

Lanarkshire NHS Board      Kirklands Hospital  
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Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 27<sup>th</sup> October 2021 at 9.30am  
 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 G Docherty, Director of Public Health and Health Policy  
 Mr N Findlay, Non Executive Director  
 Ms H Knox, Chief Executive  
 Mrs M Lees, Chair, Area Clinical Forum  
 Mrs L Macer, Employee Director  
 Mr B Moore, Non Executive Director  
 Ms L McDonald, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Mr D Reid, Non Executive Director  
 Dr L Thomson, Non Executive Director / Vice Chair

**IN**

**ATTENDANCE:**        Mr C Brown, Director of Communications  
 Mr P Cannon, Board Secretary  
 Mr C Cunningham, Head of Commissioning and Performance, South  
 Lanarkshire Health & Social Care Partnership (minute 224)  
 Mr T Elrick, Vaccination Programme Manager (minute 226)  
 Mrs S Friel, Director of Nursing, Acute Services Division  
 Mr M Gordon, Resilience Manager (minute 222)  
 Mr C Lauder, Director of Planning, Property & Performance  
 Mrs J Park, Director of Acute Services  
 Ms M Thomson, Head of Health, North Lanarkshire Health & Social Care  
 Partnership  
 Mrs K Sandilands, Director of Human Resources  
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership  
 Mr M Simpson, Energy & Environment Officer, PSSD (minute 219)  
 Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**        Mr E Docherty, Director of Nursing, Midwifery and Allied Health  
 Professionals  
 Councillor P Kelly, Non Executive Director  
 Councillor J McGuigan, Non Executive Director  
 Mr J Muir, Non Executive Director  
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care  
 Partnership

2021/10/208

### WELCOME

Mrs Mahal welcomed colleagues to the meeting, and highlighted that the Board would be joined by Mr Elrick, Mr Simpson and Mr Gordon when introducing their items. Mrs Mahal also welcomed Ms Friel who was

attending for Mr E Docherty, and Ms Thomson who was attending for Mr McGuffie.

Mrs Mahal also highlighted that as the meeting was being livestreamed, while welcoming observers, she reminded all observers that the meeting was not being recorded and there was no permission to record or rebroadcast the meeting.

2021/10/209

### **DECLARATION OF INTERESTS**

There were no declarations of interest.

2021/10/210

### **MINUTES**

The minute of the meeting of the NHS Board held on 27<sup>th</sup> August 2021 was submitted for approval.

### **THE BOARD:**

1. Approved the minute of the meeting held on 27<sup>th</sup> August 2021.

2021/10/211

### **MATTERS ARISING**

There were no issues raised that were not covered in the Action Log update.

2021/10/212

### **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. Mrs Mahal asked Directors to review all outstanding actions on the Log and update these for the December meeting.

2021/10/213

### **CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal advised that the closing date for the submission of applications for three Non Executive Board Member vacancies had passed and that interviews were arranged over the course of the next few weeks.

It was also noted that the Cabinet Secretary had arranged for weekly meetings with Chairs and Chief Executives, and that the significant system pressures being experienced were discussed at these meetings.

In relation to the recruitment process for the new Director of Public Health Mrs Mahal confirmed that this was underway.

The Remuneration Committee had participated in a short training and development session, with the assistance of Mr David Garbutt, Chair of the National Performance Management Committee.

Mrs Mahal reported that she had presented at the Royal College of Surgeons of Glasgow President's Conference on staff wellbeing, and highlighted the work being taken forward by NHS Lanarkshire; and

It was noted that a review of the management and governance of Endowments Funds was actively being considered nationally.

Mrs Mahal also paid thanks to Heather Knox and the senior management team for their fortitude and resilience in the face of unprecedented demands on secondary, primary and community services.

**THE BOARD:**

1. Noted the update from the Board Chair.

2021/10/214

**CHIEF EXECUTIVE'S REPORT**

Ms Knox provided a verbal report to the NHS Board.

Ms Knox provided an overview of the current Covid positive case numbers and the numbers of in-patients being treated across NHS Lanarkshire. The update also included up to date details of the excellent progress being made in the vaccination programme, the plans for underpinning the forthcoming Booster / Flu campaign, and how services were being impacted by the exception demands placed on them by unprecedented numbers of patients attending Emergency Departments. It was also noted that the Strategic Command structure was still in place and that there were three Gold Command meetings taking place each week.

Mrs Ace also provided an update having been Acting Chief Executive during the Chief Executive's absence on leave during October 2021, and the decision making process around declaring black status, to describe the pressures that the Acute Hospitals were experiencing in October 2021.

It was highlighted that black status was invoked as all three Acute Hospitals were in Full Capacity, and additional patients were being cared for in wards above the funded bed complement. Gold Command was also, for a short period, meeting on a daily basis.

Ms Knox stated that five Task & Finish Groups were being established to look at a range of short terms gains across health & social care, to relieve pressure on all parts of the service. These included securing additional home care support, the respiratory pathway, Hospital at Home, GP access to diagnostic tests, and frailty.

Mrs Park expressed her gratitude to the Army Military Aid, and for the support that had been provided, which was most welcomed by staff and patients.

Mrs Macer related that staff were continuing to report that members of the public were exhibiting unacceptable behaviour and it was widely acknowledged that this must be tackled by the Board. It was noted that regular communication messages are included in media releases and in general updates, and it was also noted at a Short Life Working Group had been established to look at what measures can be taken to address instances of violence and aggression. It was noted that the Group had met recently to review information sources, and security arrangements on a variety of sites. The Board reiterated its support for a zero tolerance approach and the need

for action to be taken to support staff. It was agreed that an update would be provided at a future meeting. **K Sandilands**

Mr Boyle asked how many cancer patients had their treatment postponed because no intensive care beds were available in case these were needed post operatively, and Mrs Park confirmed that this was two cases, and those had been rescheduled already.

Mr G Docherty stated that public health colleagues had participated in a table top exercise looking particularly at Care Homes and it was agreed to circulate the report which summarised the event. **G Docherty**

Mr Brown reassured the Board that a variety of methods and media were being used to promote the Board's zero tolerance stance and that every opportunity is taken to repeat this message publically. However, he agreed to work with the Short Life Working Group to see what more can be done to promote this message.

Mr Findlay stated that it was of concern that these pressures were being experienced before the impact of traditional winter demands had been experienced, and acknowledged that all staff were working tirelessly to address current, and plan for future, demand. He also sought and received assurance that major incident plans were in place for COP26.

#### **THE BOARD:**

1. Noted the update from the Board Chief Executive; and
2. Agreed to receive an update on the work being taken forward by the Short Life Working Group looking at Violence and Aggression towards staff.

2021/10/215

#### **FINANCIAL REPORT**

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

Mrs Ace highlighted that 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 savings being made but 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 achieve break-even at the year end. However, pressures on services meant no further progress had been made in closing the gap in the first quarter.

At the end of September 2021, the Board was reporting a £11.661m over spend which was £0.233m better than the financial plan year to date trajectory. This included a reported over spend within the Acute Division of £2.332m.

As well as uncertainty over the level of Covid-19 funding, estimates on areas such as drugs were still provisional. The first three months expenditure for out of area drugs was known which, combined with six months

information from the Lanarkshire acute hospitals, led to a forecast that the rise in hospital drugs costs could be over £2m more than in the financial plan. It was noted that this would be closely monitored.

In relation to capital, as in previous years the Board maintained a longer list of schemes than could be covered by initial secured funding, with a commitment to manage through the year to allow maximum progress. Higher construction costs but longer lead times have had opposing impacts on the year end forecast. Additional funding had also been secured which provided increased confidence that the capital plan could be delivered within the resource available.

In discussion, Mr Moore raised the issue of receiving recurring funding to cover covid pressures. Mrs Macer asked for consideration to be given to the increased agency spend and was advised that this was under regular discussion but given the extremis circumstances, this was a difficult issue to tackle at this stage. Mr Reid asked for clarification on the capital costs of the CAMHS accommodation and further assurance about the monitoring of capital projects to oversee cost controls.

#### **THE BOARD:**

1. Noted the financial position for the period 31<sup>st</sup> September 2021.

2021/10/216

#### **CORPORATE RISK REGISTER**

The NHS Board considered the Corporate Risk Register.

Mr Cannon asked the NHS Board to note the material changes made to the Corporate Risk Register since the last report was presented to the NHS Board in August 2021, and the Planning, Performance & Resource Committee in September, including new or closed risks.

It was noted that the owner of risk 2044 in relation to preparing for COP had bene transferred to the Chief Executive.

In relation to the Monklands Business Continuity Risk Register and a question from Mr Moore in relation to fire safety mitigation, it was noted that a seminar was being arranged for 19 November 2021, which would cover the Monklands Business Continuity Risk Register in detail.

In relation to risk CL/34 and neonatal capacity, Mrs Park stated that deliveries were increasing and mothers and babies were requiring additional support. The Board operated within a bed bureau system working in concert with neighbouring Boards to manage peaks and troughs of activity. It was noted that staff from the Best Start programme had been temporarily seconded to work in the neonate service as the pressures on staffing was intense. It was hoped to be able to repatriate staff back to the Best Start programme when conditions allowed. It was suggested that this be discussed in further detail either at the Acute Governance Committee or the Healthcare Quality Assurance & Improvement Committee.

**J Park /  
J Burns**

In response to Mr Boyle in relation to risk 1379, delayed discharges, Dr Burns stated that there was no change to the legislation covering Adults with Incapacity patients and the ability to move patients quickly from Hospital

remained challenging. It was also noted that a significant number of families had been offered interim placements but had refused to allow their family members to be moved from Hospital until their home of choice became available. Mr Sengupta reported that the Health Board was a pathfinder project for *Discharge Without Delay*, which was being piloted in behalf of Scottish Government to reduce delayed discharges. A more detailed report would be provided to the Board in December 2021.

S Sengupta

In relation to the Covid risks, Ms Knox indicated that these were under continual review and where duplication existed this would be addressed.

#### **THE BOARD:**

1. Noted the new risks and closed risks;
2. Noted the summary of significant material changes to the Corporate Risk Register;
3. Endorsed the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
4. Considered the very high graded risks across NHSL;
5. Noted the Corporate Risk Register, accurate as at 14th October 2021;
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 14th October 2021;
7. Remitted further discussion in relation to neonatal pressures to the Acute Governance Committee or the Healthcare Quality Assurance & Improvement Committee; and
8. Agreed to receive a report on *Discharge Without Delay* in December 2021.

2021/10/217

#### **STAFF GOVERNANCE COMMITTEE – 6 SEPTEMBER 2021**

The NHS Board received the minutes of the Staff Governance Committee held on 6 September 2021 which included an update on the development of Staff Equality Networks.

Mrs Sandilands reported that data systems were improving but were not able to capture all of the equalities data that the Board would wish to gather, but that this was work in progress. The iMatter report did include questions related to wellbeing and this would be discussed by the Committee on a regular basis.

In relation to networks specifically, Mrs Sandilands reported that the Ethnic Minority Employees Network (EMEN) was well established and working productively, the LGBT+ network had only recently been established and already had agreed to widen their scope to look at other protected characteristics. Both networks were proving to be very valuable, and would

help shape and direct the Boards strategic workstreams. It was noted that a Disability Network was planned.

In relation to the Personal Independent Payment contract provided by SALUS on behalf of the Department of Work & Pensions, it was noted that the Board would be engaged in considering future commitments to the contract in early 2022.

**K Sandilands**

It was noted that there was a workforce report on the agenda and it was agreed to cover this item at that point.

Mr Findlay raised the validity of reliance on Datix information only and the need to ensure that qualitative information was also used to consider workforce issues. Mrs Sandilands provided assurance that a range of mechanisms were in place.

#### **THE BOARD:**

1. Noted the minutes of the Staff Governance Committee held on 6 September 2021.

2021/10/281

#### **PERFORMANCE AND RECOVERY ISSUES**

The NHS Board received and noted a suite of updates from colleagues in the Acute Division, and North & South Health & Social Care Partnerships on key performance metrics.

Mrs Park highlighted that pressures continued with high numbers of attendances at the Emergency Departments, and the most recent 4-hour target was reported to be 62% for Lanarkshire, against a national average of 71%. Two cancer patients had to have their procedures postponed as there was a lack of intensive care capacity should they require this post operatively, but Mrs Park added that both had been rescheduled.

In relation to clinical prioritisation, Mrs Park indicated that the focus was on P2 patients (can wait up to 6 weeks / or as planned for cancer surveillance), and that the service was in regular dialogue with colleagues in the Golden Jubilee National Hospital to utilise any capacity in their facility for Lanarkshire patients.

Ms Thomson highlighted the significant efforts being made within the Partnership to reduce any delayed discharges out of hospital to a minimum and pointed to difficulties in maintaining a stable workforce in Home Care as having an impact on those efforts. However, he also added that staff were coming on board following an extensive recruitment drive. He added that pressures were being managed in Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies, but that both services had recently secured significant additional funding, and additional staff were being recruited. New ways of working were also being introduced in CAMHS and new accommodation was being provided for the service, which combined should improve the responsiveness of the service.

Mr Sengupta also highlighted the efforts being made in the South Health & Social Care Partnership to drive down delays in discharging patients from hospital to alternative placements for ongoing care. He stressed the need to

maintain rigour around the Planned Date of Discharge process as this had made a significant positive impact in recent weeks.

In response to a question from Mr Boyle, Mrs Park indicated that the Health Board did have some data on the current acuity of patients compared with previous periods and Mrs Park offered to provide this by flow group.

**J Park**

Mrs Mahal indicated that she had been advised that in a neighbouring NHS Board the number of patients thought to be using Emergency Departments inappropriately was around 30%, and Mrs Park stated that pre covid the best estimate for NHS Lanarkshire was around 25%, although the current rate was thought to be higher.

Board Members were also provided with a Workforce Update which was introduced by Mrs Sandilands. Attention was drawn to the significant efforts of recruitment staff who had recently recruited over 200 newly Qualified Nurses, the majority starting in September / October, Health Care Support Workers (152 additional on the bank, a further 167 going through pre-employment checks), Registered Nurses in Intensive Care (15 offers for 22 posts), the C19 Vaccine team, and supplementary staff for winter.

Mrs Macer highlighted that rebanding of Clinical Support Workers from band 2 to band 3 was having a positive impact on recruitment.

#### **THE BOARD:**

1. Noted the information provided on key areas of service pressure, and the workforce update

2021/10/219

#### **PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORT**

The NHS Board considered a paper which sought approval for submission of the 2020-21 Public Sector Climate Change Duties report (PSCCD). The paper acted as a summary of the full PSCCD report, which was also made available electronically in Excel format.

Mr Lauder introduced Mr Michael Simpson, who had recently been appointed Interim Head of Sustainability. It was also noted that Ms Marie Porteous, the previous Head of Sustainability was now part of the Monklands Replacement Project Team.

Mr Simpson highlighted that NHS Lanarkshire had reduced emissions by 74% against the Scottish Government target of 75% on a 1990 baseline, by 2030.

Mr Simpson added that whilst there has been a slight uplift in emissions for year 20/21, NHS Lanarkshire remained on course to achieve the Scottish Government target by 2030. Increases in emissions can be attributed to the factors such as increased mains electricity use due to the combined heat and power plant (CHP) being out of commission at University Hospital Wishaw for the majority of the year; increased activity (and therefore energy consumption) attributable to COVID-19; and increases in the conversion factor for fossil fuels, increasing the emissions as a result.



It was also noted that the Climate Change Duties Report sat alongside the National Sustainability Assessment Toolkit, and the positive progress made in relation to the Toolkit was reported to the Board on an annual basis. Mr Lauder also highlighted the close connection with the work being taken forward to develop the Board Strategy *Our Health Together*.

Ms Knox stated that the increasing focus on the environment and climate change was not an additional unconnected workstream for the Board to take forward, it was intrinsic to the work of the Board and would be embedded within the Board's revised Healthcare Strategy. It was also of note that national benchmarking and comparisons of progress across NHS Board will feature in the future.

Mr Reid highlighted the important role that the new Monklands Hospital would play in driving forward this agenda, not just in the new build but across the Board's estate.

Mr Boyle recalled and welcomed the very positive efforts to reduce the carbon footprint in Theatres across NHS Lanarkshire that had been reported to the Board some time ago, and also welcomed the increasing use of Near Me and other virtual consultation tools which reduced patient and staff travelling significantly.

**Heather Knox  
/ Paul Cannon**

It was agreed to update the Board on climate change issues at an appropriate point in 2022.

#### **THE BOARD:**

1. Noted the content of the report and supported delivery of the resulting Action Plan from the Sustainability Assessment Toolkit 2020 – 21;
2. Approved for submission the Board's Public Sector Climate Change Duties report prior to the 30th November deadline; and
3. Looked forward to a further update on climate change in 2022.

2021/10/220

#### **QUALITY REPORT**

The NHS Board received and noted the update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire. Dr Burns took Members through the paper and highlighted areas of particular interest.

Dr Burns highlighted the bids that NHS Lanarkshire submitted to the Value Improvement Fund. It was noted that there had been a problem with the application process and that the NHS Lanarkshire bids were not considered. However, the bids had been received on time and would be considered at the December round, along with an additional three bids from NHS Lanarkshire.

#### **THE BOARD:**

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;

2. Noted that bids to the Value Improvement Fund were still to be evaluated by the Realistic Medicine National Team.

2021/10/221

### **INFECTION PREVENTION & CONTROL UPDATE (QUARTER 2)**

The NHS Board received an update on the current position against CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use.

It was noted that the latest validated data for quarter 2 had not yet been discussed at the Control of Infection Committee, and Healthcare Quality Improvement & Assurance Committee, but a flash report was attached which provided the latest validated data.

Mrs Friel highlighted that the Breakthrough Collaborative had been positively received, and would deliver improvements in hand hygiene compliance over time, albeit it was too early to measure the impact through the review of data. Dr Thomson highlighted that the Healthcare Quality Assurance & Improvement Committee would discuss this in detail at the next meeting on 11 November 2021 as further assurance was required in this area. It was also agreed to review the position in the January 2022 HAI Report to the Board.

Mr Findlay asked about compliance monitoring, and Mrs Friel indicated that although nationally some activity had been paused, the Board was using students to undertake a number of quality improvement projects to address some of the activity that had not been carried out.

### **THE BOARD:**

1. Noted that the flash report was presented in advance of a full paper being presented to the Control of Infection Control Committee, and the Healthcare Quality Improvement & Assurance Committee; and
2. Agreed to review the Hand Hygiene compliance data in the report to the NHS Board in January 2022. **S Friel**

2021/10/222

### **COP 26 UPDATE**

The NHS Board were provided with a verbal update from Mr Martin Gordon, Resilience Manager, on the planning arrangements for COP 26 which started on 26 October and runs until 12th November 2021. It was noted that contingency arrangements had been reviewed, training had been provided for staff, and a separate Executive Director rota was in place.

Mr Docherty stated that Public Health officials were closely monitoring Covid positive cases linked with the event, and any impact that this increase in cases may have on hospital admissions.

Mrs Mahal reflected that the Board was already in black status, and any increased pressure that any rise in covid positive cases brought would put significant additional pressure on all health & social care systems in NHS Lanarkshire, and asked that every effort be made to support staff through this very difficult and potentially worrying period.

**THE BOARD:**

1. Noted the update on the preparedness for COP 26 and the potential for additional pressures.

2021/10/223

**FORENSIC MEDICAL SERVICES**

The NHS Board received and noted an update on the service model introduced across the West of Scotland for forensic medical and health care services for victims of sexual crime from Mr McGuffie, introduced in his absence by Ms Thomson.

Ms Thomson stated that since the last update to the Board in August 2021, the Dunnock Suite in Netherton House near University Hospital Wishaw, had been available to Lanarkshire patients, and for use by the peripatetic practitioners (based at Archway, Glasgow) to conduct Forensic Medical Examinations and initiate any other associated care and throughcare options for Lanarkshire patients. However, the Suite had not as yet been used. There had been 6 cases from Lanarkshire in that time but due to rota constraints, presentation in the out of hours periods, and in one case the need for an appropriate adult to be secured, none of these cases were seen in the new facility.

Dr Thomson raised the issue as to whether the service was meeting the needs of Lanarkshire residents given the unavailability of out of hours services. Members noted the update and asked for further detail in the next 6 monthly update about the provision of this service during the out of hours period, and how this could be improved to ensure that Lanarkshire patients are seen in the facility if this is required during the out of hours period.

**THE BOARD:**

1. Noted the update;
2. Agreed to receive a further update in April 2022.

**R McGuffie**

2021/10/224

**WINTER PLANNING ARRANGEMENTS**

The NHS Board received a report from Mr Cunningham which provided an update of, and sought approval for, the planning arrangements put in place thus far to ensure services are prepared for the coming winter months – with particular recognition of planning alongside the impact of Covid 19 and the other strategic priorities operating this year.

Mr Cunningham reminded Board Members that planning for winter 2021/22 commenced in July and, as in previous years, was a multi-agency approach across NHS Lanarkshire, North and South Lanarkshire Councils together with the respective supports, e.g. Scottish Ambulance Service and NHS 24 etc.

The 'Plan is a dynamic document and would be updated/revised to take account of the level of unpredictability in the wider NHS and Social Care services and, in particular the scarcity of staff of all types and grades. IT was noted that as such, it is not yet in a 'final state' and will be subject to change over the coming months. In this regard, regular monitoring of staff

availability and service priorities will be undertaken such that the plan can be flexed accordingly and staff can be directed to those areas of greatest need.

Advice and guidance provided by Scottish Government on identifying the most appropriate way to seek to deploy the respective resources was also provided to Board Members.

Mr Cunningham highlighted the specific work streams which have been established to take forward the respective work areas such as Flu and Covid Vaccine Programme – Public, Flu/Covid Vaccine Programme – Health and Social Care Staff, the COVID Pathway, the Provision of Urgent Care Flow Hub – Flow Navigation Centre, GP and Pharmacy additional Opening Times, Planning for Additional Deaths, Staffing, Surge/Bed Capacity, Supporting Flow, Adverse Weather, Overall Resilience Planning, and Communications.

It was noted that the final Winter Plan would be submitted to the Board in December 2021.

#### **THE BOARD:**

1. Noted and were assured that there were planning arrangements in place to ensure services are prepared for the coming winter months, and the associated costs associated with same;
2. Noted that work is ongoing with Scottish Government to confirm the financial arrangements;
3. Noted that a final Winter Plan would be submitted to the Board in December 2021. **S Sengupta**

2021/10/225

#### **REVIEW OF SOUTH IJB INTEGRATION SCHEME**

The NHS Board received a report from Mr Sengupta on proposals to review the South Lanarkshire Integration Scheme.

Mr Sengupta reminded Board Members that in August 2021, the Scottish Government issued a letter to IJB Chief Officers, NHS and Local Authority Chief Executives outlining the requirement to review and revise Integration Schemes. Councils and NHS Boards are required to review their Integration Scheme at least once every five years.

NHS Board Members noted that a light touch review of the Integration Scheme was respectively approved by the Council's Executive Committee and Lanarkshire NHS Board September in October 2020. The review did not recommend any material changes to the Integration Scheme but did update on areas such as terminology and timescales. As such all delegated functions agreed at the outset in 2015 remained the same.

Mr Sengupta reported that in response to the Scottish Government guidance, senior officers of both NHS Lanarkshire and South Lanarkshire Council considered a number of approaches and came to a view that a targeted and technical review of the current Scheme be undertaken and submitted by the year-end. This essentially would involve a sense check to see if anything

from a terminology perspective has changed since the 2020 review and undertake the necessary consultation alongside this. This consultation would be embedded as part of the current work to develop the new Strategic Commissioning Plan (SCP), given that all stakeholders are involved in this process, which conforms to the National Standards for Community Engagement and Planning with People Guidance.

It was also highlighted that the IJB Chair, and the Health and Social Care Director, had asked Ms Lesley MacDonald, as an IJB member, to undertake an oversight role such that she can provide assurance of the process involved. This borrows on her prior experience in local government where she was required to produce integration schemes, and therefore has the requisite knowledge of the Public Bodies Act.

On completion of this review a paper will be brought to a future NHS Board meeting for approval. A similar and parallel process will be undertaken in terms of securing approval through South Lanarkshire Council's Executive Committee. Thereafter, a report will be taken to the IJB for noting.

**THE BOARD:**

1. Noted the update;
2. Agreed to receive a further update in January 2022.

**S Sengupta**

2021/10/226

**COVID UPDATE**

**VACCINATION DELIVERY PROGRAMME**

The NHS Board received and noted an update on the vaccination programme from Mr Tom Elrick, Vaccination Manager.

Mr Elrick provided an overview of progress to date in terms of uptake, and current activity. In particular, he highlighted the impact of the military aid that had been provided thus far.

**THE BOARD:**

1. Noted the excellent progress being made through the vaccination programme and the future plans.

**TEST & PROTECT UPDATE**

The NHS Board received and noted an update on the Test & Protect Service from Dr Pravinkumar, who provided an overview of progress to date in terms of contact tracing, and current activity.

It was noted that there would be an increase in workforce capacity available to support the Test & Protect service during COP 26.

It was also noted that appointing staff to permanent contracts beyond March 2022 was being actively considered.

**THE BOARD:**

1. Noted the update on the Test & Protect Service;

**CARE HOMES UPDATE**

The NHS Board received and noted an update on the support provided to Care Homes, from Mrs Friel.

Members asked about Care Home visiting, the wellbeing of Care Home staff and support visits on Infection Prevention Control issues. Mrs Friel agreed to circulate the guidance around visiting and assured Board Members of work being undertaken to support Care Home staff.

**THE BOARD:**

1. Noted the update on support provided to Care Homes.

1/10/226

**CALENDAR OF DATES 2021 & 2022**

The NHS Board received and noted the Calendar of Dates for 2021 and 2022.

2021/10/227

**ANY OTHER COMPETENT BUSINESS**

There was no business raised.

2021/10/228

**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.

2021/10/229

**DATE AND TIME OF NEXT MEETING**

Wednesday 15<sup>th</sup> December 2021 at 9.30am.