

Lanarkshire NHS Board Kirklands Hospital
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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 31st August 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 N Dar, 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
 Cllr E Logan, Non-Executive Director
 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 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
 Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: Cllr M Coyle, Non-Executive Director
 Mrs K Sandilands, Director of Human Resources

B/2022/094 **WELCOME**

Mr Hill welcomed colleagues to the meeting.

B/2022/095 **DECLARATION OF INTERESTS**

There were no declarations of interest made.

B/2022/096 **MINUTES**

The minutes of the meeting of the NHS Board held on 25 May 2022 and 6 July 2022 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 25 May 2022 and 6 July 2022.

B/2022/097

MATTERS ARISING

Mrs Macer asked for an update in relation to the General Surgery Business Continuity Plans. Ms Knox indicated that 2 teams were working across 3 sites as planned, and the arrangements were being kept under close review with a weekly meeting in place. The plan was progressing in line with the model set out. In relation to the Scottish Ambulance Service it was noted that there was dialogue ongoing at operational and Chief Executive levels also. In addition, Mrs Park stated that there would be a stock-take exercise in 6 weeks, which would include securing the views of the Ambulance Service. **J Park**

B/2022/098

ACTION LOG

The Action Log was noted.

B/2022/099

CHAIR'S REPORT

Mr Hill provided a verbal report to the NHS Board.

Members noted that there had been two meetings of Board Chairs since the last Board meeting and this also included the Cabinet Secretary. The range of topics discussed included Covid, Delayed Discharges, Monkeypox, the National Treatment Centres, the National Care Service and the Resource Spending Review.

Mr Hill also reported that he had been asked to join a national group - Improving Population Health - and that the Population Health, Primary Care and Community Services Committee established by the Board in 2018 was viewed as a model to be adopted by other Boards. He also attended a national group meeting involving a network of Board Sustainability Champions.

Mr Hill stated that he had visited a number of areas in the Health Board including services in the Airdrie locality and at Orchard Street, Hamilton, both of which were very positive experiences.

It was also noted that the arrangements for the appointment of a new Board Chief Executive were in hand, and that Dr Burns, Executive Medical Director, had indicated her intention to retire at the end of December 2022.

THE BOARD:

1. Noted the update from the Board Chair.

B/2022/100

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 provided an update of a range of initiatives being planned for the Wellbeing Week in October 2022 and encouraged Board Members to look out for these opportunities to engage with staff. A Staff Summit follow up session was planned in order to maintain the good progress made at the initial summit meeting.

Mr Findlay asked about the impact of the rises in energy costs on the Board, and Ms Knox reported that these were being analysed at the moment, and there was no doubt that the Boards financial position would be adversely impacted, but that the Resilience Partnership was looking at the impact of the wider cost of living pressures on staff and the wider population. Ms Knox added that the Health Board was looking at ways of addressing food poverty, in particular among lower paid staff groups. Professor Pravinkumar stated that a national group had been established by Public Health Scotland to seek to explore how Boards collectively could assist staff, and their local populations, and this was being supported by a small local group of NHS Lanarkshire officers also.

THE BOARD:

1. Noted the update from the Board Chief Executive

B/2022/101

GOVERNANCE COMMITTEE MINUTES

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

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 9 JUNE 2022 DRAFT

Noted.

AREA CLINICAL FORUM – 23 JUNE 2022 DRAFT

Noted. Mrs Lees highlighted the Staff Care Service and Mr Docherty stated that he was taking the development requests forward with Mrs Macer to maximise efforts and available support. Mrs Ace suggested that an approach to the Endowment Trustees might be considered, if appropriate.

PLANNING, PERFORMANCE & RESOURCES COMMITTEE – 29 JUNE 2022 DRAFT

Noted.

AUDIT COMMITTEE – 7 JUNE 2022 & 5 JULY 2022 DRAFT

Noted.

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – EXCEPTION REPORT – 5 JULY 2022 DRAFT

Noted.

ACUTE GOVERNANCE COMMITTEE – 20 JULY 2022 DRAFT

Noted.

PHARMACY PRACTICES COMMITTEE - MINUTE 15 AUGUST 2022 - FERNIEGAIR PHARMACY LTD HAMILTON

Members were asked to note the outcome of an application by Ferniegair Pharmacy Ltd to have their name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at Unit 3, Allanton Gardens, Ferniegair, ML3 7GQ, which was rejected by the Committee.

Noted.

B/2022/102

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 treatment targets, Mrs Park referred to the announcement made by Scottish Government on 6 July 2022 around long waiters, and the target to have no patients waiting over 104 weeks for treatment by the end of September 2022. Further trajectories had also been set to drive down long waits to under 78 weeks. Mrs Park indicated that the Acute Division was working hard to achieve these milestones, but that diagnostic capacity, workforce, unscheduled care and ongoing covid pressures were making this challenging.

In relation to Cancer treatment targets, Mrs Park highlighted that good progress was being made in the 31-day pathway, and that the 62-day pathway was just below the 95% target set.

Members noted that the Acute Governance Committee had sent time looking at Unscheduled Care in detail at their last meeting, and a number of actions had been identified across a broad range of measures to improve the Emergency Department 4-hour target.

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. It was noted that further discussions were being taken forward in respect of winter planning to identify different ways of working in the face of unprecedented levels of demand.

Mrs Park reported that a number of very welcome Consultant appointments had been made, in areas that had been difficult to recruit to, and she highlighted the 3 Interventional Radiologists and 2 General Radiologists that had recently accepted offers.

Mrs Park also referred to the use of the independent sector, and in following up a request for information about spend and activity, from Mr Findlay, and it was suggested that this be discussed further at an Acute Governance Committee. **J Park**

In relation to North Lanarkshire Health & Social Care Partnership, Mr McGuffie highlighted that the service was continuing to work on reducing delayed disc ages but that demands were very high. In the recent week there had been 151 referrals against a previous high of 132 in November 2021.

Home Assessment Teams were actively recruiting additional staff and were functioning effectively when these are fully in place. Mr McGuffie gave recent examples of the way in which one team was able to address the needs of 75 referrals, with a substantial number requiring no input after review. The Teams were expected to be fully in place in Cumbernauld and Wishaw localities (from September 2022 onwards), and all 6 localities would be covered by February 2023.

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 61.82% of patients commenced intervention within 18 weeks of referral in May 2022.

Mr McGuffie highlighted that there continued to be an increased demand (urgent presentations) which impacts on capacity across the service. In addition to this, recruitment has been challenging and at times, slow to progress due to the NHS Boards competing for the same pool of staff. There are particular posts which are harder to fill and the service are linking with HR to explore innovative ideas to attract staff to NHS Lanarkshire CAMHS.

There is ongoing work around Trakcare to improve the reporting systems within the service. The CAMHS Modernisation Board has been established and this will drive forward a number of workstreams aimed at improving the service.

Members noted that a full update on CAMHS, including the service recovery action plans, will come to Planning, Performance and Resources Committee in September 2022. The CAMHS Programme Board continues to coordinate all aspects of the service recovery, with representation from the Scottish Government. **R McGuffie**

An additional 59 posts have now been recruited from the 102 additional Recovery and Renewal Funded posts. Positively, our additional capacity has supported the start of a range of 'out of hours' clinics to support the recovery of the CAMHS and Neurodevelopmental Service waiting lists. From week beginning 22nd August, there will be over 100 new patient appointments per week, which will have a significant impact on the current waiting list.

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.

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. It was also noted that for every additional hour secured the independent sector was reducing their input by roughly the same amount as staff move across sectors.

Mr Findlay asked if it was feasible to have a breakdown of average costs in relation to a bed stay in hospital, a care home or home care. Mr Sengupta stated that this might be difficult without a range of caveats, but agreed to look into this. **S Sengupta**

Mr Moore observed that requests for packages were considerably higher than average from acute settings, particularly University Hospital Hairmyres, and Mr Sengupta stated that this as being looked into. **S Sengupta**

THE BOARD:

1. Noted the report.

B/2022/103

UNSCHEDULED CARE

Members noted that Mr Coulthard had provided a copy of a recent presentation which had been made to the Acute Governance Committee as part of a deep dive into unscheduled care, which was noted. Mr Reid asked if further consideration could be given to looking at clinical presentations vs waiting times, Mrs Park stated that she would see if that was feasible, and report back through the Acute Governance Committee. Mr Couser also asked if length of stay could also be looked at in comparison with other Boards. **J Park**

THE BOARD:

Noted the report.

B/2022/104

SERVICE PRESSURES

In addition to the discussion around performance and Unscheduled Care, Ms Knox also provided an update on the current black status, and highlighted the pressures being experienced in the Emergency Departments this week.

THE BOARD:

Noted the report.

B/2022/105

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 (May 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.

In relation to risk 2039 – buying back leave – it was noted that this was being carefully monitored.

Mr Couser highlighted risk 549 – Fraud – and asked if this should remain on the Corporate Register. Mrs Ace indicated that it should as it is an ever present risk and the threat and mitigation is updated regularly. It is also subject of a separate report to each Audit Committee such is the significance attached to reviewing all cases detected.

In relation to risk 2038 - Procurement of a new NHS Lanarkshire Labs Managed Service Contract - it was acknowledged that this was the single largest contract offered by the NHS Board and the implication of not having a functioning Laboratory system would have a significant impact on a wide range of services, not just in Acute Hospitals.

THE BOARD:

1. Noted a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the May 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 August 2022;
3. Noted the very high graded corporate risks with all very high graded risks across NHSL;

B/2022/106

FINANCIAL REPORT FOR THE PERIOD ENDED 30 JULY 2022

The NHS Board received a report from Mrs Ace on the financial position as at 30 July 2022.

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 £38.223m of savings. An estimated £32.554m of savings had still to be identified when submitting the plan.

Mrs Ace highlighted that since then there has been a marked deterioration in the Board's financial forecast and the estimated gap now sits at £69.262m. The main reasons for this are set out in Annex C. The Board had been advised of a financial envelope of £15.8m for Covid-19 which fell £10.467m short of forecasts. This envelope gives Lanarkshire around 5% less than its population share of the national total, which was being discussed with Scottish Government.

It was noted that the Corporate Management Team had established a Financial Recovery Group which has assigned ownership for various work streams. These are still at an early stage and even those under discussion represent small scale savings opportunities which will not be enough to close the gap.

An SG letter of 14th July 2022 advised Boards that they must break even in 2022/23 and that brokerage will not be available. Further discussions with Scottish Government will be required. Meanwhile the Board will continue to look for savings opportunities whilst prioritising clinical safety and continue to seek an equitable Covid-19 funding envelope.

The Month 4 results show a £15.722m overspend to date, excluding the £8.939m of additional costs attributed to Covid-19. This is a combination of the opening predicted gap and an over spend within the Acute Division of £7.498m.

There is confidence the capital schemes can be delivered within funding albeit details have to be finalised on funding opportunities for backlog maintenance.

The impact of agency staffing spend was discussed in detail and it was noted that a group was looking at limiting the use of agency and bank staff (particularly nursing) and that Mr Docherty and Mrs Sandilands were taking this forward.

THE BOARD:

1. Noted the financial position as at 30 July 2022.

B/2022/107

HEALTHCARE ASSOCIATED INFECTION Q4 AND ANNUAL REPORTS

The Board received and noted a paper from Mr Docherty which provided Board with an update on NHS Lanarkshire's position in regards to the CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use, in quarter 4 and an Annual Report.

Mr Docherty took Members through the paper in detail highlighting areas of good and worsening compliance.

In relation to comparisons with other NHS Boards, Mr Docherty stated that this Board's position was benchmarked regularly, but that covid prevalence being different in different Health Board's was making these direct comparisons difficult in recent times.

Mr Reid asked about the one related CDI death between January and March 2022 which was awaiting a decision regarding a Significant Adverse Event Review (SAER). Mr Docherty stated that any death related to Infection Control was subject to an SAER and system wide learning is communicated via existing governance groups.

THE BOARD:

1. Noted the report;
2. Confirmed that the report provides sufficient assurance around NHS Lanarkshire performance on HCAI, and the arrangements in place for managing and monitoring HCAI; and
3. Supported the ongoing development of the Lanarkshire Breakthrough Series Collaborative.

B/2022/108

STRATEGIC ACADEMIC PARTNERSHIP REPORT

Board Members received and noted a report from Dr Burns which provided an update on the progress in developing effective strategic academic links between NHS Lanarkshire and Scottish Universities on the following areas covering the period April 2021 – June 2022:

- A summary of ongoing partnership working
- Academic status awarded to individual departments
- Honorary Academic appointments to NHS Lanarkshire Healthcare Professionals

Board Members expressed their thanks to all those involved in forging these relationships with the University sector and it was clear that there were numerous benefits to the staff of the Board, and the University in collaborating on a number of areas of service delivery and research, which would only benefit patients in NHS Lanarkshire on the short to medium term.

THE BOARD:

1. Noted the development of academic partnership working with departmental university status;
2. Noted the development of academic partnership working with shared honorary appointments; and
3. Endorsed the approach to this work in supporting the Board's Quality Ambitions and agree on annual updates to the Board.

B/2022/109

WHISTLEBLOWING Q4 & ANNUAL REPORT 2021/22

Board Members received and noted a whistleblowing report in the form of an update on quarter 4 activity and an Annual Report for the year 201/2022, which was introduced by Ms McDonald, Non-Executive Director and Whistleblowing Champion, in Mrs Sandilands absence.

It was noted that the National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. It is a requirement of the Standards to report whistleblowing performance to the NHS Board on a quarterly and an annual basis. Quarter 4 report (no concerns raised) and the Annual Report summarised and built on the quarterly reports, including performance against the KPIs, the issues

that have been raised and the actions taken to improve services as a result of concerns.

Ms McDonald highlighted the very positive way in which services was engaged in cases raised, and the very positive feedback from those who had used the Policy. It was also noted that a “Speak Up” week

In relation to training uptake it was noted that this was being reviewed by the local group developing the Policy.

THE BOARD:

1. Noted the quarter 4 report;
2. Discussed the annual whistleblowing report for 2021/20; and
3. Received assurance that whistleblowing standards are being followed and learning shared.

B/2022/110

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 drew Members attention to the section on HSMR (which was positive), and crude mortality rates (which were returning to near pre covid levels / rates), and the improvements made in the organisation and management of the complaints function.

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/2022/111

GOVERNANCE UPDATES

The NHS Board received and noted a paper which outlined proposed changes in the Governance Portfolios of Non-Executive Directors, effective from 1 August 2022, to reflect the appointments of Councillor Coyle and Councillor Logan, who both joined the Board in June 2022, as Local Authority Nominated Board Members.

It also sought formal approval to change the Audit Committee to the Audit & Risk Committee, as discussed and agreed at the Risk Workshop on 18 July 2022.

It also provided a brief update on the Leadership Walkrounds that have commenced.

THE BOARD:

1. Approved the changes made to Committee membership in relation to Councillor Coyle and Councillor Logan, from 1 August 2022;
2. Endorsed the change of name of the Audit Committee to the Audit & Risk Committee, with effect from 1 September 2022; and
3. Noted that Leadership Walkrounds have commenced.

B/2022/112

CALENDAR OF DATES 2022/23

Noted.

B/2022/113

WORKPLAN 2022/23

Noted.

B/2022/114

ANY OTHER COMPETENT BUSINESS

No items were raised.

B/2022/115

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/2022/116

DATE AND TIME OF NEXT MEETING

Wednesday 26 October 2022 at 9.30am.