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Minute of an extraordinary meeting of the
 Lanarkshire NHS Board held on
 Wednesday 6 July 2022 at 9.30am by using
 Microsoft Teams

CHAIR: Mr M Hill, Non-Executive Director / Board Chair

PRESENT: Mr A Boyle, Non-Executive Director
 Mr P Couser, Non-Executive Director
 Mr E Docherty, Executive Nurse Director
 Ms H Knox, Chief Executive
 Mr C Lee, Non-Executive Director
 Mrs M Lees, Chair, Area Clinical Forum
 Councillor E Logan, Non-Executive Director
 Mrs L Macer, Employee Director
 Mr B Moore, Non-Executive Director
 Mr J Muir, Non-Executive Director
 Ms L McDonald, Non-Executive Director
 Mr D Reid, Non-Executive Director
 Dr L Thomson, Non-Executive Director / Board Vice Chair
 Mrs S White, Non-Executive Director

IN ATTENDANCE: Mr P Cannon, Board Secretary
 Mr R Coulthard, Deputy Director of Acute Services
 Mr M Downey, Consultant Surgeon & Interim Associate
 Medical Director, Acute Services
 Mr C Lauder, Director of Planning, Property & Performance
 Mr C McKay, Senior Communications Manager
 Mrs J Park, Director of Acute Services

APOLOGIES: Mrs L Ace, Director of Finance
 Dr J Burns, Medical Director
 Councillor M Coyle, Non-Executive Director
 Mr N Dar, Non-Executive Director
 Mr N Findlay, Non-Executive Director
 Professor J Pravinkumar, Director of Public Health

B/2022/072

WELCOME

Mr Hill welcomed colleagues to the meeting, and noted that Councillor Logan was attending her first formal NHS Board meeting. Mr Hill also welcomed Mr Downey, Consultant Surgeon & Interim Associate Medical Director to the meeting, who was going to present at item 4.

B/2022/073

DECLARATION OF INTERESTS

There were no declarations of interest made.

B/2022/074

RISK MANAGEMENT STRATEGY

The NHS Board received a report from Mr Cannon, and a copy of the revised Risk Management Strategy.

It was highlighted that the NHS Lanarkshire Risk Management Strategy was normally reviewed annually. However, this year the scheduled review for December 2021 was rescheduled to May 2022, due to significant system pressures resulting from the emergence and impact of Covid-19: Omicron Variant.

During the early part of 2022, the strategy has been considered, initially through discussion with, and comments from, Mr A Boyle, MBE, Non-Executive Director of NHS Lanarkshire, who expressed an interest in the review of the strategy. The strategy was further considered by the Corporate Risk Manager and the Board Secretary in preparation for review by the Corporate Management Team, and the Audit Committee.

THE BOARD:

1. Noted that the strategy had been reviewed by Corporate Management Team at its meeting on 23rd May 2022;
2. Noted that the strategy has been endorsed by the Audit Committee at its meeting on 7th June 2022; and
3. Approved the revised Risk Management Strategy.

B/2022/075

GENERAL SURGERY BUSINESS CONTINUITY ARRANGEMENTS

The NHS Board received a paper from Mr Lauder and Mrs Park on the General Surgery Business Continuity arrangements.

The purpose of the paper was to outline the plans being put in place for a rapid reconfiguration of the general surgical service model (from August 2022), to ensure business continuity, and to ask the Board to approve the proposal to develop a longer-term sustainable configuration for general surgical services through a robust options appraisal process.

Mrs Park stated that the proposal supported the Board's previously stated commitment to three Lanarkshire acute hospitals that have consultant-led emergency departments with access to emergency surgery and medicine, supported by critical care, diagnostics and outpatients.

Board Members were reminded that a preliminary report around the proposed General Surgery business continuity arrangement was presented, as part of the informal board briefing session, on 18th May 2022. The briefing described the need for a rapid re-design and service re-configuration of general surgery in response to the need to provide a safe and sustainable model of emergency general surgery across 3 NHS Lanarkshire hospital sites. Of particular focus was the need to address identified risks on the University Hospital Monklands (UHM) site (as identified at and following the Deanery review visit on site), when significant concerns about the junior medical training environment were highlighted.

Mrs Park stated that the process to achieve a fully sustainable service was complex and had been managed in 3 distinct stages. Phase 1 - the immediate response required to sustain safe general surgical services (April 2022) - was complete and the arrangements for phase 2 - the business continuity arrangements - were in hand and would take effect in August 2022.

Phase 3 would involve a formal service development and planning process that will inform the future strategy and service model for general surgery in NHS Lanarkshire, carried out in accord with “Planning with People” guidance and supported by colleagues from Health Improvement Scotland – Community Engagement.

The Board then heard from Mr M Downey, Consultant Surgeon & Interim Associate Medical Director, Acute Services, who took Board Members through the arrangements in detail.

Mr Downey referred to the recent Deanery review which raised significant concerns about the junior medical training environment at University Hospital Monklands (UHM). The Deanery highlighted that the doctors in training had fed back on inadequate educational and clinical supervision for trainees on the site. This, coupled with the workforce pressures within the consultant establishment, the retention of staff, the inability to recruit and also the HR process that was initiated by the Deanery feedback, had led to concerns about the sustainability of the general surgical on call rota, and the provision of general surgical services at UHM.

Mr Downey reported that the phase 1 response had been shared with the Deanery and they had commended the Board’s response, which demonstrated the Board’s commitment to addressing the training issues and, in particular, securing surgical training accreditation beyond August 2022. Mr Downey stressed that trainees are an integral part of the service delivery and in particular out of hours rotas, across all three sites.

The business continuity model, phase 2, will be in place from Monday 1st of August 2022 onwards to provide short to medium term support for general surgical services. The model of service delivery was set out in detail within the paper.

Phase 3 was described as a more formal service development planning process that will inform the future general surgical model and service strategy for Lanarkshire, which it was planned would be completed by August 2024.

Mr Hill thanked Mrs Park and Mr Downey for their very clear explanation of the issues raised by the Deanery visit and the steps taken in response, to find solutions to very complex issues with a clear focus on patient safety and care.

Mr Hill added that he was also pleased to hear that the Deanery was reassured by the actions taken so far.

Mr Lee asked if there would be any ongoing monitoring and feedback sought for the current cohort of trainees about the changes being made, and opportunities for the current trainees to input into the development of services during phase 2. Mrs Park stated that this was in place and will be hugely important. The Board must ensure that it provides a quality training experience

for them and that that is something that they want to share with our colleagues and make Lanarkshire an attractive place to work in.

In relation to a question around governance from Mr Lee, Mrs Park stated that a weekly governance meeting is in place, with the Executive Medical and Nurse Directors, and the Chief Executive. The issue is also a standing item on the weekly divisional management team meeting agenda, and regular updates will be provided to the Acute Governance Committee.

Dr Thomson asked how the trainees were being brought on board in a culture that makes sure they are free to speak up during phase 2 so that their comments are taken into phase 3. Mr Downey reassured the Board that there is significant effort going into supporting trainees now, with each Consultant now having two trainees to supervise and support instead of, at times in the past, five trainees. In addition, reference was made to the *We Care Surveys* being undertaken which was probably the first time that this quality improvement tool had been used to gather feedback from trainees.

Mr Hill asked if all the training posts had been filled for the August 2022 onwards rota and Mr Downie stated that all the training posts were filled.

Dr Thomson also asked about the involvement of the Scottish Ambulance Service in ensuring that the business continuity arrangements were followed. Mrs Park stated that the clinical pathways had been shared with the Ambulance Service and were subject to ongoing dialogue.

Mr Downey described the Surgical Ambulatory Care Unit (SACU) model which will be in place in UHM, in response to a question from Ms McDonald. The SACU model was felt to be very successful when it was introduced at University Hospital Wishaw in 2018. At UHM the surgical assessment bay has achieved similar levels of discharge but mainly limited to GP referrals with some patients from the emergency department. The service will now have the workforce, space and infrastructure to replicate the service in place at UHW.

Mr Moore reflected that the Board needed to be alert to these issues and ensure there is a constructive and positive relationship with NHS Education for Scotland, the Deanery and the General Medical Council in terms of wider medical education.

Dr Burns welcomed the remarks made by Mr Moore, and the comments made by others about the response of staff to the issues raised by the Deanery. Staff had acted swiftly and with tremendous flexibility and commitment to achieving safe, high quality general surgical services for the entire population of Lanarkshire.

Mrs Park added that the process to date had involved staff from the other sites at stakeholder events, and local site groups were in place to ensure that good two-way communication is fostered and when issues are raised factual information is provided, in order to counter a degree of misinformation across the sites.

Mrs Macer welcomed the approach to involving staff and the full engagement of staff partnership colleagues in that process.

Mr Couser asked if the issue was included in the Corporate Risk Register. It was agreed to follow this up out with the meeting. **P Cannon**

THE BOARD:

1. Noted the business continuity plan for General Surgery Services for implementation from 1 August 2022; and
2. Approved the plan to progress to a full options appraisal process from August 2022.

B/2022/076

ANY OTHER COMPETENT BUSINESS

No items were raised.

B/2022/077

RISK

The NHS Board did not consider that any other new emerging risks should be considered for addition to the Corporate Risk Register, or that any existing risks needed to be re-assessed following discussion at this meeting, with the exception of risks arising from the circumstances of the general surgery services referred to at this meeting.

B/2022/078

DATE AND TIME OF NEXT MEETING

Wednesday 31st August 2022 at 9.30am.