoke particularly in relation to Nursing and Midwifery. Although the numbers have increased in training year on year for the last ten years there is still not enough in terms of output. She also highlighted that there was an announcement that the Health and Care Staffing Legislation will commence its enactment in 2024. Accurate workforce projections may prove to be problematic around this. The issue was how we make the services the best they can be within the financial restraints.

#### c) Finance Report

The Committee noted the Finance Report for the period ended 31<sup>st</sup> March 2022. Mrs. Lees highlighted some of the key elements from the report. The Board had been on an emergency footing all year and it was unable to resume its financial sustainability programme which was paused March 2020. Notification was received in February 2022 that all Covid costs would be covered, and also an extra £9m to make up for undeliverable savings in the year. This allowed the Board to breakeven by 31<sup>st</sup> March breakeven, although there was still a recurrent gap of £24.254m at the start of the financial year. She also updated the Committee in relation to the IJBs, the Acute and Corporate Division.

Mrs. Lees indicated that there was a Finance Efficiency Programme Board which meets fortnightly. She said that it was important to report the financial position at the ACF as when efficiency schemes are identified they will need to come to the Committee for a clinical overview on changes we make and how this will affect patient care.

Dr. Burns asked the group to think about what is pertinent to your services that do not add value and then to stop doing them. There would be a wide range across the different services. Also it was important to be aware of costs on an individual basis.

Dr. McIntyre indicated that previously there had been practices who could have a payment back for making real sustained changes to prescribing. He then spoke of the costs of certain tablets which were widely used of which some were very expensive. He also explained Script switch would be an option to consider, also an incentive

scheme would be worth pursuing. He also referred to certain tests that were being carried out and they were not aware that this was on portal. In relation to community optometrists insisting on preservative free daily dispensing and community pharmacy colleagues should deal with the patients and not send them somewhere else. He felt that a separate meeting would be helpful to discuss some of these issues in more detail.

In response to a question Mrs. Lees confirmed that sometimes the funds in certain areas were not spent and this would be used in other area. Mrs. Lees confirmed that reports could be run to give more detail. Dr. Burns confirmed that when staff are brought in because we cannot fill the original posts for health care professionals then costs can increase if this involved engaging locum or agency staff.

d) Corporate Risk Register

Mrs. Lees drew member's attention to the Corporate Risk Register and she confirmed that the Board is no longer on emergency footing. She highlighted the five very high risks on the Register. All the Committees which feedback into the Area Clinical Forum have these risks associated with them. She said it would be useful to look at the Register to see the mitigating of each of these risks using a clinical lens.

The Committee then discussed the risks and the issues with urgent out of hours services and also the stress in Accident and Emergency Departments and how these impacted on services.

e) Quality Directorate Report for Board May 22

Dr. Burns drew members attention to the Quality Directorate Report for May 2022 which gives assurance to the Board about the ongoing work being undertaken. In addition, there is also an update from the HCQAIC which Mrs. Lees now chairs.

The report is sub divided into sections i.e. assurance, improvement and evidence. In this particular report the Board had discussed in detail complaints, and the changes on how complaints are handled with the complaints staff now being directly accountable through the Quality Directorate. There were also sections within the report in relation to Adverse Events, Lanarkshire Quality Improvement Portal (LanQIP), Hospital Standardised Mortality Rate (HSMR), Leadership Quality Walkrounds, Patient Feedback, Corporate Policies and National and Local Evidence, Guidelines and Standards. Mrs. Lees as Chair of HCQAIC intimated that it would be very helpful to have this link in taking work forward with the Area Clinical Forum.

The Committee then discussed walkrounds and Dr. Burns confirmed that these were for both community and hospital sites and these visits were announced. She indicated that these visits were not inspections they were for Board Members, Executive and Non Executive to meet staff in a planned way. There was now a Policy in place to have out of hours walkrounds. The Committee agreed that the walkrounds were very valuable and important.

In relation to patient feedback a question was raised about the use of i-pads in the hospitals and whether this could be included in community settings. Dr. Burns agreed

to speak to Karon Cormack, Director of Quality to see how this could be taken forward.

**7. MONKLANDS REPLACEMENT PROJECT UPDATE**

A verbal update was given in relation to the Monklands Replacement Project. The Committee had its second meeting on the 8<sup>th</sup> June 2022. The key issues discussed were: NHS Assure Review; Outline Business Case; NHS Cost Review and Procurement.

**8. STAFF WELLBEING**

Mrs. Lees advised that there was a meeting yesterday of the Strategy Group. She advised that the Staff Care Service which was established through Covid and was managed by Paul Graham, Head of Spiritual Care and Wellbeing was due to finish at the end of March, although he had been able to continue with some additional short term funding. A more sustainable longer term solution was being explored.

Dr. McIntyre indicated that a question was raised about primary care support funding and Mrs. Lees agreed to follow this up.

**9. NATIONAL ACF CHAIRS MEETING – 1<sup>ST</sup> JUNE 2022 – FEEDBACK**

Mrs. Lees indicated that at the National ACF Chairs Meeting on the 1<sup>st</sup> June there had been good discussion on the professional issues from all round the Boards. The differences in those discussions between the Board tended to be around the level of Executive involvement in the Forums, how the agendas were developed and in some Boards what the interactions were with private healthcare. She highlighted some of the similarities in every Board which were around the expectations in emergency footing. All the Boards had the same anxiety about this and there was a plea from the National Group about how we manage public expectations. The Committee then discussed the waiting times around referrals and how in future this was be a huge problem. The Chairs meeting had also discussed staff, health and wellbeing and discussions had also taken place on how to make the Forums Workplan more meaningful. Mrs. Lees also indicated that she had been due to demit from the Chair of the Group, but as no-one had volunteered she had agreed to go to the next meeting and then she would have a discussion on how to take this forward.

**10. UPDATES FROM FROM PROFESSIONAL ADVISORY COMMITTEES**

**Allied Health Professionals Committee** – Ms. James indicated that the Committee had met yesterday with the main item being the Rehabilitation Strategy and she highlighted the Sub Groups with the Strategy being developed from these groups. A Stakeholder Engagement had also been held. She also indicated that an AHP Workforce Group had been commissioned and she explained the challenges associated with this. The group had also been given a presentation about the Communications Access UK looking at inclusive communication for all and supporting people with communication difficulties. The main area of concern discussed at the Committee was that of AHP accommodation as there had been loss of accommodation in two of the acute hospital sites, one of which had been resolved. The other site has not been

resolved and Ms. James advised that she wanted to raise this formally with this Committee as this was not satisfactory. The Property Director is aware of this issue. Mrs. Lees agreed she would give an update on this.

Mrs. Lees advised that an e-mail had been received to say that they were looking for three representatives from the Area Clinical Forum to be involved in the Chief Executives recruitment stakeholder event on the 25<sup>th</sup> July. Dr. McIntyre confirmed that he had volunteered for this.

Mrs. Lees confirmed that it was felt that as a Board decisions had to be made about blended working. The issues were around staff accommodation and the other was clinical accommodation. She then spoke of the offices currently not being used. Mrs. Russell intimated that sometimes it is not that there is not enough space, but it could be better utilised. The Committee then had a full discussion around blended working and it was asked if we were waiting for the Once for Scotland Policies or as agreed at the CMT staff coming back in 2 days per week. The benefits of flexible working were also highlighted. It was noted that flexible working was not suitable for all jobs.

One of the issues related to the PCIP and discussion could take place outwith the meeting. Dr. McIntyre highlighted where there was an instance where we were unable to deliver a pharmacotherapy hub as a Board and there was accommodation available, but no funding was available. He had had discussions with Dr. Linda Findlay and he had asked for this to be discussed at the Premises Group and it was felt that this needed to be progressed quickly.

Another area where there were issues was that in some areas of the Board are still on Glasgow IT systems and they cannot get on to remote working. Dr. Findlay and Mr. Wilson are aware of these issues. If these staff cannot access remote working then alternative solutions should be considered.

**Dental Committee** – Ms. Percival gave an update on the dental meeting on the 16<sup>th</sup> May. Items that were discussed were the change in IPC Guidance; massive recruitment issues in General Practice which may be addressed with new graduates; and the restricted payment plan. She also highlighted the issues within the hospital orthodontic service with new patient referrals. Unfortunately, there was no Orthognathic Surgeon and surgery could not be undertaken.

In relation to the Public Dental Service there had been 400 children who had been pre-assessed for GA special needs and there were 500 children waiting for pre-assessment. This had been raised at Silver and Gold Command. Mutual aid had been supplied by Forth Valley and this was helpful. She then spoke of the problems around theatre access and ventilation.

**Health Care Sciences Committee** – Ms. Taggart indicated that the group had met and the general theme was that a lot of departments felt they were in isolation. She had contacted more staff members and scheduled meetings for next year to increase the membership of the group. She also intimated that the Medical Illustration Department are working with the dermatology service on skin cancer related referrals. This would be a more app based software and work was being undertaken to take this forward. In

relation to Labs the electronic requesting has gone live and there had been an uptake of 70%. This had also gone live within the Hairmyres site recently.

**Optometric Committee** – There was no report for this item.

**Medical Committee** - Dr. McIntyre indicated that a Vice Chair has now been appointed and Mr. Cannon has agreed to circulate the dates for the meeting. Dr. Burns was helping to make sure that hospital colleagues are represented. He advised that it was important to have a Hospital Sub Committee and in particular it would be good to mirror other Boards when two members of the Hospital Sub Committee sit on the GP Sub Committee and members of the GP Sub Committee sit on the Hospital Sub Committee. Remobilisation was also briefly discussed as this was a real challenge. He felt that himself and one other GP Sub rep should be members on the Remobilisation Group to give support and form a communication route back to Primary Care as all available options should be considered. He also advised that they were on the brink of ordering a contract to have a cohort of 80% of the practices using a new IT system and if this worked it would deliver an atlas of primary care variation.

**Nursing and Midwifery Committee** – There had been a meeting of the Committee on the 4<sup>th</sup> May. Ms. Russell advised that they were looking at restructuring the Committee and discussion took place to ensure that all areas were represented. A restructure had been agreed and this could be shared. They are looking for Sub Committees –for hospital sites, health visiting, midwifery, neonates, children and young people’s nursing, community nursing and treatment rooms, prisoner health care and mental health and learning disabilities. It was also stressed that it was important that Health Care Support Workers voices were heard. Ms. Russell then updated the Committee on the key items that are coming up with workforce one of the main issues. She also spoke of the imminent arrival of 8 nurses arriving on the 4<sup>th</sup> July on the Wishaw site who are coming from India as part of the national plan for international recruitment and how we can support them to get through the test of competence to get on to the NMC Register. The Committee also discussed of how to support these colleagues and embed them within the organisation and the local context so they feel part of NHS Lanarkshire.

Mrs. Lees indicated that it had been discussed at the National Area Clinical Forum Chairs group about the ethical dilemma of bringing health care staff from other countries to help us out when they do not have enough health care workers in the countries they are coming from.

**Pharmacy Committee-** There was no update for this item.

**Psychological Services Committee** – Ms. Campbell indicated that the Committee met on the 7<sup>th</sup> June and there was good attendance at meetings. Vacancies continued to be a problem and that NES National Recruitment had not been successful. In relation to blended working it was unclear how this would be filtered down. She spoke of the success with Near Me across the Service. There were some initiatives one of which was a Short Life Working Group looking at how we support psychology staff after the death of someone particularly when it is staff that someone has had an established therapeutic relationship with. The Committee were also looking at a buddy system for staff returning from maternity leave, leaves of absence and periods of sickness to

support the staff. Some leadership coaching is being provided and Ms. Campbell will give further updates around this.

**11. ANY OTHER COMPETENT BUSINESS**

Mrs. Lees intimated that Dr. McIntyre has offered to be one of our representatives on the Chief Executive Recruitment Stakeholder for the Area Clinical Forum. Expressions of interest from members would be canvassed nearer the time.

**12. DATE OF NEXT MEETING**

The next meeting will be held on Thursday 15<sup>th</sup> September at 2.00pm by Teams.