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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 25th May 2022 at 9.30am
 by using Microsoft Teams

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

PRESENT: Mrs L Ace, Director of Finance
 Mr A Boyle, Non-Executive Director
 Dr J Burns, Medical Director
 Mr P Couser, Non-Executive Director
 Mr E Docherty, Nurse Director
 Mr N Findlay, Non-Executive Director
 Ms H Knox, Chief Executive
 Mr C Lee, Non-Executive Director
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Mr B Moore, Non-Executive Director
 Ms L McDonald, Non-Executive Director
 Mr J Muir, Non-Executive Director
 Professor J Pravinkumar, Director of Public Health
 Mr D Reid, Non-Executive Director
 Dr L Thomson, Non-Executive Director / Board Vice Chair
 Mrs S White, Non-Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Mr D Hoy, Audit Scotland
 Mr L Johnson, Audit Scotland
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs J Park, Director of Acute Services
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership

APOLOGIES: Mr N Dar, Non-Executive Director

B/2022/049 **WELCOME**

Mr Hill welcomed colleagues to the meeting.

B/2022/050 **DECLARATION OF INTERESTS**

There were no declarations of interest made.

B/2022/051 **MINUTES**

The minutes of the meeting of the NHS Board held on 30 March 2022 were submitted for approval. Mr Findlay reflected that the minute covering the discussion of the National Care Service consultation (B/2022/036) could be strengthened to include a record of the Board's concerns about the direction

of travel set out in the consultation paper. It was acknowledged that this was reflective of the Board's view as a whole.

THE BOARD:

1. Approved the minutes of the meeting held on 30 March 2022 subject to the comments made by Mr Findlay about the National Care Service consultation.

B/2022/052

MATTERS ARISING

There were no issues raised that were not covered in the Action Log update.

B/2022/053

ACTION LOG

In relation to item 8, the refurbishment of the Emergency Department at University Hospital Wishaw, Mrs Park updated the Board and it was noted that a local group had been formed and detailed discussion had been held with staff to develop a programme of works, but that has not been concluded. It was agreed to provide regular updates to the Board on progress. **J Park**

In relation to item 3, Interim Corporate Objectives, Mr Lauder reported that he had discussed the feasibility of subjecting these to an Equality Impact Assessment / Fairer Scotland Duty Assessment with Public Health colleagues and advice was provided that each element should be subject to this assessment, where appropriate, rather than a single assessment of the document as a whole. The action was now closed.

The Action Log was noted.

B/2022/054

CHAIR'S REPORT

Mr Hill provided a verbal report to the NHS Board.

It was noted that the NHS in Scotland Director General had visited the Board on 1 April 2022 and the visit had been very successful in showcasing NHS Lanarkshire services and providing an opportunity for staff to meet the Scottish Government senior team.

Mr Hill added that he had also met with clinical staff at the Emergency Department at University Hospital Wishaw to hear about the pressures they were under and the concerns they had raised with the Chief Executive about these demands. It was noted that a number of actions had been agreed and were being taken forward with local management.

Dr Thomson asked for further detail about the concerns raised and Mrs Park summarised these as being around the volume of patients attending the department, the lengthening time to triage, and the impact on staff, and the rest of the Hospital, when the department was full. Mrs Park confirmed that a number of actions had already been taken, and more were being put in place around the organisation of minor injuries patients, the recruitment of additional senior clinical staff, the pathways for Paediatric patients, and Orthopaedic patients requiring assessment.

It was noted that the updated (version 2) Blueprint for Good Governance was being discussed nationally and it was anticipated that this will be disseminated to the NHS in Scotland in the summer.

Mr Hill also referred to a visit he had made to University Hospital Hairmyres, to see the Robotic Surgery service, which was very positive.

Mr Hill also referred to the recent announcement that Ms Knox had decided to retire as Board Chief Executive in November 2022, and indicated that a recruitment process was underway.

THE BOARD:

1. Noted the update from the Board Chair.

B/2022/055

CHIEF EXECUTIVE'S REPORT

Ms Knox provided a verbal report to the NHS Board.

In relation to Covid pressures, Ms Knox provided an update on the number of covid positive patients in the three Acute Hospitals, the staff sickness absence rates, and the impact on Care Homes. It was noted that the elective programme was currently moving forward as planned.

Ms Knox also referred to a positive meeting held with NHS Assure in relation to the Monklands Replacement Project.

Mr Lee asked if there was an impact yet in relation to Monkeypox cases in Lanarkshire and Professor Pravinkumar advised that cases were low in number, but an Incident Management Team was in place, meeting weekly to manage the impact of any cases coming forward, and regular updates were provided to the Corporate Management Team.

THE BOARD:

1. Noted the update from the Board Chief Executive

B/2022/056

GOVERNANCE COMMITTEE MINUTES

A number of Governance Committee minutes were provided and Mr Hill invited Committee Chairs to highlight material items for awareness.

AREA CLINICAL FORUM – 14 APRIL 2022

Noted.

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 21 APRIL 2022

Noted.

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – EXCEPTION REPORT – 3 MAY 2022

Noted.

ACUTE GOVERNANCE COMMITTEE – 5 MAY 2022

Noted.

B/2022/057

**REVIEW OF THE CODE OF CORPORATE GOVERNANCE
(INCLUDING GOVERNANCE COMMITTEE ANNUAL REPORTS)**

The NHS Board received a paper from Mr Cannon, which reminded Board Members that in May of each year the Code of Corporate Governance was reviewed, and this year a desktop review had been undertaken in light of all the Covid pandemic governance changes that had also been introduced.

It was noted that once full pre covid governance arrangements had been restored a fundamental review of the Code will be undertaken mid-year in 2022, which will also incorporate any national developments being taken forward by the National Corporate Governance Steering Group (in revising the Blueprint for Good Governance), and the review of the Model Code of Conduct for Members being established by the Standards Commission. This model code is anticipated to be released to the NHS in June 2022 and will be incorporated into the Code of Corporate Governance.

Mr Cannon also highlighted that the Board reviewed the Standing Financial Instructions and Scheme of Delegation in April 2022. These will be incorporated into the updated Code after the Board meeting.

Mr Cannon highlighted one change. Paragraph 5 of the Introduction, where the composition of the Board was set out, had been updated to reflect the additional Non Executive appointments made in 2021 and 2022, and an updated title, that of Executive Nurse Director.

Further reviews in 2022 will include a refresh of section D – Schedule of Decisions Reserved for the NHS Board, and Section G - Scheme of Delegation: Healthcare Quality Assurance and Improvement, Section F - Scheme of Delegation - Staff Governance, and Section H - Risk Management.

THE BOARD:

1. Approved the changes made to paragraph 5 of the Introduction to reflect changes in the composition of the Board;
2. Noted that a Model Code of Conduct for Members is expected to be issued by the Standards Commission in June 2022, and will be incorporated into the Code of Corporate Governance;
3. Noted that further reviews will be undertaken during 2022 as the response to the pandemic reduces; and
4. Noted that the updated Code of Corporate Governance will be uploaded on to the Board's public facing web site after the meeting.

B/2022/058

GOVERNANCE COMMITTEE ANNUAL REPORTS

The NHS Board received a paper from Mr Cannon which included copies of all Governance Committee Annual Reports, as part of the Board's

Assurance Framework. Individual Committee Annual Reports had been considered by the respective Governance Committees / Chairs.

It was noted that at the start of the pandemic in 2020 many Committee meetings were stood down, and for the 2020/21 submission Committees were asked to complete a template identifying areas of risk that had not been covered. However, in 2021/22 the Committees were able to meet more regularly, at least with limited Covid focussed agendas, with each Committee asked to prioritise reviewing their own Risk Registers when they did meet.

In addition to the Committees meeting when they could, the Board also met on a monthly basis in order to provide assurance for those Committees during short periods when they had to be stood down, and to support the Executive Team in agile decision making.

Mr Cannon highlighted that during 2021/22 the remit for the Planning, Performance and Resources Committee was altered to include oversight of the Monklands Replacement Project. However, in January 2022, the Board established a new Committee, the Monklands Replacement Project Governance Committee, which only started meeting in April 2022. There was therefore no report from that Committee this year.

The Committees also, as appropriate, provided assurance statements about the adequacy and effectiveness of Governance arrangements. The Annual Reports confirmed that the Committees had reviewed their workplans on a regular basis.

THE BOARD:

1. Endorsed the Annual Reports, which form a key part of the evidence in support of the Annual Accounts Governance Statement; and
2. Noted that the Annual Reports will be considered by the Audit Committee on 7 June 2022.

B/2022/059

GLOBAL CITIZENSHIP UPDATE

The NHS Board received a report from Mr Brown, which provided an update on development and implementation of the Lanarkshire Global Citizenship Network & Lanarkshire Global Health Twinning Project, and sought comments on the approach to develop the next phase of work.

Mr Brown stated that there were two key components of the Lanarkshire Global Citizenship Programme; to develop the Lanarkshire Global Citizenship Network and to develop a Global Health Partnership (Twinning with Chitambo District, Central Province, Zambia). Good progress was being made in both areas.

Mr Brown indicated that there had been a re-launch of the Lanarkshire Global Citizenship Programme was held on 31st March 2022, where it was agreed to re-establish the Lanarkshire Global Citizenship Network Group.

The Lanarkshire Global Citizenship Programme 2021/22 end year project report had been provided to provide more information on the programme

including key milestones which have been achieved and proposed further actions.

In terms of financial support, Mr Brown stated that the Lanarkshire programme was awarded £74,000 in 2021/22 from the Scottish Government Department for International Development Unit to progress our approach with our twinning partner in Zambia within the period 2021-22.

A request for funding from the Scottish Government Department International Development Unit for 2022-23 was noted to be pending. The funding will support the continued project management, costs associated with visits and proposals for further development of communication and engagement activities, training & development programme (suggested trauma informed practice training exchange) and online coaching/mentoring sessions.

Mr Couser noted that the funding had yet to be approved but supported the ambitions of the Programme. If not fully funded the programme should continue but look at areas, such as a planned visit to Zambia, where savings could be made.

Mr Boyle fully supported the initiative, and encouraged Mr Brown and the Network Group to work with other statutory partners in Lanarkshire to engage in this worthwhile programme.

THE BOARD:

1. Noted the progress made to date;
2. Supported the direction of travel for Lanarkshire Global Citizenship Programme including Lanarkshire Global Health Twinning Project; and
3. Noted the proposed stages of the programme and project.

B/2022/060

NHS IN SCOTLAND 2021 AUDIT SCOTLAND REPORT

The NHS Board received a copy of the Audit Scotland Report - *NHS in Scotland 2021* - and Derek Hoy, Audit Manager, and Leigh Johnston, Senior Manager, attended the meeting via TEAMS to provide a brief overview of the main messages within the Report.

It was emphasised that for the second year in a row the report covered a fast moving situation as policy and priorities develop. The findings reflected the position at February 2022. As much of the recovery work was at an early stage and it was too early for Audit Scotland to make strong judgements, the report focussed on highlighting the key risks and making recommendations that could add impact at this point.

The report covered an overview of Covid data, and backlog of patients, workforce capacity and wellbeing, recovery and remobilisation, workforce commitments, NHS finances, and the key themes that emerged from the evidence sessions at Public Audit Committee (17th March 2022).

Mr Hill thanked Mr Hoy and Mr Johnston for their very informative and succinct presentation of the main challenges facing the NHS in Scotland and invited comments from Board Members.

Mr Couser asked about clinical prioritisation, and how this was to be taken forward in future, given the Treatment Time Guarantee. Mr Johnston stated that the service had been asked to plan on using this framework until the Autumn but thereafter it was unclear how waiting times for patients were to be managed and reported.

Mr Moore highlighted the toll of drug deaths and asked if there was any further work planned in this area by Audit Scotland. Mr Johnston referred to a Drug and Alcohol briefing paper disseminated in March 2022, and he was aware that there was to be a Performance Audit next year.

Mr Findlay highlighted the impact of delays in discharging patients from hospital who no longer needed hospital care, and the difficulties in recruiting and retaining staff in community care settings. Mr Johnston stated that this was a concern nationally, and highlighted the additional workforce pressures that will come about as a result of the establishment of National Treatment Centres, if this is not managed carefully. He also referenced the key role of the Board's Health & Social Care Workforce Strategy, which Audit Scotland will be reviewing this year.

THE BOARD:

1. Noted the report from Audit Scotland; and
2. Thanked Mr Hoy and Mr Johnston for attending to present the report to the Board.

B/2022/061

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD STRATEGIC COMMISSIONING PLAN 2022-2025

The NHS Board received a paper from Mr Sengupta which provided Board Members with an overview of the South Lanarkshire Integration Joint Board (IJB) Strategic Commissioning Plan 2022 – 2025 (SCP).

It was noted that the current SCP (2022 – 2025) was approved at the IJB on 29 March 2022 and a copy was provided.

Mr Sengupta stated that this was fully aligned with the Board's Our Health Together Strategy.

Mr McGuffie reported that the North Commissioning Plan will be brought to the Board in December 2022.

Mr Boyle highlighted a number of positive aspects within the Plan, including the co-produced priorities, the emphasis on Planning with People, and the references to the Equality Impact Assessment / Fairer Scotland Duty Assessment.

Mr Moore also welcomed the references to the Organisational Development Strategy.

Dr Thomson asked if there was any way of measuring success or benchmarking progress, and Mr Sengupta indicated that there was a baseline that had been established, and the measurement of outcomes was being actively discussed.

Ms Knox also added that in relation to performance management, regular performance review meetings were held with the North and South Health & Social Care Partnership Senior Teams, involving both Council Chief Executives.

THE BOARD:

1. Noted the South Lanarkshire Integration Joint Board (IJB) Strategic Commissioning Plan 2022 – 2025 (SCP).

B/2022/062

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 report was presented to the NHS Board (March 2022). Mr Cannon took Members through each of the very high graded risks that had emerged from each of the Risk Registers within the risk management taxonomy.

Mr Couser highlighted risk 2138 - General Surgery Emergency Service - which Ms Knox indicated was being taken forward by the Acute Division as a matter of urgency.

It was agreed to look at risks 2150 and 1793 to ensure that there were no overlaps and clarity on mitigation and ownership of the risk which bit related to primary care pressures.

THE BOARD:

1. Noted a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the March 2022 (PPRC) report;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 17th May 2022;
3. Noted the very high graded corporate risks with all very high graded risks across NHSL;
4. Received and update on the work identified to improve risk reporting to the Board and the governance committees that includes format, frequency of reporting and the content of the reports to improve scrutiny and assurance. This would be covered in a Board Workshop on Risk in July 2022.

B/2022/063

FINANCIAL REPORT FOR THE PERIOD ENDED 31 MARCH 2022

The NHS Board received a report from Mrs Ace on the financial position as at 31 March 2022.

It was reported that the Board's financial plan reflected the costs of normal operating and assumed any additional Covid-19 costs would be funded by the Scottish Government. To balance, it relied on £30.693m of savings, £25.773m of which were still to be identified when submitting the plan. Mrs Ace reported that combined with the savings delivered, other underspends or slower pace of national, regional and local developments, the Board should be able to breakeven at 31st March 2022. However, it was noted that the underlying recurring gap remained and the latest assessment was £24.254m moving into the next financial year.

Mrs Ace highlighted that having been covered for the additional Covid-19 expenditure, the Board was reporting that all 3 financial targets were met in 2021/22. A breakeven position was reported against the Revenue Resource limit (RRL) of £1.635.308m, the Board also stayed within its Capital Resource Limit of £29.480m (plus additional funding) and its cash limit. These results were however subject to audit during May and June of 2022.

THE BOARD:

1. Noted the financial position as at 31 March 2022 and congratulated Mrs Ace and her team on achieving the three statutory targets (subject to audit).

B/2022/064

PERFORMANCE UPDATES

The NHS Board received a series of reports from Mrs Park, Mr McGuffie and Mr Sengupta which provided an overview of key areas of performance in the Acute Division, and in the North, and South, Health & Social Care Partnerships. The main issues were captured in the reports provided.

In relation to Unscheduled Care performance it was reported that this remained challenged and there continued to be a high number of patients attending the Emergency Departments. In addition, the occupancy levels in the 3 acute sites had also remained very high. Mrs Park added that maintaining social distancing remained a challenge, especially in Emergency Departments.

Mr Reid asked if it was feasible to have a breakdown of patients who were attending the Emergency Departments, by breach, by time of day compared to rotas, and by clinical priority, and it was agreed to provide this, and discuss it at the next NHS Board meeting.

J Park

It was noted that urgent new outpatients were being seen face to face, and at virtual appointments. Routine activity was gradually being introduced following individual departmental risk assessments to reduce 2 metre physical distancing and the redeployment of clinical staff to acute areas. It was also noted that the acute division is delivering 90% of 2019 outpatient activity.

In relation to in patient activity it was noted that the number of patients on the waiting list has reduced slightly with the greatest number of patients in orthopaedics and ophthalmology.

Mrs Park referred to a letter that had been sent to all patients on the Orthopaedic waiting list, offering an update, and support, and this was being shared with West of Scotland Acute Board contacts to be replicated across the region as good practice.

Dr Burns stated that patients were placed on more than one in patient / procedure waiting list and a further analysis of these patients was being undertaken to determine the most urgent treatment pathway for each patient.

Mr Findlay asked if Scottish Government had issued further guidance on the Treatment Time Guarantee and Mrs Park stated that the service was being encouraged to continue with the clinical prioritisation framework while further guidance was awaited.

In North Lanarkshire Health & Social Care Partnership (H&SCP), Mr McGuffie stated that delayed discharge performance improved during February 2022, and that this improvement was sustained during March 2022. The roll out of Home Support Teams would be complete across all 6 localities by September 2022 and the positive impact was already being evidenced in Cumbernauld and Wishaw.

AHP services continue to be affected by ongoing demand, capacity and resource issues. Services have worked to recruit utilising Remobilisation Funding, although for many services recruitment is proving difficult as there is limited availability of AHPs Scotland wide, which is impacting on the ability of services to show sustained improvement and recovery.

The Child & Adolescent Mental Health Service showed that 81.13% of patients commenced intervention within 18 weeks of referral in March 2022. At present, there remains significant challenges around both high levels of urgent demand and staff capacity due to vacancies. However, recruitment is ongoing against the new service model, which has tried to expand the staffing groups within the service skill mix, with some early success and new staff coming into post. New staff will support the roll out of the Choice and Partnership Approach model and other wider developments around the Neurodevelopmental Pathway, Out of Hours, Liaison and Intensive services. Mr McGuffie reported that over half of the projected 100wte new posts from the Recovery and Renewal Fund will be in place by the end of May 2022, with extensive recruitment activity continuing.

In South Lanarkshire Health & Social Care Partnership, Mr Sengupta highlighted the Discharge without Delay Programme and associated developments to support earlier discharge and potential admission avoidance are anticipated to assist in improving the Delayed Discharge performance.

Delayed discharge performance for the period April – March 2021/22 had deteriorated with bed days now beyond trajectory, bed days have steadily increased from September 2021 to February 2022, with monthly bed days above target levels.

Significantly high levels of absence across the care at home sector; infection, prevention and control closures of care homes to protect staff and patients and ongoing staffing difficulties across the wider health and social care sector have all impacted performance over recent months.

Work is ongoing in the appointment of additional staff and the identification of additional space to assist in the recovery of AHP waiting times. AHP services are struggling to recruit to remobilisation posts.

In addition to routine performance, the Joint Recovery Group is co-ordinating a consistent approach to recovery and remobilisation across both H&SCPs.

Recovery will be influenced by the ability of services to fill posts as well as any further waves of Covid infections.

THE BOARD:

1. Noted the report.

B/2022/065

QUALITY REPORT

The NHS Board received and noted the update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire. Dr Burns took Members through the paper and highlighted areas of particular interest.

It was noted that staff were being consulted on the development of the Quality Strategy and a co-design approach was being adopted.

Dr Burns also highlighted the success of the Guidelines App which had 35,000 active users, up from 6,500 users last August 2021.

In relation to Quality Walkrounds it was noted that these were being re-established, concentrating on daytime visits at the moment but with the intention of extending these when appropriate to evening and weekend visits.

Dr Burns also added that Quality Week had been a great success with very positive engagement with staff on a wide range of quality issues.

THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and
3. Supported the ongoing development of the Lanarkshire Quality Approach.

B/2022/066

CALENDAR OF DATES 2022/23

Noted.

B/2022/067

WORKPLAN 2022/23

Noted.

B/2022/068

ANY OTHER COMPETENT BUSINESS

No items were raised.

B/2022/069

CLOSED SESSION

It was agreed to invoke Standing Order 19.5 - Resolution to take item in closed session due to the confidential nature of the discussion.

Mr Lauder reported that negotiations had now reached an 'agreement in principle' position at University Hospital Wishaw to return soft FM services to the NHS. However, it had not been possible to reach agreement to discuss an early return of soft FM services at University Hospital Hairmyres.

Board approval was sought to move to the transition and implementation phase at University Hospital Wishaw.

The pricing recommended within the Septennial Review process will apply from 26 May 2022 and soft FM services at UHW will return to in-house provision before the end of the calendar year.

It was noted that there were a series of steps to take forward immediately, if the Board agreed in principle to proceed, including making changes to contracts, establishing a transition team, and a comprehensive programme of engagement with staff.

Mr Hill congratulated the team that had worked with Mr Lauder and Mrs Ace to being about this agreement, and Mrs Macer highlighted the team effort in achieving this very positive outcome for staff.

THE BOARD:

1. Approved application of UHW Septennial Pricing from 26th May 2022 until transfer to services;
2. Noted that agreement in principle has been reached with Summit/Serco for the deletion of soft FM services at UHW in 2022;
3. Agreed to move to the next stage of negotiation, including the enactment the communications plan described above;
4. Noted the actions necessary to achieve a revision to contract and transfer of services;

5. Noted that a date for transfer of service will be confirmed following the last of these steps; and
6. Noted that further discussions are planned at UHH on future provision of soft FM services and arrangements that will apply at the end of the primary contract term in 2031.

B/2022/070

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.

B/2022/071

DATE AND TIME OF NEXT MEETING

Wednesday 29 June 2022 at 9.40am.

DRAFT