

Lanarkshire NHS Board Kirklands Hospital
 Fallside Road
 Bothwell G71 8BB
 Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



**Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 26th January 2022 at 9.30am
 by using Microsoft Teams**

CHAIR: **Mr M Hill, Non Executive Director**

PRESENT: **Mrs L Ace, Director of Finance**
Mr A Boyle, Non Executive Director
Dr J Burns, Medical Director
Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals
Mr N Findlay, Non Executive Director
Councillor P Kelly, Non Executive Director (until minute 14)
Ms H Knox, Chief Executive
Mrs M Lees, Chair, Area Clinical Forum
Mrs L Macer, Employee Director
Mr B Moore, Non Executive Director
Mr J Muir, Non Executive Director
Ms L McDonald, Non Executive Director
Councillor J McGuigan, Non Executive Director (until minute 11)
Dr A Osborne, Non Executive Director
Professor J Pravinkumar, Director of Public Health
Mr D Reid, Non Executive Director
Dr L Thomson, Non Executive Director / Vice Chair

IN ATTENDANCE: **Mr C Brown, Director of Communications**
Mr P Cannon, Board Secretary
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
Mrs K Sandilands, Director of Human Resources
Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership
Mr A Gordon, Senior Fire & Safety Advisor (minute 10)
Mr B McDines, Deputy Director, Property & Support Services Division (minute 10)

APOLOGIES: **None**

B/2022/001 WELCOME

Mr Hill welcomed colleagues to the meeting, and highlighted that the Board would be joined by Mr Gordon and Mr McDines for the item on Fire Safety.

B/2022/002 DECLARATION OF INTERESTS

There were no declarations of interest made.

B/2022/003 MINUTES

The minutes of the meetings of the NHS Board held on 15 December 2021 and 20 December 2021 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meetings held on 15 December 2021 and 20 December 2021

B/2022/004

MATTERS ARISING

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

B/2022/005

ACTION LOG

It was noted that the Action Log had been split into two documents, the first section to show active items, the second listing archived completed items. Members discussed specific items on the Action Log. The Action Log would be updated. Mr Hill asked Directors to review all outstanding actions on the Log and update these for the December meeting.

B/2022/006

CHAIR'S REPORT

Mr Hill provided a verbal report to the NHS Board.

It was noted that a visit had been arranged for all Board Members to visit the site of the new Monklands Hospital, at Wester Moffat.

Mr Hill also highlighted that he had arranged to meet all Board Members as part of his induction, and would be arranging to meet the four new Non Executive Members who will be joining the NHS Board from 1 February 2022.

THE BOARD:

1. Noted the update from the Board Chair.

B/2022/007

CHIEF EXECUTIVE'S REPORT

Ms Knox provided a verbal report to the NHS Board.

Ms Knox provided an overview of the current Covid positive case numbers and the numbers of in-patients being treated across NHS Lanarkshire.

The update also included up to date details of the progress being made in the vaccination programme, and the Booster / Flu campaign.

It was noted that services were dealing with exceptionally high numbers of patients attending Hospital Emergency Departments with Covid and this, combined with high levels of staff absence due to illness, and isolation, was having a significant impact across all health & social care services.

It was also noted that the support from the Military was due to come to an end on 26 February 2022, and Ms Knox placed on record her thanks to all the Military personnel who had assisted in NHS Lanarkshire.

In terms of service recovery, it was acknowledged that this would take a significant period of time to achieve and that public expectations need to be consistent with the challenges faced by the service. It was also

acknowledged that the pressures being experienced were having an impact on staff wellbeing, and that the Board was doing all it could to ensure that all staff had access to practical and emotional support.

Board Members recognised the scale of the task involved in restoring services and addressing the backlogs that had built up during the past two years. This will require additional staff and sufficient graduates in a range of disciplines to be trained, and able to join the service in the short to medium term.

Mr Hill stated that the issue of remobilisation and recovery will be included in the programme for the Development Day being planned for March 2022.

Ms Knox also stated that there had been a recent Unannounced Healthcare Improvement Scotland Inspection to University Hospital Monklands.

THE BOARD:

1. Noted the update from the Board Chief Executive

B/2022/008

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – EXCEPTION REPORT – 19 JANUARY 2022

The NHS Board received an exception report from the Committee Chair, Mr Boyle, following the meeting of the Population Health, Primary Care and Community Services Governance Committee held on 19 January 2022. Mr Boyle highlighted three items of discussion: the Corporate Parenting Strategy, Shaping Places, and the need to refresh the Emergency Departments High Resource User Survey undertaken pre Covid.

B/2022/009

MONKLANDS REPLACEMENT PROJECT – GOVERNANCE ARRANGEMENTS

The NHS Board received a paper from Mr Lauder, Director of Planning, Property and Performance, on the options for the revision of governance arrangements to support the Monklands Replacement Project. It was noted that three options were set out, with one of these options being the preferred option from the Leadership Group.

Board Members were reminded that they had an opportunity to reflect on the options, and to test the preferred option put forward in a briefing meeting in early January 2022, and the paper had been updated accordingly.

It was agreed that option 2 - create a specific, smaller MRP Governance Committee reporting into the PPRC - should be taken forward.

Mr Lauder also set out a draft remit for the new Governance Committee and some recommendations in relation to the membership of the Committee, the range of external advisors to be invited to join the Committee, as well as reporting arrangements.

THE BOARD:

1. Approved the establishment of a Monklands Replacement Committee and asked Mr Lauder to develop the supporting infrastructure with Mr Cannon.

**C Lauder / P
Cannon**

B/2022/010

FIRE SAFETY ANNUAL REPORT 2020/21

The NHS Board received a report from Mr Lauder, which provided the Fire Safety Annual Report for 2020/21. Mr Lauder reminded Board Members that it is was a requirement of Scottish Government Health & Social Care Fire Safety Policy for NHS Scotland (CEL 11: 2011) for Boards to report annually on the fire safety performance of the organisation.

Mr Lauder introduced Mr McDines and Mr Gordon to present the Annual Report to the Board.

Mr McDines highlighted the progress made in reducing unwanted fire alarms (down from last year by 19%), and that a total of 4 actual fire incidents were reported and investigated during reporting period 2020/21. The number of actual fire incidents for reporting period 2020/21 decreased by 5 when compared with 2019/20. Mr Lauder referred to one of these incidents (at University Hospital Hairmyres) which was discussed as a Significant Adverse Event in detail at the Healthcare Quality Assurance & Improvement Committee in September 2021. A lessons learned report would be presented to the Planning, Performance and Resources Committee in February 2022.

Mr McDines also referred to the significant investment made by the Board with £2.65m spent on fire safety measures in the current financial year.

Mr Gordon highlighted the very positive working relationship with the Scottish Fire & Rescue Service (SFRS), the challenge to maintain training levels during the pandemic, the revision to the key performance metrics being used in real time, and the ongoing review of the Fire Safety Policy. Of some concern was the national revised operational response to community health centres introduced by the Scottish Fire & Rescue Service, and how this will impact on NHS property and staff.

Mr Lauder highlighted that in May 2020, SFRS reduced the level of operational response to all non-sleeping risk premises as part of their response plan to the COVID 19 Pandemic. This resulted in the level of operational response to all Community Health Centres (CHC) being reduced from 2 fire appliances to 1 in the event of an automatic fire alarm activation. SFRS advised they would mobilise a full operational response to a CHC on confirmation by telephone that the cause of a fire alarm activation is an actual fire. Mr Lauder added that NHS Lanarkshire had raised concerns about this change through SFRS and the National (NHS) Fire Safety Group, however the SFRS position remained unchanged. Mr Moore echoed the comments of Members who also voiced concerns about this change.

Mr Boyle stated that the level of investment in fire safety measures was very positive, and the focus that was applied to this area very welcome. He also noted that the Director of Hospital Services, University Hospital Monklands (UHM) was aware of the need to address the reasons for 10 unreported fire

incidents at UH during 2020/21, and had been asked to put in place a suitable Corrective Action Plan to rectify this.

Dr Osborne highlighted that this should be an area of ongoing monitoring by the Board and it was agreed that this should be through providing updates on progress to the Planning, Performance and Resources Committee.

Mr Hill thanked Mr McDines and Mr Gordon for taking Members through the highlights within the Annual Report. He acknowledged that maintaining training levels during the covid pandemic was a challenge but he asked that the levels of training provided be kept under review, and improved.

THE BOARD:

1. Approved the Fire Safety Annual Report for 2020/21.

B/2022/011

SOUTH LANARKSHIRE INTEGRATION SCHEME - REVIEW

The NHS Board received a paper from Mr Sengupta which provided a summary of a light touch review of the South Lanarkshire Integration Scheme, as required by statute.

Board Members were reminded that as part of the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Councils and NHS Boards were required to review their Integration Scheme at least once every five years.

It was noted that the Executive Committee of South Lanarkshire Council was due to meet on 2 February 2022 to similarly consider the revised Scheme for approval.

Mr Sengupta summarised the changes made to the Scheme which he described as minor in nature. These included changes to terminology to reflect the 'here and now' position. No material changes had been proposed to delegated functions, and therefore from a financial perspective the Integration Joint Board budget remains within the parameters of the original and agreed delegated functions when the Integration Scheme was first approved in 2015. In addition, where actions/commitments have now been completed, the Integration Scheme had been updated, alongside any target dates.

THE BOARD:

1. Approved the review of the South Lanarkshire Integration Scheme and the submission of the revised Scheme to the Scottish Government; and
2. Noted that it will be presented to a future South Lanarkshire IJB meeting, for noting.

B/2022/012

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 (October 2021) and the Planning, Performance & Resources Committee (PPRC) in November 2021 including new or closed risks. 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.

In relation to risk 1882 - Acute Sector Bed Capacity - Ms McDonald asked if significant delays were being caused by Adults with Incapacity issues to be resolved. Mrs Park stated that some were due to these issues, but the more challenging constraint was the number of Care Homes closed to admission, and being able to meet patient choice.

In relation to risk 2115 - delivery of CAMHS service - Mr McGuffie stated that adverts for 96 wte additional staff were in place and so far 34 wte staff had been recruited. An update on CAMHS services would be provided at the March Board meeting.

In relation to risk 2059 - Clinical Waste Contract Delivery - Mr Lauder provided assurance that this was being addressed at a national level and there was no impact on local operational services.

Mr Findlay highlighted delayed discharges as a priority for the NHS Board to address and reduce, as this had a significant impact on patients and families, as well as preventing patients from flowing through the system. Mrs Park reported that a Day of Care Audit had been undertaken to ensure that all delays were being captured and recorded accurately.

Mr Cannon highlighted that a more fundamental review of the Corporate Risk Register was being undertaken in January and February, and Mr Hill supported this review, adding that it would be helpful to provide some development time to look at risk, and the various reports presented to the Board and Governance Committees, in due course.

P Cannon

THE BOARD:

1. Note the new risks and closed risks since November 2021;
2. Noted the summary of significant material changes to the Corporate Risk Register;
3. Endorsed the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
4. Considered of the very high graded risks across NHSLS;
5. Noted the Corporate Risk Register, accurate as at 12th January 2022, set out in Appendix 1;
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 12th January 2022;

7. Noted the proposed review of the risk register over January and February 2022 and the intention to spend development time on risk and governance.

B/2022/013

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.

Mrs Park highlighted that there was a continued focus on the unscheduled care demands, clinical prioritisation of cancer, and clinically urgent patients, using the national clinical prioritisation system. Unscheduled Care performance remained challenged and the number of patients attending the Emergency Departments had presented challenges also. In addition, the occupancy levels in the 3 acute sites had remained very high.

In North Lanarkshire Health & Social Care Partnership, Mr McGuffie stated that following actions taken by the Partnership delayed discharge performance showed improvement during November 2021. Some AHP services had been affected by ongoing demand, capacity and resource issues. In particular, there were significant issues relating to accommodation and staffing levels. This was impacting on their ability to show sustained improvement and recovery. He added that additional recovery funding was in place for Child & Adolescent Mental Health Services and referred to his earlier remarks about updating the Board on progress in March 2022.

In South Lanarkshire Health & Social Care Partnership, Mr Sengupta reported that the Partnership had continued the successful reduction in delayed discharges and associated bed days, although the months of September to November 2021 bed days are marginally above target. Work was ongoing in the appointment of additional staff and space to assist in the recovery of AHP waiting times.

Mr Lauder added that in addition to monitoring routine performance a Joint Recovery Group is co-ordinating a consistent approach to recovery and remobilisation across both H&SCPs. Board were no longer expected to achieve Annual Operating Plan targets but revised targets were not yet available.

Ms Knox highlighted that version 4 of the Remobilisation Plan had been submitted to Scottish Government and shared with Board Members. This however needed to be updated as it reflected circumstances that prevailed in September 2021.

Mr Hill stated that it was intended to discuss remobilisation and recovery as part of the Development Day planned for March 2022.

THE BOARD:

1. Noted the report.

B/2022/014

FINANCIAL REPORT

The NHS Board received a report from Mrs Ace on the financial position as at 31 December 2021.

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.

The aspiration was to have identified sufficient measures by November 2021 to return to a break-even at the year-end. Severe pressures on services from the prevalence of Covid-19 and pent up demand has meant we remain on an emergency footing and have been unable to resume the financial sustainability programme, which has been paused since March 2020. Mrs Ace highlighted that there had been ongoing dialogue with Scottish Government on Covid-19 related financial assistance to bridge the gap to be combined with any further efficiencies, underspends or slippage we identify. Board Members noted that based on these discussions there was confidence that brokerage would not be required to balance in year. A further financial return will be submitted at the end of January 2022, and will form the basis for agreeing more definite funding commitments.

£41.241m of additional cost has been incurred in the first nine months through cover for staff isolation, additional cleaning, separate Covid-19 pathways still in place, the costs of testing, tracing, outbreak control and vaccination. Costs are being logged and reported to Scottish Government quarterly through an agreed national process.

As in previous years, the Board maintained a longer list of capital schemes than could be covered by initial secured funding with a commitment to manage through the year to allow maximum progress. A funding plan is now in place for the current programme with any slippage or cost changes in the final quarter being closely monitored.

Mr Moore asked if Scottish Government had provided advice on how any savings target was to be addressed in 2022/23, and Mrs Ace confirmed that guidance was awaited.

THE BOARD:

1. Noted the financial position as at 31 December 2021.

B/2022/015

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.

Dr Burns highlighted in particular the improvement plan being followed through by the Complaints Team, progress being made in relation to the migration of modules as part of the upgrade of the Improvement Portal (LanQUIP), the development of DATIX to better capture falls, tissue viability and cardiac arrest data.

THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services.

B/2022/016

HEALTHCARE ASSOCIATED INFECTION REPORT

The NHS Board received and noted a paper from Mr E Docherty which provided an update on NHS Lanarkshire's position in regards to the Chief Nursing Officer's (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use and provide an update on the Infection Prevention and Control aspect of the Breakthrough Series Collaborative. It was noted that further detailed papers on Hand Hygiene will be presented to the Healthcare Quality Improvement and Assurance Committee on 10 February 2022. It was noted that validated data would not be available until April 2022.

Dr Thomson stated at the outset that she was disappointed to see that despite a significant effort to raise awareness of the importance of Hand Hygiene, there appeared to be little progress in improving compliance rates in meeting the Hand Hygiene standards, and asked that this be prioritised. Board Members joined her in sharing their concerns that this important standard was not being met.

THE BOARD:

1. Noted the report;
2. Expressed the view that the report in respect of Hand Hygiene only provided limited assurance around NHS Lanarkshire's performance on HCAI; and
3. Supported the ongoing development of the Lanarkshire Breakthrough Series Collaborative.

B/2022/017

WHISTLEBLOWING QUARTER 2 REPORT

The NHS Board received and noted the quarter 2 report on Whistleblowing which was presented by Kay Sandilands and Lesley McDonald. It was noted that there were no whistleblowing concerns raised during July, August and September 2021 and that the report was discussed at the Staff Governance Committee meeting held on 29th November 2021.

The paper also set out a range of implementation issues addressed in publicising and embedding Whistleblowing in NHS Lanarkshire.

THE BOARD:

1. Noted the implementation update;
2. Noted the performance report in relation to concerns raised in Quarter 2 (July – September 2021); and
3. Received assurance that whistleblowing standards were being followed and learning shared.

B/2022/018

COVID UPDATES**a) Vaccination Delivery Programme**

The NHS Board received and noted an update on the covid and flu vaccination programmes which showed significant positive progress in relation to a range of age groups, schools and booster stages. Dr Burns took Members through the detail contained within the report.

b) Test & Protect Update

The NHS Board received and noted an update on the Test & Protect service which showed a recent rise in cases. It was highlighted that in the past month the service has recorded the highest case numbers since the start of the pandemic, peaking between 28 December 2021 and 4 January 2022 averaging 3,050 new cases daily with the highest being 3,694 on 29 December 2021. Dr Burns took Members through the detail contained within the report.

c) Care Homes Update

The NHS Board received and noted an update on the support being provided to Care Homes and Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals took Members through the paper. He highlighted the extensive range of support in place including outbreak management, lateral flow device test of change, the range of the Task and Finish Winter Improvement Projects, and the progress made in relation to the Vaccination Covid 19 booster and Flu Programme.

Mr E Docherty also reminded Board Members that he had previously reported that Care Inspectorate had issued a proposal to cancel registration in respect of a provide in North Lanarkshire, and he reassured Board Members that Board Officers were continuing to work closely with the Home, the Care Inspectorate and the Council Social Work Department to support the home and residents while legal processes were being followed by the Care Inspectorate

B/2022/019

ANY OTHER COMPETENT BUSINESS

Mr Hill reflected that this was the last Board meeting to be attended by Dr Avril Osborne, as she was due to complete her two terms of office at the end of February 2022. Mr Hill paid tribute to the contribution made by Dr Osborne on the past eight years, which was considerable and significant. Board Members joined with Mr Hill in wishing Dr Osborne well in her future endeavours.

B/2022/020

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/2022/021

DATE AND TIME OF NEXT MEETING

Wednesday 25th May 2022 at 9.30am.

B/2022/022

INVOKING OF STANDING ORDER 19.5

Board Members were asked to discuss an additional item in closed session due to the confidential nature of the discussion.

B/2022/023

REDRESS FOR SURVIVORS (HISTORICAL ABUSE IN CARE) (SCOTLAND) ACT 2021

The NHS Board received a paper from Ms Knox that set out that all 22 NHS Scotland Boards had been asked by the Scottish Government to formally confirm their participation in the Redress scheme for survivors of historical child abuse in residential care settings in Scotland. Ms Knox highlighted that This was discussed and the approach agreed at a Board Chief Executives Meeting on 14 December 2021.

THE BOARD:

1. Agreed to become a contributor to the Redress scheme for Survivors of Historical Child Abuse in residential care settings in Scotland; and
2. Agreed to adopt a common NHS Scotland approach to the wording of the Board's public acknowledgement.