

Lanarkshire NHS Board      Kirklands Hospital  
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Minute of Meeting of the Lanarkshire NHS Board  
held on Wednesday 27<sup>th</sup> January 2021 at 9.30am  
by using Microsoft Teams and Teleconferencing

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

**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  
Mr G Docherty, Director of Public Health and Health Policy  
Councillor P Kelly, 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  
Councillor J McGuigan, Non Executive Director  
Dr A Osborne, Non Executive Director  
Dr L Thomson, Non Executive Director

**IN ATTENDANCE:**        Mr C Brown, Director of Communications  
Mr P Cannon, Board Secretary  
Mr C Cunningham, Head of Performance & Commissioning, South  
Lanarkshire Health and Social Care Partnership  
Dr L Findlay, Medical 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 M Russell, Associate Medical Director, North Lanarkshire, Health and  
Social Care Partnership  
Mrs V de Souza, Director, South Lanarkshire Health & Social Care  
Partnership  
Mrs K Sandilands, Director of Human Resources  
Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**              Ms M Morris, Non Executive Director

2021/01/01

**WELCOME**

Mrs Mahal welcomed colleagues to the meeting. She also welcomed members of the public and staff who were observing on the livestream link as it was not possible for the public to attend in person due to Covid restrictions.

Mrs Mahal highlighted that the meeting was being livestreamed to allow members of the public to hear and see the conduct of the meeting, but permission was not granted for any recording or rebroadcasting to be made of the meeting.

2021/01/02

**DECLARATION OF INTERESTS**

There were no declarations of interest.

2021/01/03

**MINUTES**

The minutes of the meetings of the NHS Board held on 25<sup>th</sup> November 2020 and 16<sup>th</sup> December 2020 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meetings held on 25<sup>th</sup> November 2020 and 16<sup>th</sup> December 2020.

2021/01/04

**MATTERS ARISING**

There were no Matters Arising raised not otherwise covered on the agenda.

2021/01/05

**ACTION LOG**

It was noted that the Action Log had been split into two sections, the first section to show active items, the second listing Covid-19 related items on hold. Members discussed specific items on the Action Log. The Action Log would be updated.

2021/01/06

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

It was noted that NHS Board Chairs had met with the Cabinet Secretary and discussed a range of issues related to the Covid pandemic response and specifically in relation to staff welfare, the vaccination programme, test & protect, support for Care Homes, and future planning, in particular the need to focus on health inequalities. The Cabinet Secretary also asked all NHS Board Chairs to pass on her personal thanks to all health and social care staff who have been involved in responding to the pandemic and those who were maintaining services in the face of these challenges.

In relation to Whistleblowing, Mrs Mahal reminded Board Members that new arrangements will be introduced in April 2021, and a further report would be provided to the Board in March 2021 on how these arrangements would be rolled out in NHS Lanarkshire. It was also noted that Mrs Mahal and Ms Lesley McDonald, the Board Non Executive Whistleblowing Champion, had also participated in a national training event, and that Ms McDonald was involved in the local roll out arrangements.

**K Sandilands**

Ms McDonald commented that she had met with the National Whistleblowing Standards Officer and reported that further discussions were ongoing about how these arrangements would be rolled out in primary care to independent contractors. It was also noted that there would be a

proportionate approach to the roll out in view of the pressures being faced through the pandemic and the vaccination programme, and that a new local group had been established to manage the roll out.

Mrs Mahal reported that together with the Chief Executive, she had been invited to hear about the Quality Improvement projects that had been undertaken in University Hospital Wishaw, and highlighted the excellent standard of projects that were showcased. It was agreed to circulate further information to Board Members on the range of projects undertaken across all three Acute Hospitals.

**K Cormack**

Board Members were advised that the Chair, Chief Executive and other Directors had met with local MPs/ MSPs and Local Authority Councillors to brief them on the Covid response and the Board's plans for the vaccination programme. The Board noted that they had been briefed on the details of the vaccination delivery plan separately at their briefing session on 21<sup>st</sup> January 2021.

In relation to Active Governance, Mrs Mahal reminded Board Members that a pilot awareness session on data interpretation and data variation would be held on 3 February 2021.

**THE BOARD:**

1. Noted the update from the Board Chair.

2021/01/07

**CHIEF EXECUTIVE'S UPDATE**

Ms Knox provided a verbal report to the NHS Board.

Ms Knox reflected that the livestreaming of the meeting was a very positive and welcome development as it delivered on the Board's commitment to be as open and transparent as possible in its decision making process.

Ms Knox reported that many of the papers on the agenda described how NHS Lanarkshire was responding to the covid pressures, and highlighted the work being taken forward in relation to the vaccination programme. She also referenced the collaborative approach adopted through working with statutory partners in the Local Resilience Partnership, and recorded her thanks to colleagues across Health & Social Care and both Local Authorities who had supported the Board throughout the pandemic response.

Ms Knox provided a detailed overview of the impact of the pandemic in NHS Lanarkshire. She also reminded Board Members that briefings had been held with elected representatives on the vaccination programme in particular.

Ms Knox highlighted staff well-being and the importance that the NHS Board attached to ensuring that support was in place for all staff who may require this. This included the Corporate Management Team(CMT) and it was noted that a resilience workshop specifically for the CMT had been held in the last week.

Dr Thomson asked about staff being able to take annual leave, given the pressures on the services, and Ms Knox reported that staff were being encouraged to do so, where this was possible, and if this was not feasible, arrangements were in place for annual leave to be carried forward into the next annual leave year.

**THE BOARD:**

1. Noted the update from the Board Chief Executive.

2021/01/08

**GOVERNANCE COMMITTEES**

a) Governance Arrangements

Mr Cannon provided an overview of the governance arrangements in place, and it was noted that the Planning, Performance and Resources Committee, the Acute Governance Committee and the Population Health, Primary Care and Community Services Governance Committee had remained stood down, albeit the Acute Governance Committee had met for one hour on 22<sup>nd</sup> January 2021 to receive an update on how the Acute Hospitals were responding to the pandemic threat. Given the pressures on public health and both Health & Social Care Partnerships it was decided not to convene a Population Health, Primary Care and Community Services Governance Committee in January 2021.

b) Staff Governance Committee – 23<sup>rd</sup> November 2020

The Board received and noted the minutes of the meeting of the Staff Governance Committee held on 23<sup>rd</sup> November 2020.

Mrs Macer referred to the issue already highlighted by the Board Chair around Whistleblowing, and the discussion around supporting Black, Asian and Minority Ethnic (BAME) staff, which was also on the agenda for the Board meeting.

c) Audit Committee – 19<sup>th</sup> January 2021

The Board received and noted the minutes of the meeting of the Audit Committee held on 19<sup>th</sup> January 2021.

Mr Moore highlighted the benchmarking report that had been presented to the Committee in relation to risk management arrangements. It was noted that a short informal desktop exercise was undertaken to benchmark risk appetite reporting to other Boards. The Corporate Risk Manager reviewed 9 territorial Boards public reports and noted differences in frequency of risk reporting and level of detail, noting that it was difficult to compare like with like for these reasons. However, it was recognised that it would be a good exercise to undertake formally and link to the national blueprint for governance. The Committee was assured that commentary provided by Auditors on the approach adopted in NHS Lanarkshire in relation to the risk register and risk appetite reporting was of a high standard.

It was also noted that discussions were ongoing with Internal Audit over the draft Internal Control Evaluation assessments undertaken to date and it was

noted that a range of work to provide further assurance to the Internal Auditor was being taken forward.

d) Acute Governance Committee – 22<sup>nd</sup> January 2021

The Board received a verbal update from Dr Osborne on the key issues discussed at the Acute Governance Committee held on 22 January 2021.

Dr Osborne reported that the Committee had been provided with a presentation by the Director of Acute Services, and had been assured that the appropriate responses were in place, in particular the clinical prioritising work taken forward to manage waiting lists, the Division's escalation plans and staff wellbeing and resilience support.

e) HQAIC – 26<sup>th</sup> January 2021

The Board received a verbal update from Dr Thomson on the key issues discussed at the meeting of the Healthcare Quality Assurance & Improvement Committee held on 26<sup>th</sup> January 2021.

Dr Thomson highlighted the discussion around care home support, and early discussion around the infection control issues identified at University Hospital Wishaw, which will be brought back to the Committee in March 2021.

It was noted that as an immediate action, when the issue was first identified, the enhanced cleaning arrangements were reviewed and steps taken to ensure that this was being fully complied with, not just at University Hospital Wishaw but also at University Hospitals(s) Monklands and Hairmyres.

It was noted that Mr Lauder had provided the Committee with a presentation on the background to the issue, which it was agreed would be useful to provide to the Area Partnership Forum in due course.

C Lauder

2021/01/9

**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 (November 2020) including new or closed risks. Mr. Cannon took Members through each of the very high graded risks that had emerged from each of the Risk Registers within the risk management taxonomy, and highlighted where these were linked to other items on the Board agenda

Mr Cannon also reminded Board Members that the Board received and discussed a report which set out 40 risks recorded on the NHS Lanarkshire EU Withdrawal risk register at the special Board meeting held on 16 December 2020.

It was noted that a number of risks were allocated to Committees that had not been able to meet during the year as regularly as planned, because of the covid pandemic, and it was agreed that further information would be provided to the Board at the next meeting on how these were being

overseen. This would also be included in controls evaluation and assurance work being taken forward with Internal Audit, and highlighted at the last Audit Committee meeting.

In response to Mr Moore in relation to the new risk 1974, Mr Lauder explained that across NHS Scotland, Health Facilities Scotland were carrying out surveys of properties built with reinforced autoclaved aerated concrete as there is the potential that there will be the requirement to undertake immediate remedial work at significant financial cost and disruption to service as the work is completed.

In relation to the range of new risks added to the Corporate Risk Register as very high, Mr Eddie Docherty and Ms Park assured the Board that these risks were being appropriately managed.

#### **THE BOARD:**

1. Noted the summary of significant material changes to the Corporate Risk Register, aligned to the impact from COVID-19;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
3. Noted the very high graded risks across NHSL and the changes from the last reporting period;
4. Noted the Corporate Risk Register, accurate as at 18th January, set out in appendix 1;
5. Noted the risk profile for the EU Withdrawal risks by category, severity and number;
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks, noting the four new very high graded risks;
7. Noted the COVID-19 risk profile by number, severity and category; and
8. Agreed that the oversight for the risks that have the Planning, Performance and Resource Committee, Acute Governance Committee and the Population Health, Primary Care & Community Services Governance Committee identified as the assurance Committee be reviewed to ensure that these were adequately addressed.

**P Cannon**

2021/01/10

#### **RISK MANAGEMENT STRATEGY**

The NHS Board considered the Risk Management Strategy which was presented to the Board by Mr Cannon.

It was noted that the Risk Management Strategy is reviewed on an annual basis, and that this year, the review scheduled for May 2020 was postponed to December 2020 due to Covid-19.

The Strategy had been subject to review and updated to reflect changes in personnel (new Chief Executive), changes to the hosting of claims function from Quality to Corporate Affairs and improvements to the Memorandum of Agreement pro-forma for recording of risks that impact across partner agencies. These changes did not materially alter the Strategy.

The progression of the improved assurance mapping work had been suspended for several months of this year, however, this was back on track. This had the potential to impact on the risk appetite and tolerance work that will be considered in detail at the next scheduled review for December 2021.

#### **THE BOARD:**

1. Noted that the review was undertaken by Members of the Corporate Management Team;
2. Noted the minor changes to reflect organisational and personnel changes;
3. Noted the improvements to Appendix B (Memorandum of Understanding) for recording of risks;
4. Noted there will be a more detailed review in December 2021 to align with the work being undertaken around assurance mapping that will potentially impact on the risk appetite and risk tolerance;
5. Noted that Risk Management Strategy was discussed at the Audit Committee on 19 January 2021; and
6. Approved the Risk Management Strategy.

2021/01/11

#### **COVID-19 – WHOLE SYSTEM OVERVIEW**

The NHS Board received and discussed an update which provided an overview of Covid 19 related activity. Dr Burns introduced the update and invited Directors to highlight particular issues for Board Members.

Dr Burns highlighted the epidemiological data that was suggesting that patient's length of stay in intensive care was increasing from 8 days to 11 days on average. This was consistent with other measures that was indicative of being on the third wave of the pandemic.

In relation to workforce issues, Ms Sandilands reported that additional bank staff, secondments, the placement of students, and mutual aid from other statutory partners was having a positive impact on the Board's ability to deploy staff to covid related pressure areas.

Mrs Mahal wished to record her thanks on behalf of the Board for the efforts of all staff, and in particular those working with the NHS who were seconded from North and South Lanarkshire Councils.

Councillor Kelly echoed this and remarked that he was very pleased that the strong relationships between the Councils and the Health Board was being manifested in very practical support being offered.

In response to Dr Osborne, who asked about covid treatments, Dr Burns reported that there were undoubtedly better treatments available, and that the numbers reported in Intensive Care facilities had to be set aside the number of patients who were in general wards undergoing CPAP (Continuous Positive Airway Pressure) who may, in the first two waves of the pandemic, have been in intensive care.

In response to Ms McDonald, who asked about workforce pressures, Dr Burns stated that the addition of new colleagues to assist those who were involved in caring for patients in the first two waves of the pandemic was extremely welcome, and this was assisting in supporting staff who had been under emotional and physical stresses throughout the past year.

Mr Gabe Docherty provided an overview of the variants being noted across Scotland and it was estimated that 75% of all positive cases in Lanarkshire were related to the variant first seen in Kent. The new variant appeared to be more infectious but was not having an impact on death rates. It was therefore difficult to compare data across each of the three waves as the characteristics of the disease were different, the range of treatments available had expanded, and the public health response (lockdowns) was different also.

Mr Moore asked about Lateral Flow Testing and Mr Gabe Docherty reported that this was an important tool in particular in regularly screening care home residents and staff, but PCR (polymerase chain reaction) testing was still the gold standard test.

**THE BOARD:**

1. Noted the overview update across a range of Covid-19 related areas.

2021/01/12

**COVID VACCINATION PLAN – UPDATE**

Dr Mark Russell attended the Board meeting to provide a PowerPoint presentation on the Covid vaccination programme which added to the briefing provided in the past week to Board Members, MPs/MSPs and Local Councillors.

Mrs Mahal invited Dr Russell to provide an update on what changes had been made to the plan since that time, and how this was progressing. Dr Russell stated at the outset that the plans were very fluid and that lessons learned from other areas and additional directions from Scottish Government were being incorporated on an almost daily basis.

In terms of coverage for the first two priority groups, it was noted that the Board had already vaccinated 86% of all Care Home residents, and 81% of all Care Home staff, and was on track to meet the national target.

In terms of patient appointments and scheduling, Dr Russell reported that this was being managed on a national basis, and at the moment was only by

invitation by letter. Text and other modes of communication were being tested and developed, but were not in place at the moment. In relation to vaccine supplies, Dr Russell indicated that these had been secure to date, and that no significant issues had been experienced.

Board Members were reminded of the centres that it was planned to open in order to ensure that patients had a centre to attend close to their home address.

Ms Knox thanked Dr Russell for his significant efforts in leading the delivery programme, and to all those involved in this effort. It was noted that every opportunity to accelerate the programme was being considered and exploited as the opportunities arose.

Mr Campbell asked for assurances on communicating the delivery plan to the public and ensuring that any risks to the delivery plan were mitigated. Councillor Kelly and Dr Osborne sought further details about the scheduling of appointments and how flow of patients would be managed.

Mrs Mahal commented on the misinformation which was being targeted at Black, Asian and Minority Ethnic Communities and Care Home Staff which could impact on uptake.

Dr Russell provided assurance that all of these areas were being kept under review.

**THE BOARD:**

1. Noted the update from Dr Russell; and
2. Noted the significant efforts of all those involved in delivering the vaccination programme to date.

*There was a ten-minute comfort break at 11.20am and the meeting formally reconvened at 11.30am.*

2021/01/13

**STAFF WELLBEING UPDATE**

The NHS Board received and discussed a report on staff wellbeing initiatives.

Mr Eddie Docherty took Board Members through the report in detail, highlighting the ongoing activity which included the Salus Covid-19 Helpline, the Staff Care and Wellbeing 24/7 Helpline, the expansion and promotion of the Peer Support Network across NHS Lanarkshire, the expansion and promotion of the All of Us programme in the Health & Social Care Partnerships, Mindfulness Training Courses, access to online Values-based Reflective Practice sessions for teams, and additional access to counselling support in acute settings.

It was also noted that in relation to accommodation, new staff support zones had been identified and established in University Hospital Monklands and University Hospital Hairmyres. It was also noted that this facility was already in place in University Hospital Wishaw.

Mr Eddie Docherty also provided an update on the fire incident at University Hospital Hairmyres. The staff support response to the Major Incident was being taken forward by co-ordinated work between Spiritual Care and Wellbeing, Salus and Psychological Services.

Mr Eddie Docherty highlighted that for such an incident to occur in the midst of the stresses on the acute systems would, in normal times, have been demanding, which demonstrated not only of the resilience, care and courage of those involved, but that the 83 staff members impacted by the incident were all contacted, spoken to and offered follow up support within days of the incident.

Mr Boyle thanked Mr Eddie Docherty for his update, particularly around the fire incident and congratulated those involved in supporting staff who were impacted by this. Ms Park highlighted that staff were being supported, a debrief structure was in place, and SALUS were on hand to provide ongoing support.

Mr Moore also highlighted the support provided to staff through the Endowment Funds that were available for staff support and wellbeing initiatives and congratulated those involved in managing this application process for the rapid turnaround of decisions, and funds.

Mrs Mahal acknowledged the range of staff support that was put in place not only in response to the fire incident, but across a whole range of activities in support of staff and their wellbeing.

Mrs Macer emphasised that this served to highlight the importance of ensuring that when the new University Hospital Monklands was being commissioned that staff welfare and support should be integral to the build process. It also highlighted the role of Endowment Funds to support staff in a very practical way and Directors were asked to ensure that this was publicised widely. Ms McDonald also reminded colleagues of the importance of supporting staff who were providing support across the system.

The Board also recognised the importance of having Psychological support on hand and noted the extensive support services put in place to do so.

Mrs Mahal reiterated the Board's support for staff wellbeing and the need to ensure sustainable solutions were in place and that the new Health and Wellbeing Strategic Group should advise the Board on further actions which could be taken.

**THE BOARD:**

1. Noted the report and highlighted their continued support of staff wellbeing initiatives and the importance of sustainable solutions; and
2. Asked that Directors publicise widely the availability of Endowments funds to support this agenda.

2021/01/14

**BLACK, ASIAN AND MINORITY ETHNIC (BAME) STAFF ENGAGEMENT UPDATE**

The NHS Board received and discussed a report on actions and progress relating to the development of a Black, Asian and Ethnic Minorities (BAME) Staff Forum for staff working in NHS Lanarkshire. The paper also provided an update on the collation of the BAME Staff Survey analysis, BAME Staff data, Patient data and Risk Assessments for BAME staff.

Ms Sandilands reminded Board Members that there was significant evidence that there has been a disproportionate impact of Covid-19 on NHS workers from BAME backgrounds, and this had been both locally and nationally recognised as an area of great concern. The evidence had also shown that the systemic issues and experiences of racial discrimination has made it more difficult for BAME colleagues to raise concerns and be heard. NHS Lanarkshire, in looking to address and hear about our BAME staff experiences, ran a number of online forums for BAME staff to discuss their experiences of both Covid-19 and their general experience as a member of NHS Lanarkshire staff. The paper summarised the output of this and other initiatives.

It was noted that a total of four interactive, online, engagement forums were held during September 2020, which identified a number of themes, and these were incorporated into a survey which was issued in November 2020. It was noted that 256 staff had returned the survey.

The analysis undertaken of survey returns was provided in a series of themes; namely, risk assessments, staff experience, the staff BAME forum, and communications. A number of outstanding actions were identified following the analysis of the questionnaire.

The paper also set out a series of other actions in relation to other Equality Forums to be established, a staff data action plan, and in relation to patient and user data improvements.

In response to observations from Mr Boyle and Dr Osborne it was acknowledged that the feedback in relation to BAME staff may be equally applicable to all staff, where this was generic in nature, and this should be considered as part of a wider reflection on culture and behaviours.

Mr Boyle referenced aspects of the survey results relating to race discrimination and other forms of discrimination. He stressed that this was not acceptable and emphasised the importance of understanding and addressing the issues of culture, behaviours, underreporting and the need for diversity and equality to be embedded across the organisation. Other Board members endorsed Mr Boyle's comments and reiterated the importance of taking forward actions through the proposed BAME staff forum.

It was acknowledged that this was an important initiative for the Board to take forward, and Mrs Mahal indicated that she had been asked to share the approach adopted with Scottish Government.

Mrs Mahal also reminded the Board that Board members had undertaken a session on Unconscious Bias but that training on Diversity and Equality remained outstanding and had been paused due to covid system pressures.

**THE BOARD:**

1. Noted the information and approved the actions described in the paper resulting from the issues raised in the survey. Primarily the actions in relation to heightening awareness of and accessibility to risk assessments;
2. Endorsed the CMT decision to seek funding for a fixed term post to develop and support further networks and equalities work;
3. Agreed the development and formation of other equality forums subsequently, for staff;
4. Endorsed the Executive sponsors identified for the engagement of the BAME staff Forum;
5. Agreed to use their leadership role and modelling of values, to reinforce the Board's commitment to creating an organisational culture which values diversity and inclusion and supports the health and wellbeing of all staff, in tackling all forms of inequalities and discrimination; and
6. Noted that further reports on progress will come through the Staff Governance Committee which will have oversight of this work.

2021/01/15

**TEST AND PROTECT – UPDATE**

The NHS Board received and noted an update on the Test and Protect service, from Mr Gabe Docherty.

Mr Gabe Docherty highlighted the significant and rapid recruitment of a range of staff to support Test and Protect and the paper set out how this had been achieved. The paper also provided an overview of activity and epidemiology over the last couple of months, and case interview completion rates inside 24 hours of notification, which it was noted was showing as 94% up to 14th January 2021. Further, it was noted that all investigations were completed in 90% of all cases.

**THE BOARD:**

1. Noted the development in service capacity since September 2020; and
2. Noted the key performance data up to 14<sup>th</sup> January 2021.

2021/01/16

**CARE HOMES – UPDATE**

The NHS Board received a paper which provided an update on the support being provided to Care Homes in NHS Lanarkshire. Mr Eddie Docherty took Board Members through the paper in detail.

It was noted that as prevalence increased in the community, the outbreaks reported in care homes would also be reflective of this in background infection rates.

It was noted that hand hygiene, and PPE were consistent themes of concern and these were being targeted by the Oversight Group across all Care Homes.

In relation to visiting arrangements, Mr Eddie Docherty reminded Board Members that Lanarkshire was subject to Level 4 restrictions which meant only essential care home visiting was permitted, alongside window and garden visits if deemed safe by the Director of Public Health. Essential visits continued to be encouraged where appropriate and guidance on what constitutes an essential visit had been shared widely.

In response to a question from Dr Osborne, Mr Eddie Docherty agreed to provide an update to Board Members following the second round of Care Home Visits.

**Eddie Docherty**

**THE BOARD:**

1. Noted the extension of support and funding until June 2021;
2. Noted the continued focus on support for care homes in early stages of outbreak;
3. Noted that face to face visits to support the delivery of outstanding action plans was in place; and
4. Noted that indoor visiting was reviewed on a weekly basis by the Director of Public Health.

2021/01/17

**QUALITY DIRECTORATE 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 highlighted the expansion of the national reporting subsystem on adverse events to include the covid vaccination programme. It was also noted that work to review potential Equitable Care Indicators for inclusion within future Quality & Safety Dashboards was progressing well.

**THE BOARD:**

1. Noted the Quality Assurance and Improvement update.

2021/01/18

**INFECTION CONTROL UPDATE**

The NHS Board received and noted a paper on Infection Control issues, specifically in response to the COVID-19 pandemic.

Mr Eddie Docherty reminded the Board that NHS Lanarkshire continued to experience a considerable increase in suspected and confirmed cases

of COVID-19 presenting to acute hospitals. In some cases, ongoing transmission of nosocomial infection in non-covid wards had been identified and wards closed temporarily to new admissions and transfers. Infection Prevention and Control staff continued to support the strategies to prevent, identify and manage incidents involving cases of COVID-19.

The paper set out the number of Covid-19 referrals since March 2020, details on hospital onset infections, and set out a range of national and local prevalence data, as well as an overview of outbreak management arrangements.

### **THE BOARD:**

1. Noted the Infection Control update.

2021/01/19

### **MEDICAL EDUCATION UPDATE**

The NHS Board received and discussed an update from Dr Burns on Medical Education in NHS Lanarkshire.

Dr Burns placed on record her thanks to Dr Ian Hunter Director of Medical Education, and Catie Paton, Clinical Skills Consultant / Associate Director of Medical Education, for their efforts in maintaining medical education during the pandemic, and further for instigating a range of innovative ways of developing medical education in the face of the pandemic and the restrictions in place at various times throughout 2020.

It was also noted that feedback from NHS Education for Scotland and trainees themselves was very positive.

Dr Burns took Board members through the report in detail highlighting that no sites in NHS Lanarkshire are the subject of enhanced monitoring. We have no triggered or routine quality visits from NES scheduled in this academic year (Aug 20-Aug 21).

The National Training Survey (NTS) was restricted to a question set referring to wave 1 of Covid pandemic period only. However, NHS Lanarkshire data was reassuring and welcomed, trainees appreciated the support of clinical colleagues, reported feeling valued, and good sense of team, with on the ground clinical leadership.

The trainee cohort from the iMatter survey showed high scores in excess of 70% for being treated with dignity, respect, fairly and consistently are rewarding, similar to the NTS for similar questions. This reflected the organisations commitment to all staff and in this report the postgraduate trainees. Over the last 5 years in particular we had been at the forefront of engagement with our trainees, with initiatives such as the Chief resident program which was initiated in our Board. We continued to strive to improve exemplified by our recent appointment of Wellbeing champions.

In terms of the covid response, Dr Burns reported that NHS Lanarkshire deployed well in excess of 100 trainees and non-training grades in the first wave, and had built on that experience for subsequent periods of

redeployment in the second and third wave in order to maximise training opportunities and trainee wellbeing.

Mrs Mahal commended the work which had been undertaken to support Medical Education, particularly during covid, and asked that the Board's appreciation be passed onto Dr Hunter and wider staff. She also asked for consideration to be given to how this excellent work could be communicated more widely.

**THE BOARD:**

1. Noted the progress made and recognised the continued work required to maintain and improve the quality of medical education; and
2. Asked for consideration to be given to communicating more widely the innovative range of initiatives which had been undertaken.

2021/01/20

**ANNUAL REVIEW - 10<sup>th</sup> DECEMBER 2020**

The NHS Board received and noted an update from the Board Secretary on the actions contained in the letter from the Cabinet Secretary, following the Annual Review on 10<sup>th</sup> December 2020.

**THE BOARD:**

1. Noted the content of the letter and the actions being followed up.

2021/01/21

**FINANCIAL REPORT**

The NHS Board received a paper, from Mrs Ace, which outlined the financial position to 31<sup>st</sup> December 2020.

Mrs Ace provided a detailed overview of the paper.

It was noted that the Board's original 2020/21 financial plan, prepared prior to the Covid-19 emergency response, predicted cost growth would exceed the allocation uplift by £29.828m. Savings would be needed to bridge this gap, of which £10.030m had still to be identified by March 2020.

The Board moved into emergency response mode on 2 March 2020. From the outset, expenditure patterns varied from the business as usual financial plan. NHS Lanarkshire estimated £41.565m of net expenditure to date directly linked to the Covid-19 response. As services adapted to redirect beds and staff to the emergency response, developments previously anticipated in specialist services and high cost drugs inevitably moved more slowly and the cost increases forecast from these, which had created part of the unfunded gap in the original plan, have not materialised to the full extent. So although the financial sustainability programme was suspended in March 2020 and there has been limited ability to make inroads into the original £10.030m gap, the gap itself has narrowed in 2020/21. The net impact of these three factors is that providing full funding is received for the additional Covid-19 expenditure, the Board should be able to achieve breakeven. From the outset mechanisms had been put in place to track the

additional Covid-19 costs and these have been regularly reported and discussed with the Scottish Government Health and Social Care Department.

A further allocation was expected in early February and there was increased confidence the costs would be fully covered. Based on this at the end of December 2020 the Board was reporting an underlying £1.460m under spend, which was £3.553m better than the financial plan year to date trajectory, although there were still uncertainties about the final quarter's expenditure.

In view of the uncertainties around the financial position, and the number of factors that have to be resolved, it was agreed to hold a Finance Seminar in February 2021, by which time it was anticipated that some of the uncertainties may be clarified. It was also noted that an update would be provided on the Financial Plan for 2021 and beyond. Mr Campbell reminded Board members that impact on patients should be integral to discussions on Finance.

The Board had traditionally relied on additional waiting times funding to address waiting time pressures. Ms Park reported that this was still to be clarified with Scottish Government for the year 2021/22 and beyond. In the meantime, the Board was working with priority groups of patients for elective care and targeting outpatient waiting times by using additional capacity at the Golden Jubilee National Hospital and the Louisa Jordan Hospital.

#### **THE BOARD:**

1. Noted the contents of the Finance report; and
2. Agreed to hold a Finance Seminar in February 2021.

2021/01/22

#### **PERFORMANCE – UPDATE**

The NHS Board received a verbal update from Judith Park, Val de Souza and Ross McGuffie in relation to key performance indicators by exception. It was highlighted that unvalidated management information could not be published.

Ms Park provided an update on A&E performance, and the challenges experienced in December 2020 and January 2021. Attendances had reduced slightly in recent weeks, but there was still considerable pressure on Emergency Departments because of the social distancing restrictions in place. The Redesign of Urgent Care had provided early positive signs that this would have a beneficial impact on Emergency Departments.

Ms Park also added that the clinical prioritisation of patients continued and that all patients waiting over four weeks were reviewed regularly to ensure that their priority was still applied correctly. It was noted that there were a number of sessions at the Golden Jubilee National Hospital that had been allocated to NHS Lanarkshire and that these will have a positive impact on waiting times.

Mrs de Souza highlighted the reductions in delayed discharges as key in helping University Hospital Hairmyres to manage unscheduled care attendances and free up sufficient bed capacity to meet this demand.

Mr McGuffie also highlighted improvements in delayed discharges across University Hospital(s) Monklands and Wishaw, and the process now embedded to have daily calls about each individual patient who was delayed to ensure that actions were put in place swiftly to engage with other services to effect a speedy discharge.

**THE BOARD:**

1. Noted the updates.

2021/01/23

**OUT OF HOURS SERVICES UPDATE**

The NHS Board received and noted a report which provided an update on the Out of Hours Service (OOHs). The report asked the Board to note the re-establishment of a Project Team to progress the required work, and to note the intention to review and update the Project Plan, which sets out a high-level description of the work to undertaken to ensure a safe, resilient and effective workforce model, and put in place robust arrangement to quality assure the service delivery model.

Dr Findlay provided an overview of the paper and reminded Board Members of the challenges in recruiting and retaining not only GPs but also Nurse Practitioners and other clinical staff required to provide a stable workforce for the service.

Dr Osborne highlighted the need to maintain 2 centres, while acknowledging that the safety of the service must be paramount.

Dr Findlay reported that due to the prevailing situation and the finite availability of GP clinicians, the service regularly operates from only site, Douglas Street, Hamilton, to ensure both patient and staff safety.

Mr Cunningham sought to reassure Board Members that wherever possible two sites were provided, but in the event that only one site can be safely operated, the service still provides face to face consultation, either from the Hamilton base, or in patients own homes.

Mrs Mahal thanked Dr Findlay and Mr Cunningham for the very detailed report, and update, and asked that for future updates additional information in the form of key milestones be added, and set out monitoring arrangements.

**THE BOARD:**

1. Noted the update from Dr Findlay; and
2. Asked that future updates include key milestones and set out monitoring arrangements.

2021/01/24

## **PSYCHOLOGICAL THERAPY SERVICES – RECOVERY UPDATE**

The NHS Board received and noted a paper which provided an update on the recovery process within services that provide psychological therapies for adults and children/young people (Adult Psychological Services and CAMHS), in relation to the Scottish Government's psychological therapies referral-to-treatment time target.

The report set out an overview of the pre-covid position; the impact of the initial lockdown; the recovery and remobilisation process; and the current challenges within the Services.

Mr McGuffie provided a detailed overview and asked the Board to note that waiting times performance in December 2020 was showing a marked improvement on recent months.

Mr McGuffie reflected that there had been a dip in referrals to Psychological Therapies in the first wave of the pandemic, but that referrals had increased and that the use of Near Me and other digital consultation solutions was assisting the service in meeting this increased demand at a time of significant restrictions on face to face consultations.

Mr McGuffie also highlighted that redeployed staff were now returning to the service, accommodation issues were being resolved and new pathways were being developed and implemented.

Mr Moore asked if the deep dive that had been undertaken would lead to significant improvements in waiting times for patients, and Mr McGuffie indicated that the action plan that supported the deep dive was being updated and would be shared with Board Members in due course.

**R McGuffie**

Mr McGuffie also alluded to the impact of Long Covid, which was a significant uncertainty for psychological services as well as those service providing support for physical symptoms.

Dr Osborne asked if it was timely to review the Mental Health Strategy and Mr McGuffie undertook to provide an update / progress report in due course.

**R McGuffie**

Mrs Mahal thanked Mr McGuffie for the very detailed report, and update, and asked that for future updates additional information in the form of key milestones be added, and set out monitoring arrangements.

### **THE BOARD:**

1. Noted the update and the positive progress being made;
2. Asked that future updates include key milestones and set out monitoring arrangements;
3. Noted the various developments to adapt services to meet demands in a changing environment;

4. Noted that the Action Plan underpinning the Deep Dive was being updated and would be circulated to Board Members in due course; and
5. Agreed to await an update on the Mental Health Strategy in due course.

2021/01/25

**MONKLANDS REPLACEMENT PROJECT UPDATE**

Mr Lauder provided a verbal update on the Monkland Replacement Project and it was noted that there was no feedback to report on the Board following the recommendation made to the Cabinet Secretary in December 2020 on the preferred site for the new University Hospital Monklands.

**THE BOARD:**

1. Noted the update from Mr Lauder.

2021/01/26

**CALENDAR OF DATES 2021**

The NHS Board received and noted an updated calendar of Committee dates for 2020/2021.

2021/01/27

**ANY OTHER COMPETENT BUSINESS**

There were no items of business raised.

2021/01/28

**RISK**

The NHS Board did not consider that any new emerging risks should be added to the Corporate Risk Register, or that any existing risks needed to be re-assessed following discussion at this meeting.

2021/01/29

**DATE OF NEXT MEETING**

Wednesday 24<sup>th</sup> February 2021, 9.30am – 1.00pm.