

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 28<sup>th</sup> July 2021 at 10.00am  
 by using Microsoft Teams**

**CHAIR:**                    Mrs N Mahal, Non Executive Director

**PRESENT:**                Mrs L Ace, Director of Finance  
 Mr A Boyle, Non Executive Director  
 Dr J Burns, Medical Director  
 Mr P Campbell, Non Executive Director  
 Mr E Docherty, Director of Nursing, Midwifery and Allied Health  
 Professionals  
 Ms H Knox, Chief Executive  
 Mr B Moore, Non Executive Director  
 Ms M Morris, Non Executive Director  
 Ms L McDonald, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Dr L Thomson, Non Executive Director / Vice Chair

**IN**

**ATTENDANCE:**        Mr C Brown, Director of Communications  
 Mr P Cannon, Board Secretary  
 Ms M Hayward, Interim Director, South Lanarkshire Health and Social Care  
 Partnership  
 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  
 Dr J Pravinkumar, Consultant in Public Health  
 Mrs L Thomson, Nurse Director, North Lanarkshire Health and Social Care  
 Partnership  
 Mrs K Sandilands, Director of Human Resources  
 Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**         Mr G Docherty, Director of Public Health and Health Policy  
 Councillor P Kelly, Non Executive Director  
 Mrs M Lees, Chair, Area Clinical Forum  
 Mrs L Macer, Employee Director  
 Councillor J McGuigan, Non Executive Director

2021/07/167

**WELCOME**

Mrs Mahal welcomed colleagues to the meeting, and as the meeting was being livestreamed, she also welcomed observers and reminded them that the meeting was not being recorded and there was no permission to record or rebroadcast the meeting.

Mrs Mahal also welcomed Dr Pravinkumar who was deputising for Mr G Docherty.

2021/07/168

**DECLARATION OF INTERESTS**

There were no declarations of interest.

2021/07/169

**MINUTES**

The minute of the meeting of the NHS Board held on 30<sup>th</sup> June 2021 was submitted for approval.

**THE BOARD:**

1. Approved the minute of the meeting held on 30<sup>th</sup> June 2021.

2021/07/170

**MATTERS ARISING**

Mr Moore highlighted that the Endowment Trustees Sub Committee would be meeting on 4 August 2021 to review the Covid specific endowment funds.

Dr Osborne sought advice on the continuation of standing down the Acute Governance Committee, and it was agreed to discuss this further, out with the meeting, with the Board Secretary.

**P Cannon**

2021/07/171

**ACTION LOG**

It was noted that the Action Log had been split into two documents, the first section to show active items, the second listing archived completed items. Members discussed specific items on the Action Log. The Action Log would be updated.

2021/07/172

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal congratulated Mr Brian Moore on his appointment as Chair of the State Hospitals Board for Scotland. It was noted that Mr Moore will be continuing in the meantime as an NHS Lanarkshire Non Executive Board Member.

Mrs Mahal also referred to the unprecedented whole service pressures which had occurred in the previous ~~last~~ week and paid tribute to the efforts of all health and social care staff, and highlighted in particular the significant role played by Mrs Ace, as Deputy Chief Executive, who was standing in for Ms Knox, who was on leave and other Senior Managers across the Health Board and North and South Lanarkshire Health and Social Care Partnerships for the resilience they had shown in maintaining services in the face of unprecedented demands on Hospitals, in community services, and in primary care.

She also noted that some Governance Committees were being rescheduled as a result of the service pressures.

**THE BOARD:**

1. Noted the update from the Board Chair.

**CHIEF EXECUTIVE'S REPORT**

Ms Knox provided a verbal report to the NHS Board.

Ms Knox gave an overview of the Covid Hospital numbers and it was noted that there were over 70 covid positive in patients, and 9 covid positive patients in intensive care. The increase in the number of patients being treated in Hospital was having a significant impact on the recovery of the elective programme.

In relation to the vaccination programme, it was noted that up dated figures had been shared with the Board Members in the past 24 hours, but in summary the Board had delivered almost 900,000 doses of the vaccine, with the immediate focus now on encouraging uptake in the younger adult cohort.

Mrs Knox also referred to guidance issued by Scottish Government around exemptions to self-isolation for certain key workers, and indicated that while this was likely to be helpful, the decision on taking up the exemption was entirely voluntary.

It was also noted that visits to the site of the new University Hospital Monklands (Wester Moffat) were being arranged, and the offer to visit the site was extended to all Board Members, by contacting the Board Secretary.

**Board  
Members /  
P Cannon**

In relation to the development of the Board's new Healthcare Strategy, Ms Knox indicated that a programme of staff engagement was in place and many meetings and workshops had already been held. An update would be provided to the Board at a future meeting.

**THE BOARD:**

1. Noted the update from the Board Chief Executive.

**TRAUMA & ORTHOPAEDICS PHASE 2 - ENGAGEMENT**

The NHS Board considered a paper from Mr Lauder on the next phase of the redesign of the Trauma and Orthopaedic Service (phase 2), and the programme of engagement to be undertaken. The paper also appended a detailed communications and engagement plan.

The paper set out a series of proposals to deliver the continued improvement in the quality of the orthopaedic service provided for the people of Lanarkshire, and to create a strategic opportunity for the development of other clinical services at University Hospital Hairmyres as part of the revised healthcare strategy.

Board Members were asked to approve a patient, public and staff engagement process to determine the future location of elective orthopaedic in-patient services in Lanarkshire, to be undertaken during August and September 2021. It was noted that an engagement report on the outputs from the engagement would be produced for consideration by the NHS Board shortly after the conclusion of the engagement period, and this would inform a recommendation to the NHS Board on the future location of elective orthopaedic services.

The paper set out the background to the issue and outlined a preferred option for elective orthopaedic services (to incorporate elective orthopaedic surgery in the new University Hospital Monklands), which was being presented by the Board Officers for engagement with stakeholders.

Mr Lauder reported that the NHS Board have a choice of two options for the disposition of inpatient elective orthopaedic surgery.

The status quo option would see the continued provision of elective surgery provided in the main at University Hospital Hairmyres. The second option would be to incorporate elective orthopaedic surgery in the new University Hospital Monklands. The advantages and disadvantages were set out in the paper. This decision was required at this point as the Outline Business Case (OBC) for the new University Hospital Monklands was being developed, and would be submitted to Scottish Government later in the year. Following the engagement process, if the Board made a decision to locate elective orthopaedic services within the new University Hospital Monklands, this would need to be included within the OBC.

Mr Lauder proposed that the engagement process was carried out on the basis of a clear preferred option. The engagement process would however afford the opportunity to determine whether there were other factors which were not captured in the case for change which had not been identified and which might influence the Board's final decision on the location of elective orthopaedic services.

Mr Brown highlighted that advice on the communications and engagement plan had been sought from Healthcare Improvement Scotland - Community Engagement (HIS-CE) to ensure it was in line with the new national *Planning with People* guidance. HIS-CE had confirmed that it was content that engagement was carried out on the basis of a clear preferred option being presented to stakeholders.

It was emphasised that these changes would not have any impact on existing outpatient or fracture clinic provision, which would continue to be provided on all three Acute Hospital sites. It was also noted that if elective orthopaedic services were to be incorporated in the Outline Business Case for the new University Hospital Monklands, this would allow an opportunity to expand other surgical specialties at University Hospital Hairmyres. Dr Burns outlined the potential for expanding services at University Hospital Hairmyres, alongside the Regional Vascular Service already recently established at the University Hospital Hairmyres, and support other developments such as robotic surgery, and the repatriation of patients referred to the independent sector and the Golden Jubilee National Hospital. The opportunities to expand surgical and other services at University Hospital Hairmyres would be taken forward in the context of developing the Board's new Healthcare Strategy "Our Health Together".

In response to Mr Moore's request to include some current and projected patient demand information, Mr Lauder advised that this was available and would be shared as part of the engagement process.

Dr Osborne asked for clarity on the full range of stakeholders and Dr Thomson stressed the importance of communicating fully that although

there was a preferred option being engaged on, stakeholder views would be taken into consideration before any Board decision was made.

Mr Brown indicated that the opportunity to strengthen the engagement and communications material would be taken in the light of comments made by Board Members about how comments will shape and influence the engagement report to the Board, provide greater clarity around the rationale for the preferred option, and the need to link with a wide network of local community groups and service users. Dr Burns also asked that emphasis is placed on the Board striving to achieve the gold standard for the provision of Trauma and Orthopaedic services, and the need to expand the surgical footprint at either University Hospital Hairmyres, or University Hospital Monklands, depending on the decision made by the Board on the future location of elective Orthopaedic services.

Mrs Mahal noted that HIS-CE were supportive of the engagement process and emphasised that the Board was not adopting the preferred option put forward by Board Officers, but simply approving the process of engagement. The Board would be asked to make a decision on the future location of elective orthopaedic services in the light of the feedback gathered during the engagement period.

#### **THE BOARD:**

1. Approved the communications and engagement plan for engagement on the preferred option for elective orthopaedics during August and September 2021;
2. Noted that an engagement report will be produced for consideration by the NHS Board shortly after the conclusion of the engagement period;
3. Noted the linkage between the proposed changes to elective orthopaedics to both the completion of the Monklands Outline Business Case and to the emergent healthcare strategy “Our Health Together”; and
4. Noted that a recommendation will be made to the NHS Board once the engagement report had been considered.

2021/07/175

#### **SYSTEM PRESSURES**

The NHS Board were provided with a PowerPoint presentation by Ms Knox on the range of service pressures being experienced across all health and social care services in Lanarkshire.

The presentation set out the demands across unscheduled and urgent care, especially on Emergency Departments, the ARIC (acute respiratory illness centre), Out of Hours services, with increased covid patient numbers, a planned care backlog and workforce pressures across the whole system.

Ms Knox stated that monthly attendances at the three Emergency Departments were at an all-time high and a deep dive analysis of attendances was underway to better understand why patients were choosing to self-present at Emergency Departments. This, coupled with patients presenting

later in the disease pathway, meant that they are sicker than normal. All 3 acute sites formally instigating the full capacity protocol (FCP) at points over the last 4 weeks, even with a significant drive to discharge patients into the community or back home with supported discharge packages.

In relation to Covid positive patients, between 1<sup>st</sup> June and 15<sup>th</sup> July the number of patients in hospital rose from 7 to 77 patients requiring treatment.

The planned care backlog, which the Board was committed to tackling and was having some success in addressing, had been significantly impacted. and workforce pressures (with a sharp rise in the number of staff requiring to isolate) was also hindering recovery plans and challenging for the workforce addressing current demands. There were particular shortages in homecare staff in the community.

In terms of addressing these unprecedented demands, Ms Knox outlined the actions taken to date which included establishing a whole system pressures response group led by Medical Director, a specific group on Emergency Department pressures, Medical and Nurse Director site visits, Nursing recruitment was underway across the three hospital sites, the recruitment of band 5 nursing graduates early as band 4's (67, with 14 from this week), the recruitment of junior medical staff, mainly clinical development fellows, several fixed term appointments have made above established vacancy levels, additional paediatric decision makers were brought into University Hospital Wishaw Emergency Department, and frequent communications going out to staff and the public on the pressures being experienced.

In relation to staff wellbeing Ms Knox also highlighted the range of measures in place to support staff, including occupational health support, staff counselling, Spiritual Care Centres, 24/7 staff care helpline, psychological therapy, staff wellbeing areas, tailored occupational health and spiritual care support has been offered to Emergency Department and hard pressed departments, Safety and Well Being cards being introduced into huddles. Other practical help included the management of the physical environments to ensure that temperature and ventilation are optimal.

Board Members thanked Ms Knox for her detailed overview of the pressures and the measures being taken to support staff.

Mr Moore asked about the impact of the changes made in the redesign of urgent care, and the impact that this was having on unscheduled care attendances. Mr Lauder indicated that an update on the redesign of urgent care was scheduled to come to the Board in August 2021. Dr Osborne asked about sustainability and longer term planning and Mr Boyle sought assurances about lessons learned for future planning. In response, Mr Lauder also reported that the Board had been asked to submit version 4 of the Remobilisation Plan to Scottish Government by 30 September 2021 and this would be submitted to the Board in September 2021 for approval.

Mr E Docherty also provided an update on Care Homes interim placements, which were adopted to allow patients who were ready to be discharged from Hospital, and were awaiting packages of care, to be looked after, on an interim basis, in a Care Home. Mr Docherty stressed that this was put in place only after discussion and agreement with the patient and/or their

family. This had enabled a small number of patients to be placed in Care Homes while awaiting home care packages.

Mrs Mahal made reference to a series of briefing papers that were being drawn up on various aspects of service pressures, and it was agreed that it would be useful to circulate these as background to all Board Members in advance of a fuller report to the August Board on whole system service pressures. Mrs Mahal suggested that if this was better managed by arranging a specific Board Briefing session this should be considered.

C Lauder

#### **THE BOARD:**

1. Noted the presentation by the Chief Executive on unprecedented service pressures;
2. Paid tribute to the staff for their efforts in responding to these demands;
3. Noted that this was a whole system issue and required a whole system response; and
4. Agreed to await further briefing papers and an opportunity to discuss these pressures in greater detail in August 2021.

2021/07/176

#### **FINANCIAL REPORT**

The NHS Board received a paper from Mrs Ace on the financial position as at 30th June 2021.

Mrs Ace highlighted that the NHS will remain on an emergency footing due to the Covid-19 pandemic until at least 30 September. Services were not yet at full capacity due to the need to maintain distancing and greater time between each patient. £11.132m of additional cost had been incurred in the first three months through cover for staff isolation, additional cleaning, separate Covid-19 pathways still in place, the costs of testing, tracing, outbreak control and vaccination. Costs were being logged and reported to Scottish Government quarterly through an agreed national process. An initial allocation had been received giving 50% funding of the estimated costs for testing and tracing, the Covid-19 and extended flu vaccination programme and general costs outside of the Health & Social Care Partnership. Integration Joint Boards were expected to use relevant reserves to fund initial costs associated with Covid-19 before calling on further funding.

The Board's financial plan reflected the costs of normal operating and assumed any additional Covid-19 costs would be funded by the Scottish Government. To balance, it relied on £30.693m of savings. An estimated £25.773m of savings had still to be identified when submitting the plan meaning the Board started the year with costs exceeding income producing monthly deficits. The aspiration was to have identified sufficient measures by November 2021 to climb back to break-even at the year end. Pressures on services have meant no further progress has been made in closing the gap in the first quarter.

£16.719m of funding had also been received for the 2021/22 Agenda for Change pay settlement. This was to cover all Board employees, the impact on our healthcare service level agreements with other NHS Boards, and the impact on some other bodies. However, the impact of the scale point movements in year 4 of the previous 3-year deal has not been funded.

At the end of June 2021 the Board was reporting a £5.935m over spend which is £0.073m better than the financial plan year to date trajectory. This included a reported over spend within the Acute Division of £0.585m.

Mrs Ace also highlighted that there were still some key uncertainties over income and expenditure, most notably on drugs. Reasonable assumptions have been used in preparing the month 3 figures but the degree of estimation means a high level of caution is required.

The costs of some of the projects in the capital plan had increased and there was an early indication that many of the schemes would be affected by a general increase in construction costs. This, and potential sources of funding for the increase in costs in projects were being explored and will be the subject of further reports to the Board.

Mrs Ace also stated that an assessment of the financial position of the Board would be undertaken in September 2021 and the results of the analysis and forecasted year end position would be shared with the Board thereafter.

**THE BOARD:**

1. Noted the financial report for the period 30 June 2021; and
2. Noted that a further report on an assessment of the overall financial position would be shared with the Board.

2021/07/177

**CALENDAR OF DATES 2021**

The NHS Board received and noted the Calendar of Dates for 2021. It was noted that this required updating with new dates now agreed for the Population Health, Primary Care and Community Services Governance Committee. It was also noted that the date of the December 2021 Board meeting was being reviewed as it may clash with national commitments on the part of the Chair and Chief Executive.

2021/07/178

**ANY OTHER COMPETENT BUSINESS**

There were no items raised.

2021/07/179

**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.

2021/07/180

**DATE OF NEXT MEETING**

Wednesday 25<sup>th</sup> August 2021.