

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 29 March 2023 at 9.30am at Law House,
 Carlisle, and 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
 Councillor M Coyle, Non-Executive Director
 Mr P Couser, Non-Executive Director
 Dr C Deighan, Medical 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
 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 R Coulthard, Deputy Director of Acute Services
 Mr C Cunningham, South Lanarkshire Health & Social Care Partnership
 Dr C Deighan, Executive Medical Director
 Ms C Hope, Corporate Risk Manager
 Mr M Kennedy, General Manager, SALUS
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mr J Pender, Head of Workforce
 Mrs K Sandilands, Director of Human Resources
 Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: Mr N Dar, Non-Executive Director
 Mr J Muir, Non-Executive Director
 Mrs J Park, Director of Acute Services
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership

B/2023/121

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.

B/2023/122 **DECLARATION OF INTERESTS**

There were no declarations of interest.

B/2023/123 **MINUTES**

The minutes of the meeting of the NHS Board held on 25 January 2023 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 25 January 2023.

B/2023/124 **MATTERS ARISING**

No issues raised.

B/2023/125 **ACTION LOG**

The Action Log was noted.

In relation to the items referred to the Population Health, Primary Care & Community Services Committee Mr Boyle agreed to follow these up separately.

B/2023/126 **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 clinical staff at the University Hospital Monklands, the Cabinet Secretary, Board Chairs, and the Strategic Leadership Group (North Lanarkshire), as well as MPs and MSPs, and the Scottish Government Capital Investment Group considering the Monkland Replacement Project Outline Business Case.

He also reported that Mr Boyle had been accepted on to the Aspiring Chairs Programme and members joined with Mr Hill in congratulating Mr Boyle.

In relation to the Scottish Government Capital Investment Group considering the Monkland Replacement Project Outline Business Case, Mr Hill advised that this was being discussed within Scottish Government and would ultimately be a decision to be taken by the First Minister.

THE BOARD:

1. Noted the update from the Board Chair.

B/2023/127 **CHIEF EXECUTIVE'S REPORT**

Professor Gardner provided a verbal report to the NHS Board.

In relation to system pressures, Professor Gardner reported that she had visited all three acute Hospital sites in support of the Firebreak in February 2023. She also reported that a pan Lanarkshire Think Tank had been established involving all members of the Hospital Triumvirates and Health

& Social Care staff. In addition, a Sustainability & Value Programme Board had been set up to look at opportunities to make savings or curtail expenditure. The Staff Awards ceremony will be held on 21 June 2023 and invitations were being issued to Board Members shortly. Finally, Professor Gardner reported that the issues around the Prison Pharmacy National Contract had been successfully resolved.

THE BOARD:

1. Noted the update from the Board Chief Executive.

B/2023/128

GOVERNANCE COMMITTEE MINUTES

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

PLANNING, PERFORMANCE & RESOURCES COMMITTEE - 30 NOVEMBER 2022

Noted.

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 9 FEBRUARY 2023

Noted

AREA CLINICAL FORUM – 16 FEBRUARY 2023

Noted

STAFF GOVERNANCE COMMITTEE – 26 MARCH 2023 (DRAFT)

Noted.

AUDIT COMMITTEE – 7 MARCH 2023 (DRAFT)

Noted. Mr Moore drew attention to the Hand Hygiene audit discussed at the Committee while noting that this was being taken forward by the Healthcare Quality Assurance & Improvement Committee.

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.

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – 21 MARCH 2023

Noted.

ACUTE GOVERNANCE COMMITTEE – 22 MARCH 2023

Noted.

B/2023/129

CONSENT AGENDA

In order to better organise the business of the meeting, a number of papers that were for information or noting were listed under the Consent agenda section and these were not discussed in detail. These were

- Standing Financial Instructions and Scheme of Delegation
- NHS Lanarkshire Equalities Mainstreaming Report
- North Lanarkshire Commissioning Plan
- Corporate Objectives
- Whistleblowing Q3 Report
- Personal Independence Payments

In relation to Personal Independence Payments, Mrs Macer asked if the service as tendered was achievable of being delivered, and Mr Kennedy confirmed that this was the case.

B/2023/130

PERFORMANCE UPDATES

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

Mr McGuffie provided an overview of services hosted by the South Lanarkshire Health & Social Care Partnership. It was noted that delayed discharge performance had improved in the past two months up to January 2023, and that benchmarking against Scottish Boards showed that North Lanarkshire moved beyond the Scottish average in terms of rates of delay for the overall adult population, and for 75+ delays.

Mr McGuffie presented data on Planned Date of Discharge rates, which were improving, and unplanned Social Work referrals (which were decreasing).

Demand remained high and Mr McGuffie illustrated this by highlighting that in w/b 16th January, the North Partnership received 158 referrals (peak winter pre-pandemic average was 77) and over the 3 days before and 9 days of the Firebreak from 23rd Feb to 3rd March, 261 referrals were received. It was further noted that delays had returned to around 60 delays per day on average.

Mr McGuffie highlighted the recovery efforts in Speech & Language Therapy, and emphasised that the service was still to recover from the impact on waiting times secondary to standing down services during early

stages of Covid 19. This was compounded by the sideways movement of experienced staff into other prioritised areas of work (such as the Neurological Developmental Service). It was noted that the roll out of Trakcare was being prioritised within the service.

In relation to Psychological Therapies, it was noted that during January 85.69% of patients commenced psychological therapy within 18 weeks (target 90%).

In relation to the Child & Adolescent Mental Health Service it was noted that the Waiting List Initiative continued with a steady downward trajectory in children and young people who are waiting to be seen. It was planned to continue in collaboration with implementation of Choice and Partnership approach (CAPA), and modelling indicates monthly incremental improvements in waiting times as a result. Mr McGuffie also reported on the Udston refurbishment, and the very positive impact this had had on children and staff. It was proposed to adopt the same engagement approach in developments in the north of Lanarkshire.

In relation to the Acute Division, Mr Coulthard highlighted unscheduled care performance and referred to the item later on the agenda on Operation Flow which would detail how this had impacted on performance metrics across the Division.

Mr Coulthard referred to the TTG and Outpatient waiting lists, and the measures being taken to reduce long waits. In relation to outpatients specifically he stated that NHS Lanarkshire was working with the National Elective Coordination Unit (NECU) at the Golden Jubilee National Hospital, to undertake administrative validation of all patients waiting over 26 weeks in key specialties, initially general surgery, urology, ENT and gynaecology. Based on previous similar national exercises this is expected to lead to around a 5% removal rate from these waiting lists, based on patient preferences.

In relation to cancer performance, the validated data for quarter 4 of 2022 was not yet available, but showed that NHS Lanarkshire was below the 31-day national standard. It was predicted that recovery of the 95% standard for 31 days will be delivered in the coming months. The 62-day standard had 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. However, improvement work is underway to introduce double Q Fit within the Colorectal and Upper GI pathways.

Mr Couser highlighted that the planned care performance was not at pre covid levels, but asked if this was achievable with the current demand. Mr Coulthard stated that the Division was striving to reach those levels but in order to address the backlog this would need to be exceeded over time. He referred to work to bring on additional Endoscopy capacity with a modular facility for the next year.

Mr Cunningham drew Members attention to the published delayed discharge performance for the period to January 2023 which continued to show performance cumulatively below target, albeit there had been some improvement since September, with January being almost exactly on target.

There had been a deterioration in performance, at the time of the January census, with both the entire adult population and >75s performing below the national average for the rate of delayed discharge. Performance in this area had since improved with unpublished data showing the current rates being below the national average.

Mr Cunningham stated that there continued to be above average levels of absence across the care at home sector; infection, prevention and control closures in care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector.

Recently reported work associated with 'Discharge without Delay' and associated developments to support earlier discharge and potential admission avoidance were being successfully embedded and this was enhanced during the Firebreak. Mr Cunningham highlighted that at the end of February 90.2% of all patients from South Lanarkshire were discharged without delay, and had improved further in the first week in March to 92.2%.

Mr Cunningham noted that the later report on Operation FLOW would be discussed but he stressed that there were many lessons coming from the Firebreak and these were being taken forward as the planning for Operation FLOW 2.

THE BOARD:

1. Noted the reports.

B/2023/131

OPERATION FLOW

Board Members received an update on Operation Flow from Mr Lauder who highlighted the whole system actions that were implemented for the Firebreak period and the impact they had to decompress and stabilise the system, and described 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 success of the Firebreak and the next steps.

Mr Lauder reminded Board Members that a concentrated and coordinated whole-system effort took place from Thursday 23 February to Friday 3 March 2023, including a weekend period, to stabilise and decompress our services. This nine-day period was described as a "firebreak" aimed at reducing pressures on staff and bed occupancy rates.

The firebreak successfully reduced occupancy levels to 94% and led to significant improvement in patients meeting the four-hour emergency standard (71.1% at end of Firebreak compared to 49.7% prior to commencement).

Prior to Firebreak 14% of patient discharges went home before noon and during the Firebreak period this increased to 25% creating early flow through Acute sites, underpinned by the implementation of the Flow Foundation Bundle and Pathway.

The number of patients looked after via our Hospital @ Home service doubled during that period, with the additional workforce, and 215 patients were redirected away from our Emergency Departments by the Senior Clinical Decision Makers within the Flow Navigation Centre, during the Firebreak period.

Mr Lauder emphasised that we also established feedback and debrief mechanisms for our staff during and following firebreak who reported that the system felt much safer and their place of work felt more controlled, coordinated and less stressful.

Board Members commended the approach. Mr Lauder provided further background in relation to patient pathways, communications with staff and the public, and the range of changes that had been introduced without significant financial impact. Dr Deighan added that data was being reviewed to support effective discharge planning, such as readmission rates, to provide assurance that the Planned Date of Discharge approach was working as intended.

Members noted that the system wide improvement work will continue around a 4-layer approach, Layer 1 - Supporting at Home, Layer 2 – Redirection/Triage at Front Door, Layer 3 – Emergency Department Flow and Layer 4 – Discharging

In relation to resource requirements, Mr Lauder indicated that further developments may require funding to support these going forward and that a further paper would be brought to the Board in due course setting out the costs, the anticipated impacts and the risks.

Professor Gardner commended the efforts of all staff involved and highlighted the partnership approach adopted throughout the period, and emphasised that the firebreak provided ample evidence that these changes were making the desired impact, and the issue of sustaining this effort was being considered by the Corporate Management Team.

THE BOARD:

1. Noted the success of the Firebreak and looked forward to hearing more about Operation Flow 2 and the resource required to support this.

C Lauder

B/2023/132

E-ROSTERING

Board Members received a paper which set out how the Board would implement the national roll out of an E-Rostering system.

It was noted that the overall aims of the introduction of a single national eRostering solution across NHS Scotland were to:

- improve rostering practice
- better match staffing levels to patient acuity (ensuring NHSL delivers its duties under the Health and Care (Staffing) (Scotland) Act 2019 coming in to force April 2024)
- improve quality by reducing reliance on short-term staffing

- reduce the associated costs of agency and bank staff
- improve workforce planning within the Board

Mr Pender took Members through the paper and highlighted that there was significant roll out costs in the form of Project Management and other support, and that the Corporate Management Team had endorsed an approach which would see the roll out of a number of discrete products within the suite available, with a pause at the 9-month point to review progress and assess the benefits realisation of remaining products.

It was recommended that the Board progress with implementation to realise the benefits possible with eRostering and provide approval of the non-recurring project funding as illustrated in the paper (£958,219.08 for 2023/2024 and 2024/2025). Subject to a review at Month 9 the Year 2 costs would increase by £215,360, if the fourth and final intake is necessary to ensure completion of the project implementation.

Mr Docherty endorsed the roll out and the approach, and stated that this would bring significant benefits to the Board, and he also supported the staged implementation.

Mrs Ace indicated that this was a national roll out and the Board was expected to implement this, but the pace and staging would be a matter for the Board to determine within a two-year implementation phase.

THE BOARD:

1. Approved the approach being adopted and noted that a further report would be provided to the Board at the 9-month pause point.

J Pender

B/2023/133

FINANCIAL REPORT FOR THE PERIOD TO 28 FEBRUARY 2023

Board Members received a report from Mrs Ace detailing the Board's financial position at 28 February 2023 which was noted.

Mrs Ace highlighted that the key message from the paper was that the Board was likely to be able to report a break even position at year end.

Mrs Ace explained that this was because a further £6.149m of funding for new medicines was received in the February 2023 allocation letter. Combined with other movements in month including essential backlog maintenance and a reduction in the corporate surplus, this led to a revised forecast deficit for 2022/23 to £0.202m. Mrs Ace added that the Board had also received notification of funding (£45.5m) for the excess costs of the Agenda for Change and Medical & Dental pay deals including the percentage by which inter Board SLAs have to be increased. The pay modelling carried out confirmed that the funding was sufficient to cover these costs. The risk level therefore was considered to be low and there was confidence that the Board will be able to breakeven. However, the underlying overspends were still likely to mean that there will be a substantial gap to be filled next year.

Mrs Ace reported that the capital programme should be brought in at year end as break-even also.

THE BOARD:

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

B/2023/134

DRAFT FINANCIAL PLAN 2023/24

Board Members received and discussed a paper from Mrs Ace setting out the impact of expected inflationary pressures and developments on the Board's framework of authorised service budgets from 2023/24 to 2025/26. It highlighted a significant gap which the Board was required to close over the 3-year period. There were still a number of uncertainties over elements of expenditure and associated funding, such as the pay deal, so revisions will be required but the Board was being asked to accept the plan as a basis for initiating the further action required to close the gap.

The capital aspirations for the year far exceed notified funding. The Board was asked to approve the continuation of a list of essential schemes and note that further action was needed to identify any potential additional funding sources or prioritise and phase elements of the programme.

Board Members were broadly supportive of the approach and noted that in the past the Health Board had achieved savings targets set, however the rises in energy costs, supplies costs, and embedded covid expenditure that was now unfunded were impacting on the level of savings required to break even over the 3-year period.

Mr Hill underlined the scale of the challenge which was across the whole system, rather than just the Health Board, and Integration Joint Board budgets were also under pressure. Mr Boyle emphasised the need to ensure that the general public were aware of the scale of the challenges that face the Health Board, especially in the case of high costs drugs and new medicines being introduced to the market. Mr Docherty updated the Board on the efforts to reduce nurse agency costs, and move away from the use of off framework agencies.

Mr Lauder added that the Board would be sighted on the National Treatment Centre progress once the Initial Agreement had been finalised and this would be shared with the Board.

C Lauder**THE BOARD:**

1. Approved the financial framework, noting the risks and uncertainties.

B/2023/135

CORPORATE RISK REGISTER

Board Members received and noted a Corporate Risk Register Report from Ms Hope.

Members noted that the report was presented in a different format and Ms Hope took Members through the new format in detail.

Members noted the report (appendix 1) and the Corporate Risk Register in full (Appendix 2) which presented an update to the Corporate Risk Register for the reporting period September – March 2023.

A summary of material changes to the risks within the Corporate Risk Register was noted:

- One new risk is proposed: 2197 – Ability of NHSL to Deliver a Balanced Budget within Periods 23/24 – 25/26
- Two risks have decreased in score: 2123 - Ability of NHSL to Deliver a Balanced Budget within Year 2022/23 & 2073 – NHSL Reputation Regarding FAI
- One risk has changed title, description and current controls: 2155 – Impact of Unpredictable Public Health Outbreaks on Current Services (previously Impact from Proposed Scot Gov/JVCI Vaccination Programme Cohorts 2022/23)

The new format was widely welcomed by Members.

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; and
4. Noted the very high graded risks through operational units and business critical programmes of work/redesign.

B/2023/136

QUALITY REPORT

Board Members received the Quality Report.

Dr Deighan took Members through the report and highlighted the significant changes in relation to Complaints (para 2.1), and the various improvement measures taken to improve performance and reduce the number of complaints answered out with the 20 working day target.

Dr Deighan also highlighted that the new Quality Strategy for 2023-2029 was complete and will be presented at the April HQAIC for endorsement. He added that comments had been supportive and the style of the new strategy welcomed.

THE BOARD:

1. Noted the Quality Report.

B/2023/137

INFECTION CONTROL UPDATE

Board Members received and noted a report providing an update on NHSL's position in regards to the CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use.

Dr Thomson noted the position in relation to Hand Hygiene compliance and stated that she was not assured by the actions being taken to address the non-compliance. She highlighted that the report stated that NHSL had not met the Hand Hygiene national target rate of 95% (IPC QI audits), and was reporting a rate of 61%. Mr Docherty was also concerned about the Boards inability to meet this standard despite intensive work to highlight this to all clinical staff. It was agreed that this would be discussed in further detail by the Healthcare Quality Improvement & Assurance Committee at their next meeting.

THE BOARD:

1. Noted the update.

B/2023/138

RECRUITMENT UPDATE

Members received and noted a paper from Mrs Sandilands, which provided an update on employment and recruitment initiatives, including the Staff Bank.

Board Members noted the range of initiatives undertaken by Human Resources colleagues, and commended the work being taken forward

THE BOARD:

1. Noted the report.

B/2023/139

CALENDAR OF DATES 2023

Noted.

B/2023/140

WORKPLAN 2023

Noted.

B/2023/141

ANY OTHER COMPETENT BUSINESS

Mr Hill highlighted that this was the last NHS Board meeting to be attended by Kay Sandilands, Director of Human Resources, who was retiring in May. Mr Hill paid tribute to Mrs Sandilands for her contribution to the work of the Board, and drew particular attention to her efforts in supporting the Board during the unprecedented and challenging Covid pandemic.

B/2023/142

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/2023/143

DATE AND TIME OF NEXT MEETING

Wednesday 31 May 2023 at 9.30am.

The meeting ended at 1.00pm