

Unapproved Minutes

Meeting: NHS Board
Date: 26th September 2024, 9:30am-12:30pm
Venue: Meeting Room 10, Kirklands Board Headquarters

Chair Mr M Hill (Board Chair)

Members
 Mr M Breen, Director of Finance
 Mr A Boyle, Non-Executive Director
 Mr P Couser, Non-Executive Director
 Cllr M Coyle, Non-Executive Director
 Dr C Deighan, Executive Medical Director
 Mr E Docherty, Executive Nurse Director
 Professor J Gardner, Chief Executive
 Mrs M Lees, Chair, Non-Executive Director
 Cllr E Logan, Non-Executive Director
 Ms L McDonald, Non-Executive Director
 Professor S J Pravinkumar, Director of Public Health
 Mr D Reid, Non-Executive Director
 Ms Sylvia Stewart, Non-Executive Director
 Mrs S White, Non-Executive Director

In Attendance
 Mr C Brown, Director of Communications
 Mr R Coulthard, Director of Acute Services
 Mr C Lauder, Director of Planning/Deputy Chief Executive
 Ms T Marshall, Interface Director
 Ms K McGuigan, Consultant in Public Health
 Ms M Dendy, Head of Planning, Performance & Quality Assurance
 North HSCP
 Ms T Marshall, Interface Director
 Mr S Sengupta, Chief Officer, South HSCP, General Manager

Apologies
 Mr P Cannon, Board Secretary
 Mr N Dar, Non-Executive Director
 Mr C Lee, Non-Executive Director
 Mr B Moore, Non-Executive Director
 Mr J Muir, Non-Executive Director
 Mr R McGuffie, Chief Officer, North HSCP, General Manager

1 Preliminaries**1.1 Welcome and Apologies**

Mr Hill apologised for the meeting starting at a later time this was due to IT technical difficulties. He welcomed Board Members to the meeting, which took place in Meeting Room 10, NHS Lanarkshire Board HQ.

Mr Hill also reminded Members that the meeting would be recorded and uploaded onto the website after the meeting. Observers were able to join on TEAMS, without camera or microphone facilities. Mr Hill welcomed Ms Dendy to the meeting, apologies received from Mr Cannon, Mr Dar, Mr Lee, Mr Moore, Mr Muir, and Professor McGuffie it was noted that Mr Boyle would join the meeting later.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Draft Minutes of NHS Board meeting held on 1st August 2024

The draft Minutes of the previous meeting held on 1st August 2024 were submitted, members approved these as an accurate reflection of the last meeting.

1.4 Matters Arising: Action Log

Board Members received a Matters Arising update.

THE BOARD

1. Noted the Action Log and the updates provided

Mr Lauder provided an update on Action 7, stating that in December 2023, the Scottish Government opposed all capital developments, including the proposal for a National Treatment Centre in Lanarkshire. Scottish Government representatives have indicated they are awaiting the UK budget at the end of October, followed by the Scottish Government budget, which is expected four to five weeks later. Once those are announced, the revised infrastructure and planning for Scotland will be published, and we will need to review that information to determine whether we can proceed with the initial agreement.

1.5 Chair's Update

Mr Hill provided an overview of key meetings and events he has attended since the last Board meeting in August 2024. He informed the Board that he had several meetings with Scottish Government officials, including three meetings with the Cabinet Secretary and a private meeting with the Permanent Secretary. During a meeting with the Board Chairs Group, the Cabinet Secretary discussed refreshing the priorities and ways of working for Chairs. Mr. Hill highlighted that the Population Health Framework is forthcoming and ensured that the Health Group of the Board Chairs will have a meeting with the Cabinet Secretary to discuss it further.

The Cabinet Secretary recently visited the Houldsworth Centre to discuss efforts to reduce delayed discharges. During the visit, the Home Assessment Team gave a presentation, and

the Cabinet Secretary was impressed with the initiatives taken to accelerate patient care through various pathways and innovative integrated working.

The Chair, along with other Non-Executive Board Members, visited hospitals during last week's fire break. Mr Hill expressed his appreciation for this opportunity and was impressed by the positive "can-do" attitude of the staff he met.

Last week, the Board Chairs held a development day, during which Mr Hill discussed the alcohol and drug partnership efforts. He raised concerns about the high rate of drug-related deaths in Scotland. Mr. Hill emphasised the need to intensify efforts to address this issue by strengthening relationships with alcohol and drug partnerships as well as Integration Joint Boards (IJBs), ensuring adequate support is in place to tackle drug abuse and deaths. He noted that individuals in deprived areas are fifteen times more likely to die from drug abuse than those in less deprived areas and called for greater visibility on this issue. He also requested that progress in this area be regularly reported at the Board level.

The Chair reminded members that it is Climate Change Week, information including a video is available on the First Port.

1.6 Chief Executive's Update

Professor Gardner provided an overview of key developments since the August 2024 Board meeting and a preview of upcoming engagements.

The Monklands Replacement Project (MRP) was presented to the Capital Investment Group, marking a positive step in sharing progress. Given the scale of the programme, further presentations will be required. While no final decisions on the next steps have been made yet, work will continue on the full business case. During July and August, eight school students from North and South Lanarkshire participated in a summer school for the MRP, which was a valuable shared learning experience for both the students and the organisation.

Since the last Board meeting, we have strengthened our partnership with the University of Strathclyde, fostering closer collaboration between academia and health, with promising initiatives on the horizon.

In August, a new cohort of eighty-one junior doctors joined NHS Lanarkshire, an increase of fifteen compared to 2020. Efforts are being made to ensure they have a positive learning experience, contributing to the future development of NHS Lanarkshire.

The recent visit from the Permanent Secretary was very well received, providing an opportunity to showcase our whole-system approach, highlighting a range of initiatives within our pathways and partnership working. It was a highly positive visit.

Claire Rae has been successfully appointed as Chief Officer for the North Lanarkshire Partnership. Currently the Head of Services for South Lanarkshire Partnership, she will begin her new role on October 1st, 2024.

Professor Gardner shared that NHS Lanarkshire played a key role in national discussions at the National Robotarium meeting, focusing on digital technology as a key enabler for NHS reform.

There is an upcoming visit from the Cabinet Secretary on the 22nd of October 2024. During this visit the fire break work, virtual wards, e-triage, and new approaches to winter planning will be discussed.

Professor Gardner expressed her sincere thanks to all staff for their contributions during the fire break, acknowledging the exceptional work. She noted that while there is still progress to be made, with occupancy remaining a key focus for improving care and patient experience, there have been significant improvements. Work will continue in this area, she is pleased with the progress made, thanking staff for their commitment. Additionally, the optimal discharge planning target operating model has now been embedded and supported across the system. Professor Gardner was also delighted to announce that Cancer Services has shown improvement, with recent results positioning NHS Lanarkshire as one of the top-performing mainland Boards in Scotland in this area.

2 Governance Committee Updates

The minutes of the following meetings were noted

- Healthcare Governance Committee, 4th September 2024 (draft)
- Staff Governance Committee, 5th September 2024 (draft)
- Population Health Committee, 10th September 2024 (draft)
- Planning, Performance & Resources Committee, 12th July 2024 (draft)
- Audit & Risk Committee, 19th September 2024 (highlight report)

Members noted the updates from the Governance Committee. The Chair informed them that the reporting arrangements for subcommittees are being restructured, with subcommittees now reporting to the Planning, Performance, and Review Committee.

THE BOARD

1. Noted the updates from the Governance Committee.

3 Finance, Performance & Transformation

3.1 Integrated Performance & Quality Report (IPQR)

Board Members received and noted the August 2024 Integrated Performance and Quality Report (IPQR). Mr. Lauder informed the Board that the IPQR has now been reviewed by all Subcommittees and Committees, with changes made based on their feedback. Further revisions are planned for the September edition, which will be published for the Committees tomorrow and then discussed at next month's meetings. The process has been streamlined

to improve accuracy, and Mr. Lauder expressed his gratitude to all staff involved in producing the report.

Cancer performance figures will be included in the October edition, and significant progress has already been made in this area. Mr. Coulthard presented slides showing the improved waiting times. In July 2024, NHS Lanarkshire was the highest performing mainland Board, reporting 19.5% above the national average for the 62-day referral standard. Once validated, data from August 2024 is expected to show that NHS Lanarkshire achieved the national cancer waiting times standard, with 62-day performance at 95% and 31-day performance at 97.1%. This would mark the first time since 2019 that NHS Lanarkshire met the 62-day referral target, treating 95% of patients within the timeframe. The IPQR also noted a significant rise in urgent and suspicious cancer referrals into these pathways.

Mr Coulthard then summarised the key improvements in cancer performance.

- In July 2024 NHSL urology performance for 62 days for 37% higher than the Scottish average. Highest compliance of the 11 mainland Scottish Health Boards, sustaining above the national average for 4 continued months.
- NHSL Colorectal performance across the last 5 years validated reportable months has been on average 22% above the national average.
- NHSL Lung performance across the last 5 validated reportable months has been on average 14% above the national average.

Mr. Coulthard acknowledged that although there is still a lot of work to be done across the various pathways, there are clear signs of significant progress.

Mr. Hill requested that the error in the IPQR under the current performance for referral to treatment be corrected from green to red.

THE BOARD

1. Noted the report.

3.2 Firebreak and Operation Flow

Committee Members received and noted a presentation from Mr. Lauder on Firebreak 2024 and Operation Flow.

Mr. Lauder expressed his gratitude to everyone who contributed to the firebreak and provided a summary of the key developments:

- **Flow Navigation Centre:** The "Call Before You Convey" (CBYC) initiative was expanded at the start of the firebreak, focusing on East Kilbride Scottish Ambulance Station and Coatbridge, allowing crews to access senior clinical decision-makers. There was a

strong uptake, with two-thirds of the calls made by Scottish Ambulance Service paramedics resulting in around 70 patients being treated at home rather than being taken to Accident and Emergency. This was a very positive outcome, and further developments will continue.

- **Virtual Ward:** While the full-scale, technology-assisted virtual ward is still in development, progress will be reported to the Planning, Performance, and Review Committee (PPRC). A diagnostic virtual ward has been established, allowing patients to be referred from the Flow Navigation Centre (FNC) into a virtual ward and discharged home, with planned diagnostic tests to follow. Although the current patient numbers are low, this provides an opportunity to test pathways and referral criteria in preparation for the winter months.

Daily Firebreak Four-Hour Performance: Performance has improved, reaching 65%, bringing NHS Lanarkshire (NHSL) closer to the NHS Scotland average. However, further improvements are needed. Mr. Lauder summarised the four-hour performance for each NHSL hospital:

- **University Hospital Hairmyres:** 53% – Flow and staff identified areas for improvement.
- **University Hospital Monklands:** 58% – Staff models identified areas for improvement.
- **University Hospital Wishaw:** 65% – Occupancy issues identified, with an unexpected arrival of 7-10 ambulances.

Occupancy: Overall occupancy dropped from 101% to 98% over the ten days of the firebreak:

- **University Hospital Hairmyres:** 89%
- **University Hospital Monklands:** 98%
- **University Hospital Wishaw:** 99%

Delayed Discharges for North and South Health and Social Care Partnerships: Professors Sengupta, McGuffie, and Mr Coulthard presented this information to the Ministerial Oversight Group, demonstrating progress in the right direction.

Communications Team: Mr Lauder praised the team for effectively raising staff awareness and reinforcing the goals and objectives of the firebreak.

Ms Marshall provided further information on the "call before convey" initiative. Over the past ten months, there has been an average of approximately 108 calls per month from ambulance crews prior to conveying patients to the hospital. In August, following the initiation of pilot work at the East Kilbride Station, collaboration with ambulance crews resulted in a notable increase to 197 calls. This pilot was extended to the Coatbridge area during the firebreak period, leading to a total of 227 calls received up until September 24th. Ms. Marshall highlighted the significance of this increase, emphasising that the "call before convey" initiative, while coming through FNC, represents a comprehensive system-wide approach involving collaboration with the Scottish Ambulance Service and other healthcare partners. The focus is on developing care pathways and alternative methods of service delivery, reinforcing the importance of a coordinated effort across the system.

Councillor Logan praised the efforts and enthusiasm of all the staff she encountered during her firebreak visit to University Hospital Wishaw (UHW). She expressed her admiration and emphasised the importance of sharing positive feedback from patients more widely. She expressed her appreciation for the positive experiences patients have had with the treatment services. She met two individuals who shared their experiences regarding their treatments, it was noted that both had received excellent care.

Professor Gardner informed members that she has requested that colleagues revisit how data is collected to better illustrate the work being done to enhance patient experiences before they arrive at the hospital, particularly in admissions and emergency areas. The goal is to demonstrate efforts to improve the experience for patients, keeping them at home when possible and supporting faster recoveries.

Mr Couser raised concerns about the variations between different sites and the need for consistency and smooth flow. Mr Lauder acknowledged this and stated that the organisation will continue to learn and implement new practices, particularly from the virtual ward environment. A criteria-based discharge process was also introduced during the firebreak for weekend discharges to tackle delayed discharges.

Professor Gardner added that the e-triage system will help to quickly assess patients and identify those who may not require emergency care but could be treated elsewhere. Overall, she noted that the firebreak has been a positive initiative, establishing a foundation for more sustainable work moving forward. She emphasised the need to improve communication to inform the people of Lanarkshire about the ongoing efforts. Additionally, she stressed that achieving 92% occupancy is crucial for enhancing flow, quality, and care.

THE BOARD

1. Noted the updates.

4 Finance

4.1 Finance Report as at 31 August 2024 (Month 5)

Board Members received and discussed a Finance Report from Mr Breen covering the period to 31st August 2024 which was presented to the Board for awareness, discussion, and assurance around financial monitoring controls, reporting systems and the financial performance of NHS Lanarkshire during the period.

Mr Breen highlighted the finance report to August 2024 Month 5

- NHS Lanarkshire net revenue overspend of -£8,035,022 as at 31 August 2024
- The NHS Lanarkshire Board net revenue overspend of -£8,152,375 as at 31 August 2024
- North IJB and South IJB delegated Health budgets have a combined underspend of £117,353 as at 31

- August 2024 (being North £56,419 and South £60,934)
- Identification at Month 5 of £26,241,304 NHS Board savings (Month 4 £23,460,971) of full year S&V
- Schemes against the revised total of £42,748,691. Savings totalling £15,464,704 have been phased into the budget to date.
- Identification at Month 5 of £6,326,117 combined IJB savings (North £2,467,149 and South £3,858,968 of S&V schemes being achieved against a total of £27,819,000. (North £14,286,000 and South £13,533,000)
- A total Capital Allocation of £53,592,000 is expected for this financial year with Capital expenditure to
- Month 5 of £15,926,933

Mr Breen expressed his concerns about inflation and its potential impact on winter pressures. There is ongoing communication with the Scottish Government regarding the mental health funding gap. The current approved establishment anticipates funding of £19 million, but only £12.2 million has been allocated, creating a £7 million deficit. The government has yet to respond to recent representations concerning this issue.

A discussion was held regarding the challenges associated with prescribing biologics and the potential for achieving cost savings in this area. It was noted that while the acute budget has received significant funding for drug growth, costs continue to rise due to increased demand and the introduction of new biologics. To manage these costs effectively, strategies are being implemented, including transitioning patients from brand-name drugs to generic alternatives. Dr Deighan informed members that he chairs a Drug Sustainability and Value Group, which is focused on implementing changes to reduce costs in both primary and acute care sectors.

Mr Couser raised concerns regarding inappropriate prescribing practices. Dr Deighan advised that a polypharmacy review is currently underway to address this issue. The importance of these reviews was emphasised, with over 75% of practices actively engaged in evaluating patients who are on multiple medications. The primary objective of these reviews is to identify and reduce unnecessary prescriptions while maximising therapeutic benefits.

Concerns were also expressed about the balance between enhancing planned care services and the associated costs of surgical supplies. Continuous monitoring of these expenses is deemed essential to maintain financial stability. Professor Gardner stressed the significance of maintaining a 92% occupancy rate within healthcare facilities. Achieving this target is critical for ensuring quality care, enhancing patient flow, and effectively managing operational costs.

THE BOARD

1. Noted the report and presentation.

5 Governance and Assurance

5.1 Quality Report

Board Members received and noted an updated Quality Report from Dr Deighan

Governance Committee Name Changes – HQAIC now called Health Care Governance Committee. QPPG – is now called Healthcare Governance Assurance Group. Karen Cormack is leading a review of the clinical governance structure and the associated meetings. The review will progress further within the Acute Directorate to map the clinical governance. The focus will be on ensuring appropriate parties for escalation and assurance are in place. Main themes will cover assurance, improvement and evidence related to assurance.

New Risk Management System: - A new incident risk management system, called In Phase, has been implemented, which includes five apps for, reporting incidents, managing risk, safety alerts and claims. All historic data has been successfully transferred and validated to ensure satisfactory assurance. A backup of previous Datix data is also in place for legacy purposes. There are some outstanding functionality issues that are being managed and are expected to be resolved shortly. The main focus will be on updating and implementing reports and dashboards to ensure appropriate reporting. NHS Lanarkshire is a leader in the move to In-Phase across NHS Scotland and is sharing learning experiences with other Health Boards for implementation.

Assurance Update - The Updated Hospital Standardised Mortality Ratio (HSMR) data, published in August, provides statistics up to March 2024. It highlights that the three acute hospitals continue to remain within control limits and are right on the median for HSMR.

Complaints Management: The challenges in meeting Stage 2 complaints timelines were discussed at the last Board meeting. Staffing levels have been reviewed, and additional resources have been agreed upon for the remainder of the financial year to address these challenges. The impact of this additional resource will be measured towards the end of the year.

Quality of Complaints: - There continues to be a low number of cases involving the Scottish Public Services Ombudsman (SPSO), indicating the quality of complaints and responses is satisfactory. In line with the UN Convention on the Rights of the Child, the SPSO is publishing child-friendly complaints principles, and a process is being developed internally to handle complaints accordingly. The Head of Compliance has been invited to present at a national Education Scotland series on complaints and is also involved in research regarding the complaints experience.

Qi Network Launch: - A Qi network has been launched, comprising over 300 members, most of whom have undergone in-house Qi training. Each member is required to be involved in a Qi project aimed at improving some aspect of work within NHS Lanarkshire.

Clinical Guidelines Transition - Clinical guidelines have been gradually transitioned from the First Port system to the National Support Right Decisions platform. Efforts are underway to

remove any remaining guidelines on the First Port system that are no longer supported or may be outdated to enhance governance.

Review of National Healthcare Standards - Dr Munro and the Quality Team are reviewing processes related to the assessment of national healthcare standards. The evidence team has been tasked with implementing a consistent system for reviewing these standards, piloted with two recently published standards, congenital heart disease and cataract surgery. This new system includes action plans and a RAG (Red, Amber, Green) rating to monitor progress, which will be reported through Clinical Effectiveness to the Healthcare Governance.

Mr. Hill asked members to reduce the use of jargon in public meetings and reports. He requested that presenters consider their language choices to enhance the accessibility of information for the public.

Mr Hill asked that appreciation be passed on to the wider team for their hard work.

THE BOARD

1. Noted the report and presentation.

5.2 Corporate Risk Register

Board Members received and noted an updated Corporate Risk Register report which covered the period June 2024 – August 2024.

The Board reviewed the risk register for August 2024, it provided a comparison with the previous three-month period ending in June. The report has been vetted through all relevant governance committees and includes comprehensive risk register. Mr Breen advised that as of August, there are 18 corporate risks identified, 9 categorised as very high, 7 categorised as high and 5 categorised as moderate.

THE BOARD

1. Noted the Corporate Risk Register.

5.3 United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

Board Members received and noted a report from Ms Karen McGuigan in relation to the United Nations Convention on the Rights of the Child (UNCRC)

Ms. McGuigan reported that the United Nations Convention on the Rights of the Child (UNCRC) officially took effect in July 2024. This legislation aims to create a culture of accountability for children's rights in public authorities, including NHS Lanarkshire. The UNCRC builds on existing initiatives such as "Getting It Right for Every Child" (GIRFEC) and the Promise, which already emphasize children's rights.

Public authorities must now ensure their actions respect children's rights, allowing young people to take legal action if their rights are violated. NHS Lanarkshire has proactively prepared for the UNCRC by reviewing its services to identify best practices and areas for improvement. An implementation plan has been created to raise awareness, including outreach to both large and small teams.

A variety of resources have been developed, such as guides on how to meaningfully involve children and young people, and child-friendly information. Additionally, questions regarding children's rights have been added to Equality Impact Assessments to enhance staff awareness. Staff are invited to seek assistance in implementing these resources and practices within their areas. Progress updates will be provided through the Population Health Committee to ensure continued oversight and accountability.

Board members expressed appreciation for the proactive steps taken and highlighted the importance of simplifying communication to engage children effectively. The need for continued collaboration with young people was emphasised to ensure their voices are included in decision-making processes. Members expressed its support for the initiatives related to the UNCRC and looked forward to future updates on the implementation and impact of these measures.

THE BOARD

Noted the Report.

6.1 Any Other Competent Business

The Staff Awards will be held on 2nd of October 2024.

Both the Chair and Chief Executive wished to formally noted their farewells to Mr Cannon, The Board Secretary, Mr Cannon was unable to attend the meeting. The Chair stated that he had made a significant impact on NHS Lanarkshire. He expressed his gratitude for Mr Cannon's support and guidance over the years. Mr Cannon will leave the Board next month; a future event will be organised to formally thank Mr Cannon for his contribution to NHS Lanarkshire.

Professor McGuffie was also absent from the meeting but was recognised for his efforts in strengthening integrated working within the Board. The Chair and Chief Executive commended him for his leadership in health improvement and planning. The Board acknowledged Professor McGuffie positive legacy and expressed that he will be greatly missed as he transitions to Chief Executive role at NHS Forth Valley.

6.2 Risks and Reflections

No new risks or issues of note were raised.

6.3 Date and Time of Next Meeting

Thursday 28th November 2024, 9:30am.