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Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 25 January 2023 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  
 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  
 Dr C Deighan, Executive Medical Director  
 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  
 Ms C Rae, Head of Health, South Lanarkshire Health & Social Care Partnership  
 Mrs K Sandilands, Director of Human Resources  
 Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**            Mr D Reid, Non-Executive Director  
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership

B/2023/001

**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 Dr Deighan to his first Board meeting as Executive Medical Director.

B/2023/002 **DECLARATION OF INTERESTS**

There were no declarations of interest.

B/2023/003 **MINUTES**

The minutes of the meeting of the NHS Board held on 14 December 2022 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 14 December 2022.

B/2023/004 **MATTERS ARISING**

No issues raised.

B/2023/005 **ACTION LOG**

The Action Log was noted.

Members sought an update on the works being planned at the Emergency Department, University Hospital Wishaw, and Mrs Park reminded colleagues that additional space was being created within the Department to expand the overall footprint, and provide more clinical space. Mr Lauder reported that significant funds had already been committed to improve air handling arrangements, and that the decant programme was underway. It was noted that this was a complex programme of works, in a fully functioning department, and that there were four distinct phases, phase one of which would start in early February 2023.

B/2023/006 **CHAIR'S REPORT**

Mr Hill provided a verbal report to the NHS Board.

He highlighted that since the last Board meeting he had met with the Cabinet Secretary, along with the Board Chief Executive, on 19 December 2022 for the Board Mid-Year Review. The actions identified were on the agenda under item 20.

Members noted that the Chair had also been on a number of visits since the last Board meeting, involving Non-Executive Board Members also, including to the University Hospital Monklands Hospital at Home Team, and the Beacons Project in Blantyre.

Mr Hill also recorded his thanks to all staff for their commitment in the face of unprecedented demands over the past few weeks.

**THE BOARD:**

1. Noted the update from the Board Chair.

B/2023/007 **CHIEF EXECUTIVE'S REPORT**

Professor Gardner provided a verbal report to the NHS Board.

In relation to system pressures, Professor Gardner followed up the remarks made by the Board Chair to echo her thanks to all staff for the manner in which they had responded to demands, over December and January in particular. Along with the Director of Acute Services, and the Executive Medical Director and Executive Nurse Director, she had visited each Emergency Department to thank staff personally for their efforts.

Members were updated on an initiative that will focus on stabilising the system, being named Operation FLOW, which will involve an improvement sprint, a firebreak, and a concerted longer term effort to improve patient flow across the whole system. It was planned to launch this in February 2023 and an Engagement Plan was being drafted to support this initiative. In addition, the Corporate Management Team agendas were being recalibrated to focus on Operation FLOW, strategy, financial issues and sustainability and value.

In terms of visibility, Professor Gardner emphasised the importance of the Executive Team, and the Board, being more visible to staff and listening to their concerns, and while arrangements were being put in place to re-establish Quality Walk Rounds, from April 2023, it was intended to undertake a series of light touch Leadership visits in February and March 2023. **P Cannon**

It was also noted that plans were advancing for a Staff Awards event, which will also celebrate the 75<sup>th</sup> Anniversary of the NHS, and further details will be provided once a date had been agreed, and a venue secured. This will also incorporate winners/finalists from national award ceremonies in the past year, and a new initiative, the Big Shout Out, which will involve celebrating the efforts of teams across NHS Lanarkshire.

As part of efforts to involve a range of partners in Operation FLOW, it was intended to build on early and very positive discussions at Board Chair and Chief Executive level to hold a joint meeting / seminar between the Boards of NHS Lanarkshire and the Scottish Ambulance Service. A date was being sought for this event. **P Cannon**

In terms of current unscheduled care demands, it was noted that the number of patients with respiratory illnesses was declining, but there were still significant numbers of patients with Covid in the three Acute Hospitals.

#### **THE BOARD:**

1. Noted the update from the Board Chief Executive.

B/2023/008

#### **GOVERNANCE COMMITTEE MINUTES**

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

#### **POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – 1 NOVEMBER 2022 & 18 JANUARY 2023 (verbal)**

Noted.

**AUDIT COMMITTEE – 6 DECEMBER 2022 DRAFT**

Noted.

**STAFF GOVERNANCE COMMITTEE – 25 NOVEMBER 2022 DRAFT**

Noted.

**ACUTE GOVERNANCE COMMITTEE – 23 NOVEMBER 2022 DRAFT**

Noted.

**AREA CLINICAL FORUM – 17 NOVEMBER 2022 DRAFT**

Noted.

**HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 10 NOVEMBER DRAFT**

Noted.

B/2023/009

**PERFORMANCE UPDATES**

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

Ms Rae provided an overview of services hosted by the South Lanarkshire Health & Social Care Partnership. It was noted that delayed discharge performance was on trajectory as at 16 January 2023, and was ahead of the Scottish average.

In January 2023, 95% of all patients were discharged without delays.

In relation to waiting times, most services were working hard to recruit additional staff and in some services, such as Physiotherapy this is having a beneficial impact. Mr Moore emphasised the need to embed criteria led discharge in order to ensure that discharges can be made at weekends when fewer decision making clinical staff are on shift.

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 delayed discharges, Mr McGuffie highlighted that performance in the past few weeks had improved but it does rely on timely dates being set and later stage referrals being minimised as far as possible. In recent weeks the rate of referrals had increased overall putting additional demands on health & social care staff. In particular, he highlighted the Care at Home Team who had a peak weekly referral rate of 77 referrals in winter

2022, but in the last week had received 158 referrals. Mr McGuffie stressed that embedding the processes around Planned Date of Discharge was key in securing better flow for patients out of Hospital.

In relation to waiting times in Speech and Language Therapy services, better use of digital approaches was benefiting patients and the service. On line and group activities were also being taken forward in other services, such as Psychological Therapies, and this was also having a positive impact on waiting times.

In relation to 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 waiting times were continuing to improve and it was projected that targets would be met in early summer.

Mrs White asked about the references to DNA rates in the Child & Adolescent Mental Health Service, and to the manual collection of data, and Mr McGuffie stated that patients who do not attend are followed up with telephone calls to ensure that they are either encouraged to attend or confirm that they no longer need the service. In relation to the manual collection of data Mr McGuffie stated that the roll out of Trakcare will resolve this issue and this was being prioritised in the Partnership.

Mr Couser asked if the establishment of a Care Academy would benefit recruitment in hard pressed specialties and Mr McGuffie stated that this would have a positive impact. It was agreed to provide an update on the Care Academy at a future meeting.

**K Sandilands**

In relation to the Acute Division, 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 continued 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.

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 stated that the most acute waiting list challenge was in General Surgery, and that there were in total 769 patients waiting over 104 weeks, albeit this was smaller than the Scottish population share.

Mrs Park also highlighted that shoulder replacement surgery had been successfully undertaken as a day case procedure for the first time in Scotland.

In relation to out-patients it was noted that as at December 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 cancer services, data for quarters 2 and 3 of 2022 showed that NHS Lanarkshire was above the National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. Performance for the months in quarter 3 published so far indicate performance below the standard. It was predicted that recovery of the 95% standard for 31 days will be delivered in the coming months. The 62-day standard has not been achieved due to ongoing challenges within the diagnostic element of the pathways mainly due to scopes and radiology capacity, including reporting in breast, colorectal, lung and urology pathways.

Mrs Park added that although diagnosed cancer rates remained reasonably static, suspicion of cancer referrals from all sources had increased. This had put pressure on the early assessment and diagnostic parts of the pathways.

Mr Couser highlighted that the planned care performance was of concern and asked if there were any innovative ways of securing a suitably qualified workforce to support this in the face of recruitment challenges for traditional roles. Mrs Park agreed and pointed to work being taken forward in recruiting peri-operative leads and how the Skills Academy can help to bridge skills gaps. On site recruitment days and videos of different clinical areas were also being used to highlight where opportunities existed and promote NHS Lanarkshire as a good place to work.

In response to Ms McDonald, and Ambulance delays in handing over patients in Emergency Departments, Mrs Park stated that there is a national group looking at standardising this practice, albeit it was used frequently in NHS Lanarkshire with the full co-operation of the Ambulance Service. Advanced Paramedics were also rostered to work in Emergency Departments when staffing allowed this to be put in place.

#### **THE BOARD:**

1. Noted the reports.

B/2023/010

#### **OPERATION FLOW**

Board Members received a paper from Mr Lauder on the whole system actions required for the Firebreak, to decompress and stabilise the system, and the high level 4-layer rapid improvement sprint plan in response to our urgent and unscheduled care challenges.

Board Members also noted a PowerPoint presentation which provided more up to date information on the steps being taken to start Operation FLOW.

Mr Lauder indicated that service improvement and recovery plans that were enacted as part of the winter plan and the escalated measures agreed before Christmas will continue.

A concentrated and coordinated whole-system effort will take place from Thursday 23 February to Friday 3 March 2023, including a weekend period, to stabilise and decompress our services. This nine-day period is being described as a “firebreak” aimed at reducing pressures on staff and bed occupancy rates.

Following the firebreak period, we will enact further measures to sustain an improved position across the whole system as we move through late winter and early spring.

Mr Lauder emphasised that this was a whole system approach involving the Acute Hospitals Division, both North and South Lanarkshire Health & Social Care Partnerships, both Local Authorities, and the Scottish Ambulance Service.

Mr Boyle asked if an Equality Impact Assessment (EQIA) was required, and Mr Lauder indicated that he had met with colleagues from Health Improvement Scotland last week and discussed this with them. Their view was that an EQIA was not required as it was a real time / service improvement drive, and that there were other ways and means of gathering patient experience and feedback, such as Care Opinion.

**THE BOARD:**

1. Welcomed the update on Operation Flow.

B/2023/011

**OUR HEALTH TOGETHER - UPDATE**

Board Members received and noted a paper which had been prepared to update on work underway to develop an engagement plan for our new healthcare strategy scheduled for publication.

**THE BOARD:**

1. Approved the proposal that the February Planning, Performance & Resources Committee meeting consider the sign-off the engagement plan, and move to formal engagement thereafter.

B/2023/012

**DIGITAL PLAN 2023-28**

Board Members received the 2023-28 Digital Plan, which had been discussed in detail at the December 2022 NHS Board meeting.

Mr Wilson stated that this was a public-facing plan with the aim of communicating our digital vision, mission, and roadmap for the next five years. The objective was to provide clear strategic direction and promote closer working with the public, clinicians, staff, partners and nationally. The title; “Empowering people to enhance care for everyone” reflected the wide-ranging needs and potential for digital technology and transformation across NHS Lanarkshire. The plan outlined a framework to enable digital transformation, change and reform across NHS Lanarkshire.

Members noted the extensive engagement, during the latter part of 2022, led by Ian Paterson, involving over 400 individuals and 20 groups, and welcomed the final Plan.

Mr Wilson emphasised that the Plan was a key enabler for the organisation, and was embedded within the Our Health Together workstreams. It was also noted that it was clearly aligned to national initiatives and Once for Scotland programmes.

**THE BOARD:**

1. Approved the Digital Plan 2023-28.

B/2023/013

**FINANCIAL REPORT FOR THE PERIOD TO 31 DECEMBER 2022**

Board Members received a report from Mrs Ace detailing the Board's financial position at 31 December 2022 which was noted.

Mrs Ace highlighted that the key message from the paper was that the Board still faced a deficit for 2022/23 but that the risk of ending the year outside a range that could be covered by repayable brokerage from Scottish Government was now deemed to be low, especially as additional Scottish Government funding had been confirmed. However, the measures taken to narrow this gap are predominantly one off, leaving a recurring challenge for 2023/24.

The Board had found solutions to cover at least non recurrently the financial gap it foresaw when preparing initial plans in February 2022 but a combination of factors has pushed up expenditure (or reduced income to cover Covid-19 expenditure). Mrs Ace directed Board Members to annex C of the paper which set out the movements from that initial position and the current forecast gap of £11.999m. This forecast deficit, although a substantial improvement, will still require the Board to submit a recovery plan of how it can be repaid within 3 years.

The Month 9 results show a £14.871m overspend to date, excluding the £0.120m of excess cost against funding attributed to Test and Protect. This is a combination of the opening predicted gap, an over spend within the Acute Division of £13.416m and the impact of energy price rises offset by the non-recurring savings made. This is forecast to improve over the final quarter as the newly confirmed funding is played through.

In relation to Capital, based on more detailed information on the cash flow profile of 2 schemes about to start on site, the capital forecast is sitting £0.198m under funding, assuming that £0.780m of revenue could be transferred to fund maintenance costs.

Mrs Ace also added that a draft Financial Plan for 2023/24 will be submitted to Scottish Government in February 2023, with a final plan in March 2023. A number of assumptions underpinning the report were still to be clarified and future reports will provide an update on those areas of uncertainty.

**THE BOARD:**

1. Noted the Financial Report for the period to 31 December 2022.

B/2023/114

**CORPORATE RISK REGISTER**

Board Members received and noted a Corporate Risk Register Report from Mr Cannon.

The Corporate Risk Register was previously presented to NHSL Board in August 2022 reporting on material changes to the corporate risk register with a focus on very high graded risks, including all very high graded risks



across NHSL. The Register remained unchanged until this month, the risks assigned to Committees continued to be reviewed.

Mr Cannon highlighted that following the retirement of the Corporate Manager in September 2022, an appointment was made to replace the postholder, and the incoming Corporate Risk Manager will start on 1 February 2023. The Corporate Risk Manager will, as part of her induction, meet with all risk owners to undertake a more fundamental review of all Corporate risks.

It was also highlighted that NHS Lanarkshire was no longer on an emergency footing, however, for this reporting period NHS Lanarkshire had declared, and continued to operate in Black status.

In response to Mr Boyle, who asked about risk 2038 – Laboratory Managed Services Contract – Mrs Park indicated that good progress was being made in the tendering process, and that the Programme Board were due to meet soon to review questions raised as a result of the issue of the tender, which were to be returned to bidders by 27 February 2023.

#### **THE BOARD:**

1. Noted the summary of significant material changes to the Corporate Risk Register;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 16th January 2023;
3. Noted the very high graded corporate risks with all very high graded risks across NHS Lanarkshire;
4. Noted the very high graded risks through operational units and business critical programmes of work/redesign; and
5. Noted the update on the Laboratory Managed Services Contract.

B/2023/115

#### **BLUEPRINT FOR GOOD GOVERNANCE**

Board Members received and noted a paper which provided an update on the Blueprint for Good Governance in NHS Scotland.

Members were reminded that the first edition of the Blueprint for Good Governance was published in January 2019 and since then NHS Boards have been adapting this model to meet the needs of their organisation and respond to the challenges faced by the NHS, including the impact of the Coronavirus pandemic.

This second edition was issued on 22 December 2022 (DL (2022) 38), and takes on lessons learnt and the latest thinking on governance to define what is meant by good governance, including active and collaborative governance. It also has a greater emphasis on the delivery mechanisms that support governance and the continuous improvement approach needed to ensure governance is responsive to the challenges facing the NHS.

Mr Cannon added that further work was underway to ensure accurate evaluation of governance, and an advisory group is being set up to ensure self-assessment and external assessment methods are in line with good governance practice.

A pathfinder pilot is underway in NHS Highland to test a self-assessment tool, which will be evaluated. It is anticipated that following this evaluation process a standard self-assessment tool will be issued to all NHS Board to use.

In the meantime, all Boards have been asked familiarise themselves with the second edition Blueprint. To progress this, a briefing session will be arranged for Board / Corporate Management Team members over the coming months to draw out the key features, in preparation for the self-assessment process, which is likely to be undertaken over the summer of 2023, at the earliest.

**THE BOARD:**

1. Noted that the second edition of the Blueprint for Good Governance had been issued; and
2. Agreed to await confirmation of the date of the briefing session to aid familiarisation of the Blueprint, and in preparation for the self-assessment process.

**P Cannon**

B/2023/116

**SCOTTISH GOVERNMENT MID YEAR REVIEW**

Board Members received and noted a report setting out the actions agreed at the Mid-Year Review held on 19 December 2022. Mr Cannon indicated that the actions will be discussed further with identified leads, updated to include commentary and timescales, agreed by the Corporate Management Team, and monitored at regular intervals. Updates will be provided to the Planning, Performance & Resources Committee.

It was noted that the main focus of the Review was resilience and recovery of local services, in the context of the ongoing Covid pandemic, as well as a discussion of a wide range of issues such as workforce, unscheduled care & delayed discharges, planned care waiting times, cancer services, and community and primary care services, including Mental Health Waiting times and access to GP appointments, and drug deaths in Scotland.

Mr Hill highlighted the remarks made by the Cabinet Secretary about the consistent dedication of the workforce, under unrelenting pressures over the past three years, and his deep appreciation for all their efforts.

**THE BOARD:**

1. Noted the draft Action List, and that regular updates will be provided to the Planning, Performance & Resources Committee.

**P Cannon**

B/2023/117

**CALENDAR OF DATES 2023**

Noted.

B/2023/118 **WORKPLAN 2023**

Noted.

B/2023/119 **ANY OTHER COMPETENT BUSINESS**

No items were raised.

B/2023/120 **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/2023/121 **DATE AND TIME OF NEXT MEETING**

Wednesday 29 March 2023 at 9.30am.

*The meeting ended at 12.10pm*