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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 14th December 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
 Councillor M Coyle, Non-Executive Director
 Mr P Couser, Non-Executive Director
 Mr N Dar, Non-Executive Director
 Mr E Docherty, Nurse Director
 Professor J Gardner, 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
 Dr C Deighan, Executive Medical Director (designate)
 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
 Mrs K Sandilands, Director of Human Resources

APOLOGIES: Mr P Cannon, Board Secretary

B/2022/139

WELCOME

Mr Hill welcomed colleagues to the meeting. Mr Hill also welcomed members of the public and staff who were observing the meeting and he confirmed that a recording of the meeting would be available on the Board's website to view over the next week.

Mr Hill formally welcomed Professor Gardner to her first Board meeting as Board Chief Executive, and Dr Deighan as Executive Medical Director (designate), who will take up post formally in January 2023.

B/2022/140

DECLARATION OF INTERESTS

Mr Boyle declared an interest in relation to item 7 in his capacity as a fund raiser and member of funding committees at Cancer Research UK. He undertook to raise this at the start of this item.

B/2022/141

MINUTES

The minutes of the meeting of the NHS Board held on 26 October 2022 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 26 October 2022.

B/2022/142

MATTERS ARISING

No issues raised.

B/2022/143

ACTION LOG

The Action Log was noted.

Mr Moore sought an update on the involvement of the Royal College of Surgeons of Edinburgh in the General Surgery Business Continuity review. Professor Gardner confirmed that there had been two meetings, setting out the terms of reference, and the milestones. Dr Burns added that further information had been provided to assist the review team, and it was anticipated that one to one meetings will be held early in the New Year. The timescale for the final report was still under consideration by the review team, who would provide this once an initial assessment of the scope of the review had been completed.

B/2022/144

CHAIR'S REPORT

Mr Hill provided a verbal report to the NHS Board.

Members noted that the Chair had been on a number of visits since the last Board meeting, involving some Non-Executive Board members also, including to University Hospital Hairmyres (Radiology Department), the Larkhall Plant Partnership / Larkhall Community Growers, Maggie's Centre, Netherton House (to meet colleagues in the Mental Health & Disability Service), and in particular to visit the Dunnock Suite, University Hospital Wishaw (a Quality Improvement Showcase).

It was also noted that there had been a number of meetings with Scottish Government colleagues and the Cabinet Secretary since the last meeting, focussing largely around system pressures and recovery challenges. Mr Hill reported that the Cabinet Secretary had visited the Emergency Department at University Hospital Wishaw in November 2022 to see first-hand the challenges being faced in meeting the demands of unscheduled care.

At the most recent meeting between the Cabinet Secretary and Board Chairs, discussion was concentrated on planned care and unscheduled care, with

staff wellbeing being highlighted as a key priority for all NHS Board in supporting staff.

Mr Hill reflected on almost one year as Board Chair and highlighted the rebalancing that had taken place in order to ensure that urgent operational issues were being addressed, at the same time as developing longer term strategic plans, and he stressed the key role that the Board played in supporting staff to deliver the ambitions of the Board.

It was also noted that the Mid-Year Review with the Cabinet Secretary will be held on 19 December 2022, and that Mr Hill and Professor Gardner would represent the Board at that meeting.

Mr Muir highlighted the value of recent visits, including Leadership Walk Rounds, and the benefit this brings to Board Members in better understanding the pressures being faced, and in hearing from staff about what could be improved to better serve them and, in turn, patients. Dr Thomson echoed these remarks and stated that there was a meeting being arranged in the New Year with a small group of Non Executives to discuss how to build on these walk rounds, and increase further the visibility of the Board.

THE BOARD:

1. Noted the update from the Board Chair.

B/2022/145

CHIEF EXECUTIVE'S REPORT

Professor Gardner provided a verbal report to the NHS Board.

In relation to visibility, Professor Gardner emphasised the importance of the Executive Team, and the Board, being more visible to staff and listening to their concerns. In the past two weeks Professor Gardner had visited University Hospital Monklands, and had met with the Monklands Replacement Project Team at their most recent checkpoint meeting, the Rutherglen Primary Care Centre, Healthy & Happy, and staff at University Hospital Wishaw. It was noted that further visits were planned to meet staff and patients in Coatbridge, and at the University Hospital Hairmyres.

It was noted that the UK budget announcement was anticipated to have an impact on the Scottish Budget and the implication will be assessed and shared with Board Members once this had been set out by Scottish Government colleagues. **L Ace**

In terms of unscheduled care demands it was noted that respiratory illnesses were increasing, Covid numbers were rising (105 cases), as are flu and Strep A cases. All hospital sites were at full capacity but it was recognised nationally that NHS Lanarkshire was taking a whole system approach to address the pressures, including an increasing focus on patient flow through the entire patient journey to recalibrate, and learn from other systems, to improve local services.

THE BOARD:

1. Noted the update from the Board Chief Executive

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 the Acute Division report, Mrs Park highlighted unscheduled care performance as the highest priority for the Division and Mrs Park emphasised the collaborative approach being adopted by working as a whole system. All three Hospital sites continue to operate at full capacity and patients were being cared for in non-standard rooms. Current work is focussed on improving patient flow in all three Hospitals by looking at learning from other Boards and how we adapt these best practice in NHS Lanarkshire. In addition, Mrs Park alluded to the work being undertaken to identify surge capacity in each of the three acute hospitals.

Mrs Park stated that workforce was proving to be a very challenging aspect of providing care and meeting demands.

In relation to planned care, Mrs Park reminded Board Members that there was a reduction in financial support for planned care in quarters 3 and 4, and cancer and other planned care services were being prioritised.

In relation to out-patients it was noted that as at October 2022, there were no patients waiting over 104 weeks, but it was proving difficult to maintain this position in the face of competing demands. Patients who are waiting are being contacted regularly to ensure that they still require the treatment, or to provide clinicians an opportunity to reassess their clinical priority.

In relation to in-patients, Mrs Park highlighted pressures in particular in General Surgery, Urology, ENT and Ophthalmology, which was in keeping with the national picture for these services.

In relation to cancer services, the Acute Governance Committee had an opportunity to undertake a deep dive, which was welcomed by Committee members. Professor Gardner stated that discussions were underway with national colleagues to identify how best to use data to drive change, and further updates would be provided to the Board as these discussions mature.

Mr Couser highlighted conclusions drawn by UK national reports and UK data sources, and stated that it would be helpful to have a similar source of national benchmarking data in Scotland, to identify variation in clinical practice. Mrs Park also referred to the Realistic Medicine agenda, and discussing with patients what is important to them. In relation to lengths of stay, which vary significantly across the country, and across specialties, Mrs Park emphasised the need to embed the use of criteria led discharge.

Mrs Park responded to a question from Mr Boyle about the reduction of planned care, by outlining the work being taken forward nationally, to provide mutual aid.

Mr Boyle reminded Board Members that he was a fund raiser with Cancer Research UK and was involved in some associated funding Committees. However, Members were content that this did not represent a substantial

conflict of interests. Mr Boyle stressed the need to focus on early diagnosis and treatment for those from the most deprived communities, and it was agreed that the Population Health, Primary Care and Community Services Committee had a key role in sponsoring this dialogue.

Mr Moore asked about the role and input of the Centre for Sustainable Delivery, and Mrs Park indicated that future reports would include more detail on how this was impacting on current services. Professor Gardner also suggested that further discussion could be scheduled at the Planning, Performance and Resources Committee to discuss the use of data, how this shapes service changes, innovation, route maps, and the impact of initiatives that were being discussed with the Centre for Sustainable Delivery to shape and change services in the future.

Mr Moore asked about the high risks noted against Ophthalmology Services, and it was noted that the Acute Governance Committee had already discussed risks and mitigation measures.

Mr Sengupta provided an overview of services hosted by the South Lanarkshire Health & Social Care Partnership. Published delayed discharge performance for the period to September 2022 continued to show performance to be below target. In terms of overall delays, it was noted that as at 18 November 2022 South Lanarkshire was performing ahead of the national average. Mr Sengupta echoed the remarks already made by Mrs Park in describing the whole system approach to improving patient flow, key to which was reducing delays in discharging patients and embedding good practice. Overall, it was noted that between May and September 2022 94% of all patients discharged were not delayed. Members were advised that in the short term a tranche of vaccination staff have been deployed to assist in supporting further progress in relation to the planned date of discharge process.

In relation to hosted services, Mr Sengupta reminded colleagues that a target of 50% of recovered service delivery was set for 31 March 2023 but that OT Rheumatology was not achieving this target. It was noted however that this service was starting to see a reversal of the downward trend in performance and seeking to move towards recovery, although this was dependent on staff not being redeployed for significant periods to support Emergency Department front door activity or discharges.

Mr Hill congratulated the Home First Team on winning the Integrated Care Award at the 2022 Scottish Health Awards.

Mr Couser observed that the Planned Date of Discharge initiative was a very useful process in improving the patient journey and avoiding delays, and encouraged the efforts being made to embed this.

Mr Sengupta indicated that Occupational Therapy services were being developed and permanent funding secured. There was positive feedback from primary care colleagues about how this was developing. Mr Hill asked about links with Universities and it was noted that opportunities to train within Lanarkshire were positively received by students, also in Physiotherapy, who then were more positively disposed to applying for jobs in the area upon graduating. University status was also being progress with University partners to promote these links and attract staff.

Mr McGuffie provided an overview of performance in key areas in North Lanarkshire Health & Social Care Partnership. He highlighted the static nature of delayed discharges but also highlighted the progress being made in reducing delays recently.

In relation to recruiting and introducing Home Assessment Teams, Mr McGuffie reported that this was positive and was making a difference in the localities where it was operating. This was predominately delivering short term support, and not longer term packages of care, in 60% of cases so far. Mr McGuffie also referred to a test case which avoided an admission to a care home, where a patient with complex needs was being supported in their own home.

In relation to waiting times in Speech and Language Therapy services, group activities were having a significant impact on waiting times and a Data Protection Impact Assessment has been completed to allow for the use of Microsoft Teams as an on line alternative. In Psychological Therapies there was a slight dip in performance (83% in September 2022) which has since improved, and in Child & Adolescent Mental Health Services there had been an anticipated significant dip in waiting time performance as waiting list initiatives started, and targeted those patients who had waited longest. Mr McGuffie reported that 67 of the additional 102 new posts had been successfully filled in the service expansion and a significant number of additional clinic were in place to reduce the waiting times for new referrals. Members were advised that a sustained impact will be reflected in the waiting time data in April / May if the current rate of referrals is consistent and patients attend offers of appointments.

Mr Moore asked about patient's subject to AWI provisions (Adults with Incapacity) and the impact that these patients have in delays overall. Mr McGuffie explained the background and the because this is a legal process it is taking around 13 weeks to resolve guardianship issues before the patient can be moved to a more suitable care setting, normally a care home, and that there were around 20 AWI patients in North Lanarkshire, representing over 50% of the total days of delay in North Lanarkshire.

THE BOARD:

1. Noted the reports.

B/2022/147

MENTAL HEALTH HOSPITAL BASED COMPLEX CLINICAL CARE (HBCCC)

Members received a report from Mr McGuffie which set out changes to the two contracts for the provision of HBCCC beds, which were originally established in the early 1990's. These contracts were originally devised to assist in the transition from centralised facilities in Hartwood Hospital and other older outlying facilities such as Cleland Hospital to more modern community placements throughout Lanarkshire.

The contracts related to Cumbernauld Care Home and Hatton Lea Care Home in Bellshill. It was noted that bed occupancy was Cumbernauld Care Home: 5 out of 52 available beds occupied (10% occupancy), and at Hatton Lea Care Home: 46 out of 75 available beds occupied (61% occupancy).

Mr McGuffie explained the rationale for choosing to engage with families and staff to use the Hatton Lea facility rather than Cumbernauld Care Home, and he stressed that both were regarded by the Care Inspectorate as excellent providers, but Hatton Lea was more central and also a more modern facility.

Mr McGuffie reported that this proposal had already been approved by the North Lanarkshire Integration Joint Board, and discussed at the South Lanarkshire Integration Joint Board, and was submitted to the NHS Board for approval.

The NHS Board was invited to agree to commence an engagement exercise with those affected patients in HBCCC beds in Cumbernauld Care Home, their next of kin, staff and care home providers.

Mrs Macer highlighted that she had raised a number of questions around staffing at the South Lanarkshire Integration Joint Board when this was discussed yesterday and was advised that these could not be addressed at the meeting, and that a further advice was being sought on this from the IJB Chief Officer. Mrs Macer welcomed the work undertaken by Mr McGuffie's team, but was disappointed that the proposal would continue to see a private contractor providing the overall service. She highlighted the TUPE implications of changes proposed. Mrs Macer also asked if this had been subject to an Equality Impact Assessment. Mr McGuffie stated that the option to establish a NHS facility was considered by the group that looked at all the options, but practically was not feasible. TUPE considerations have been raised with the provider, and these discussions would be formalised if the proposal was approved, after the engagement process. The Equality Impact Assessment was undertaken and was included within the paper. The main issue that arose was accessibility, unsurprisingly when providing a highly specialised service and moving from two facilities to one, however mitigation was in place to support those who would need to travel.

Ms McDonald asked if any of the patients who may have to move from the Cumbernauld Care Home were subject to any guardianship issues, and Mr McGuffie confirmed that this was not an issue when moving between NHS facilities. He added that there had already been a level of informal engagement with the families of those who may have to move, none of who live in the Cumbernauld Care Home area, and this would continue on a formal basis as part of the engagement process.

THE BOARD:

Approved the recommendations made in the paper, namely to endorse

- The business case to consolidate the provision of Hospital Based Complex Clinical Care for old age psychiatry patients at Hatton Lea Care Home, providing a pan-Lanarkshire service within the existing terms and conditions of the contract with HC-One;
- The termination of the existing contract with Four Seasons for HBCCC beds at Cumbernauld Care Home.
- The use of a proportion of the savings achieved to establish an enhanced multi-disciplinary staffing model at Hatton Lea Care Home.

B/2022/148

WHISTLEBLOWING Q2 REPORT

Board Members received and noted a whistleblowing report covering the period 1st July – 30th September 2022, which was introduced by Mrs Sandilands and supported by Ms McDonald, Non-Executive Director and Whistleblowing Champion.

It was noted that there were no whistleblowing concerns raised during quarter 2. However, further information was provided on a concern which was raised during Q1 as, due to sickness absence, the investigation into this complaint was not completed until August 2022.

Mrs Sandilands also highlighted that an additional 50 staff had completed the general awareness training, and an additional 31 Managers had completed the more detailed training also.

Ms McDonald highlighted the very positive way in which services were engaged in cases raised, and for the active participation in staff side colleagues in promoting this initiative.

Mr Moore stated that the Audit Committee had recently received a report on the whistleblowing arrangements and overall it was provided with substantial assurance. Mrs Sandilands welcomed the views expressed by Internal Audit in the first year of operating the new Standards, and the observations made to improve processes were being taken forward.

THE BOARD:

1. Noted the Quarter 2 performance report and that one concern had been raised during that period.
2. Received assurance that whistleblowing standards were being followed and learning shared.

B/2022/149

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 reminded Board Members of the discussion at the last meeting when she was asked to reflect on the presentation of the information, but after significant discussion within the team, it was felt that because this is a public facing document, and the overriding purpose was to provide assurance, it should remain as set out.

Dr Burns also stated that Internal Audit colleagues had asked that consideration be given to reporting all adverse events, not just those that resulted in a Significant Adverse Event Review. It was felt within the team that this would result in a great deal of detail being presented to the Board without any additional benefit. It was suggested that an Annual Report could be presented to the Healthcare Quality Assurance & Improvement Committee, and Dr Burns invited Members to provide comments to her directly.

Dr Burns drew Members attention to the sections on HSMR, Child Death Reviews, the Realistic Healthcare Conference held last week.

Dr Thomson reported that in her view the Healthcare Quality Assurance & Improvement Committee was the best forum to have this detailed discussion, and encouraged adopting an approach that was thematic.

Mr Boyle added that as part of his walkrounds he was aware of wards and departments who would like to engage in change processes but do not have the capacity to do so. Dr Burns stated that there were improvement advisers on Hospital sites and were actively identifying areas that would benefit from additional support.

Mr Boyle also asked if patients were involved in influencing the direction of Realistic Medicine, and in reviewing patient information, and Dr Burns confirmed that this was the case.

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/2022/150

NON EXECUTIVE BOARD MEMBER PORTFOLIOS

The NHS Board received and approved a paper which set out changes to Non-Executive Board Member portfolios following the resignation of Mr Findlay in November 2022. This resulted in additional commitments being undertaken by Mr Couser and Mr Reid from 1 January 2023.

THE BOARD:

1. Approved the changes set out in the paper to reflect revised Non Executive Board Member portfolios.

B/2022/151

REGISTER OF INTERESTS - UPDATE

The NHS Board received and approved a paper which provided an update (as at 1 December 2022) of Board Members interests.

THE BOARD:

1. Approved the updated Register of Interests.

B/2022/153

CALENDAR OF DATES 2023

Noted.

B/2022/154

WORKPLAN 2023

Noted.

B/2022/155

ANY OTHER COMPETENT BUSINESS

Mr Hill reminded Board Members that this was Dr Burns last Board meeting and he paid tribute to her significant contribution not only as a highly regarded Consultant Anaesthetise, but in her outstanding leadership and governance role as Executive Medical Director.

B/2022/156

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.

The Board moved into private session due to the commercially confidential nature of the of the information being discussed

B/2022/157

DELETION OF SOFT FM SERVICES AT UNIVERSITY HOSPITAL WISHAW

The NHS Board received and approved a paper which set out the detailed work on contract revisions enacting the transfer of services to in-house provision are nearing completion, and sought formal approval to sign the revisions on behalf of NHS Lanarkshire. The paper also set out progress of the operational arrangements supporting the transfer.

Because of the nature of the information in the paper, which was commercially confidential, this was taken in private session.

Board Members were reminded that an agreement in principle was reached in May 2022 with Summit (PFI provider) and Serco (Soft FM provider) to work together to conclude arrangements for the deletion of soft FM services from the PFI contractual arrangements and for the transfer of Serco soft FM staff to NHS Lanarkshire under the TUPE (Transfer of Undertakings – Protection of Employment) regulations.

Transfer of services was proposed to take effect on 1st February 2023 subject to the formal approval from the PFI funder, Ambac. It was noted, however, that the funder approval process is out with the control of NHS Lanarkshire and any delay in approval will result in movement of the proposed transfer date to March or April 2023.

A series of revisions to the existing PFI contractual documentation have been developed by Harper MacLeod, our legal adviser, and agreed with both Summit and Serco. These documents facilitate the removal of soft FM services from the PFI contract and set out the arrangements that will apply thereafter. These are now under review as part of the funder approval process and may be subject to minor amendment.

THE BOARD:

1. Noted the contents of the paper;
2. Reviewed the revisions to the PFI contract;
3. Approved the form of Board minute required for funder approval;
and
4. Confirmed that the revisions to the PFI contract may be signed by designated officers following formal approval from the funder

B/2022/158

DATE AND TIME OF NEXT MEETING

Wednesday 25 January 2023 at 9.30am.

DRAFT