

Lanarkshire NHS Board      Kirklands Hospital  
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**Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 30<sup>th</sup> June 2021 at 10.20am  
 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 E Docherty, Director of Nursing, Midwifery and Allied Health  
 Professionals  
 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 M Morris, Non Executive Director  
 Ms L McDonald, Non Executive Director  
 Councillor J McGuigan, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Dr L Thomson, Board Vice Chair

**IN**

**ATTENDANCE:**        Mr P Cannon, Board Secretary  
 Mr R Coulthard, Deputy Director of Acute Services  
 Ms M Hayward, Interim Director, South Lanarkshire Health and Social Care  
 Partnership  
 Mrs J McColl, Deputy Director of Communications  
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care  
 Partnership  
 Dr J Pravinkumar, Consultant in Public Health  
 Dr M Russell, Associate Medical Director (2021/06/159 only)  
 Mrs K Sandilands, Director of Human Resources  
 Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**         Mr P Campbell, Non Executive Director  
 Mr G Docherty, Director of Public Health and Health Policy  
 Mr C Lauder, Director of Planning, Performance & Property

2021/06/147

**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. She apologised for the slight delay in starting the meeting as the video quality of the livestream required attention.

Mrs Mahal also welcomed Mrs Hayward, who was attending as Interim Director, South Lanarkshire Health and Social Care Partnership, Mr Coulthard who was deputising for Mrs Park, Mrs J McColl, who was

deputising for Mr Brown and Dr Pravinkumar who was deputising for Mr G Docherty.

Mrs Mahal also asked if Directors could be succinct in their presentation of the main themes and issues in each of the papers on the agenda to enable full discussion, as while it was important that these were given due diligence, there were time constraints, and the Public Board meeting was scheduled to finish at 11.30am, to allow for a further Committee meeting, after the Public Board meeting.

2021/06/148

### **DECLARATION OF INTERESTS**

There were no declarations of interest.

2021/06/149

### **MINUTES**

The minute of the meeting of the NHS Board held on 26<sup>th</sup> May 2021 was submitted for approval.

### **THE BOARD:**

1. Approved the minute of the meeting held on 26<sup>th</sup> May 2021.

2021/06/150

### **MATTERS ARISING**

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

2021/06/151

### **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.

2021/06/152

### **CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal referred to the very productive seminars held in early June 2021 (Strategic Vision / Learning from Covid Seminar on 3 June 2021, and a Health Inequalities Seminar on 9 June 2021) and it was noted that reports to capture the discussion and follow up actions were being compiled and would be shared with the Board. The Health Inequalities report would include a note of the discussions with both North and South Community Planning Partnerships that took place after the Seminar.

**H Knox**

Mrs Mahal also referred to a productive meeting with MPs and MSPs held on 4 June 2021 when the Board Chair and Chief Executive took the opportunity to provide an update on the Covid vaccination programme and the developing Board Strategy (*Our Health Together*). It was also noted that Mrs Mahal and Ms Knox had met staff at the University Hospital Monklands Medical Staff Association to begin the process of engaging with groups of staff, across the Board area, about the development of the Board's Strategy.

Mrs Mahal also indicated that she had been able to visit the three Hospital sites recently, and was impressed with the dedication and professionalism of all staff she met, but it was also clear that all staff, at all levels, were tired and will require ongoing and intensive wellbeing support. She urged that the Board make it a priority to ensure that staff take their annual leave (as annual leave had been postponed by many staff in responding to the pandemic, and carried forward) and provide tangible and visible support to them while at work. Mrs Mahal observed that not all staff understood that funds were available through the Endowment Trustees, to support local initiatives, and items that could be purchased to improve staff wellbeing. The issue of having volunteers back on sites to support staff had also been raised with her. It was agreed that Board Officers should redouble efforts to promote the existence of the funds and reassure staff that these funds are being released quickly, through the Staff Wellbeing Working Group

**E Docherty  
/ L Macer**

**THE BOARD:**

1. Noted the update from the Board Chair.

2021/06/153

**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 28 in patients, who were covid positive, and 3 patients in intensive care. However, community cases were continuing to rise.

In relation to the vaccination programme, Dr Russell would provide a full report under his update, later on the agenda, but in summary it was progressing very well, and 97% of all over 40 year olds having received their first dose. The programme continued to be ahead of targets for first and second doses to be delivered.

Ms Knox also indicated that she attended a meeting with the Cabinet Secretary earlier that morning, with other NHS Chief Executives, to discuss the rise in emergency attendances at Emergency Departments, across the whole of Scotland.

Members were also provided with a range of materials that highlighted the programmes which were provided during Quality Week (24<sup>th</sup> – 28<sup>th</sup> May 2021) and Ms Knox commended the efforts of everyone involved, in particular the Quality Team within Clinical Governance.

**THE BOARD:**

1. Noted the update from the Board Chief Executive.

2021/06/154

**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 (April 2021) 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. It was also highlighted the Covid very high risks had been reviewed since the report had been provided and the number of very high risks had reduced significantly.

In relation to risks that highlighted staff resilience and the potential for fatigue, Mr Boyle asked what steps the Board was taking to measure this impact on staff wellbeing. Mrs Sandilands reported that this was being actively considered by a number of different groups looking at staff wellbeing and mental health resilience. Mrs Sandilands agreed to share the results of these discussions with the Board in due course.

**K Sandilands**

Mrs Mahal noted that there were a number of very high risks that should be addressed by the Population Health, Primary Care and Community Services Governance Committee when they next meet.

**R McGuffie /  
S Sengupta**

### **THE BOARD:**

1. Noted the new risk ID 2030 - Potential Impact from Rising Cases of the New Delta Covid Variant
2. Noted the summary of closed, de-escalated, new risks and significant material changes to the Corporate Risk Register;
3. Endorsed of 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. Noted the very high graded risks across NHS Lanarkshire;
5. Noted the very high graded risks through operational units, business critical programmes of work/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register;
6. Noted the Corporate Risk Register, accurate as at 15<sup>th</sup> June 2021;
7. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 15<sup>th</sup> June 2021;
8. Provided oversight for the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care & Community Services Governance Committee identified as the assurance committee on a bi-monthly basis; noting re-enactment of these Committees. The risk reporting to these Committees will revert to schedule effective from 1st July 2021.

2021/06/155

### **RISK MANAGEMENT ANNUAL REPORT 2020/21**

The NHS Board received and discussed the Risk Management Annual Report for 2021/21. Mr Cannon highlighted that the Annual Report was a key component of the Board's Annual Assurance Framework.

The Risk Management Annual Report set out to provide assurance to Board Members about the way and the extent to which the management of risk

remained a key focus for the Board and the wider organisation within the context of responding to the Covid-19 pandemic. In recognition of the dynamic nature of risk during this challenging time, core systems and processes which support and sustain risk management activity have been maintained with some areas of improvement and monitoring suspended for a short period within the year.

From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Internal Control Evaluation 2020/2021 Report, the Corporate Management Team had confirmed that there were adequate and effective risk management arrangements in place throughout 2020/2021, approved through the Audit Committee.

**THE BOARD:**

1. Endorsed the Risk Management Annual Report 2020/2021, noting that CMT had considered and approved the report and the assurance statement within the report.

2021/05/156

**STAFF GOVERNANCE COMMITTEE – 7 JUNE 2021**

The NHS Board received and noted an exception report from Mrs Macer which set out the key items discussed at the meeting of the Staff Governance Committee held on 7 June 2021.

Mrs Mahal highlighted the discussion around Employability and the links that this had with recent discussion within the Board about anchor institutions in the context of the development of the Board's *Our Health Together* Strategy. This was being taken forward by the Committee and work on this would be brought back through the Committee.

**K Sandilands /  
L Macer**

**THE BOARD:**

1. Noted the exception report arising from the meeting of the Staff Governance Committee held on 7 June 2021.

2021/06/157

**AREA CLINICAL FORUM – 17 JUNE 2021**

The NHS Board received and noted an exception report from Mrs Lees which set out the key items discussed at the meeting of the Area Clinical Forum held on 17 June 2021.

Mrs Lees highlighted the concerns raised by Independent Contractor colleagues about the sustainability of community optometry services, in particular in remote and rural areas. It was noted that the Population Health, Primary Care and Community Services Governance Committee would follow up these concerns.

**L Findlay**

**THE BOARD:**

1. Noted the exception report arising from the meeting of the Area Clinical Forum held on 17 June 2021.

2021/06/158

**GOVERNANCE REVIEW OF BLUEPRINT IMPROVEMENT PLAN & ACTIVE GOVERNANCE**

The NHS Board received and discussed a paper which provided an update on actions taken against the NHS Scotland Corporate Governance Blueprint Improvement Plan was last updated in May 2020 and was paused due to COVID-19. It was noted that the Blueprint was being updated by the National Corporate Governance Steering Group and the Improvement Plan would be updated accordingly. The Improvement Plan was supplemented by the Active Governance Action Plan which was closely linked to Blueprint activities.

Board Members discussed the number of actions which had now been undertaken and asked for an updated plan with outstanding actions particularly around Active Governance to be brought back to the October Board.

**THE BOARD:**

1. Approved the updated Corporate Governance Blueprint Improvement Plan;
2. Agreed to restart Board communication to staff on key themes arising from Board meetings; and
3. Agreed to receive an update on the Active Governance actions in October 2021. **C Lauder**

2021/06/159

**COVID UPDATES**

The NHS Board received and discussed three papers in relation to the Board's response to the COVID pandemic.

**VACCINATION DELIVERY PROGRAMME**

The NHS Board received and discussed a paper which provided Board Members with an update on the Covid vaccination programme. Dr Mark Russell attended the meeting for this item, introduced the paper and provided up to date data on the programme.

Dr Russell highlighted the significant progress made in relation to the vaccination programme, and that the Board was ahead of the trajectory.

Members noted that delivery model of super centres and local centres that had served the programme so effectively was under review in favour of a more targeted approach.

One of the changes being considered was to reduce the reliance on citizens attending appointments at super centres and move to provide more targeted pop up clinics near large workplaces, in specific locations within hard to reach communities, and specific groups, such as food banks and football grounds. Dr Russell described the next phase as a mop up effort and targeted interventions were now required, driven by the data available on uptake.

Mrs Morris asked about the booster campaign that was attracting media attention, and Dr Russell stated that advice was awaited from the Joint Committee on Vaccination & Immunisation, but it was highly likely that this would be scheduled for vulnerable groups of patients in the Autumn, and hopefully could be scheduled to co-incide with the flu campaign. Dr Russell also referred to international research into mixing and matching vaccines as part of the booster campaign (known as Heterologous Prime-Boost Vaccination) and the flexibility this would provide in ensuring that any booster campaign was not reliant on particular supplies of any vaccine. It was also noted that the Corporate Management Team was discussing how the booster / flu campaign might be delivered.

Mr Boyle asked about immunosuppressed patients and any changes in advice to this group of patients, and Dr Russell stated that the guidance was unchanged, albeit this may be updated in the summer as evidence emerges about vaccine efficacy.

In relation to younger citizens, Dr Russell indicated that 16-17 year olds may be asked to present for vaccination across the summer, and this may be extended to 12 - 15 year olds as part of a return to school in the Autumn, however national decisions on these issues were awaited.

Dr Russell also referred to the decisions made by the Board some time ago to develop a workforce that was also comprised of unregistered vaccinators, which has meant that the registered staff seconded to the programme were able to return to their substantive posts sooner, and the programme was still able to move ahead at pace. This was not adopted universally by all Boards and many Boards were now looking to adopt this model as a more sustainable way of delivering a mass vaccination programme.

Although the intention had been to discuss this work in more detail at the Population, Primary Care and Community Services Governance Committee, Mrs Mahal requested that the Board continued to receive an update on the programme as a key strategic delivery priority at every Board meeting.

Board Members thanked Dr Russell for all of his efforts in leading the programme and asked that the Board's thanks be passed on to all those involved in running the programme.

#### **THE BOARD:**

1. Requested that reports continue to be provided directly to the Board on this strategic priority.

**M Russell**

#### **TEST & PROTECT**

The NHS Board received and noted an update on the Test & Protect programme and Dr Pravinkumar provided an overview of the work of the programme. It was highlighted that the team was flexible and was in a position to respond to changes in relaxations and restrictions as these arise.

However, it was noted that the case numbers were rising and the volume of calls needed to complete contact tracing was increasing. Dr Pravinkumar confirmed that even allowing for staff returning to previous roles, and some

leavers, the service was maintaining the workforce levels required by Scottish Government.

Further recruitment was underway as staff would be returning to Council roles, and back to core duties in Dental services, Health Improvement and on the staff bank.

Board Members asked about workforce risks to the programme and were assured that this was being actively addressed.

**THE BOARD:**

1. Noted the update.

**CARE HOMES UPDATE**

The NHS Board received and noted an update on the activity and support to the 92 Care Homes in NHS Lanarkshire.

Mr E Docherty highlighted the professional oversight and leadership provided, current outbreaks, covid vaccination, staff testing, staff well-being, and care home visiting. He added that as at 11th June there were two Covid 19 outbreaks in care homes across Lanarkshire. This reflected the reducing community prevalence across our localities, alongside the completion of the second dose of the vaccination schedule for care home residents and staff.

Mr E Docherty highlighted that where Care Homes gave rise to concerns, that these were reported immediately to the Care Inspectorate.

Mr Boyle asked about the likelihood of Care Homes being under the Board's oversight in the future and Mr E Docherty indicated that this was the case in the medium term.

Ms McDonald asked about the capacity to make improvements and was advised that the Team was providing support as necessary to help with sustainable improvements.

Dr Thomson asked for more detail about the Infection Prevention Control issues and it was agreed that the Healthcare Quality Assurance and Improvement Committee should consider this in more detail going forward.

**THE BOARD:**

1. Noted the update; and
2. Agreed that the Healthcare Quality Assurance and Improvement Committee should consider Infection Prevention Control issues.

**E Docherty**

2021/06/160

**PERFORMANCE AND RECOVERY ISSUES**

The NHS Board received and discussed a detailed report on a range of performance and recovery issues in the Acute Division, the North



Lanarkshire Health & Social Care Partnership and South Lanarkshire Health & Social Care Partnership.

Mr Coulthard took Members through the section related to the Acute Division, highlighting that the Board continues to focus on the clinical prioritisation of cancer and clinically urgent patients using a national clinical prioritisation system. The Acute Management Team have also focused on the Redesign of Urgent Care and on maintaining separate patient flows through the Emergency Department. Unscheduled Care performance remains challenging and the number of patients attending the Emergency Departments has increased to an all-time high during week ending 6th June. In addition, the occupancy levels in the 3 acute sites has remained very high at around 90%.

Mr Coulthard also reported that the need to maintain social distancing was having a significant impact on the ability of services to return to pre covid capacity, and in particular this requirement was presenting specific challenges in emergency department waiting areas and out-patient waiting areas.

Mr McGuffie provided an overview of the main performance and recovery challenges in the North Lanarkshire Health & Social Care Partnership. It was noted however that delayed discharge standard bed days remained ahead of performance. He too highlighted the impact of social distancing and illustrated the point by stating that in one community service 14 consulting rooms were available for patients to be seen, but the waiting area had been limited to 5 patients at any one time due to social distancing restrictions. It was noted that Near Me was invaluable in ensuring that contact was maintained with patients, while domiciliary visits were sometimes not feasible to provide. It was noted that updates on Child & Adolescent Mental Health Services and Psychological Therapies would be discussed at the next population Health, Primary care & Community Services Governance Committee meeting.

Ms Hayward provided an overview of the main performance and recovery challenges in the South Lanarkshire Health & Social Care Partnership. It was noted that the Partnership had also continued the successful reduction in delayed discharges and associated bed days.

Discussions were also being take forward with acute colleagues to request that recovery programmes which will have an impact in the community are discussed to ensure sufficient provision for staffing is made so as not to impact negatively on waiting times performance for e.g. community based AHP services. Work is ongoing in identifying additional staff and space to assist in the recovery of AHP waiting times.

Dr Burns observed that the pressures being faced required a whole system response, and it was critical to understand why patients were seeking support and using services in the ways that were being exhibited in the past few weeks.

Board Members acknowledged the whole system pressures and stressed that staff wellbeing also needed to be at the forefront of actions being taken. Board Members asked for a more detailed report on whole system pressures

and actions which looked at the attendances at ED, the Redesign of Urgent Care, OOHs and community systems.

**THE BOARD:**

1. Noted the performance and recovery update and the work being taken forward as a whole system approach to addressing the unprecedented levels of demand.
2. Agreed to await a more detailed report on whole system pressures and actions which looked at the attendances at ED, the Redesign of Urgent Care, OOHs and community systems.

**H Knox**

2021/06/161

**WORKFORCE UPDATE – LONG COVID AND MENTAL HEALTH AND WELLBEING**

The NHS Board received and noted an update on long Covid and staff mental health issues during the pandemic period 2020-21 from Mrs Sandilands.

Mrs Sandilands highlighted that the incidence of mental health related absence and the associated days lost had not increased during the pandemic year 2020-21. Days lost to mental health absence fell by 0.04% during the pandemic year, however there was an increase in the number of staff reporting work related mental health absence over the 2 years. This related to general anxiety around the Covid 19 virus. Support from Occupational Health and Spiritual Care had been provided to staff in hot spot areas, including critical care and emergency departments, and they had provided a wide range of services to influence positive mental health and support resilience where possible.

It was also noted that Special Leave was available to staff affected by the virus and there was a potential that this may have an impact on the figures reported.

The report set out that 485 NHS Lanarkshire staff contracted Covid 19 over the period April 2020 - April 2021. 92% of those returning to work did so within a 12-week period. Figures and evidence to date suggested that NHS Lanarkshire may have between 24 - 48 staff where long Covid may be an issue. Occupational Health were actively following up those staff previously infected by the Covid 19 virus to provide support where staff were struggling with multiple symptoms. A proposal had been submitted to the Endowment Fund to provide additional specific support for staff affected by long Covid.

Mrs Sandilands also took the opportunity to provide a general update on the development of staff networks, and in addition to the BAME staff network, a LGBTQI network had also been established and the first meetings had been held in the past week. A short update would be provided at a future Board meeting on the networks and actions being taken.

**K Sandilands**

Mr Boyle asked about measures used for staff wellbeing and Mrs Sandilands indicated that she would look at these and discuss this further with the Staff Governance Committee both in relation to qualitative and quantitative data.

**THE BOARD:**

1. Noted the information provided in the report;
2. Agreed to receive a short update at a future Board meeting on the development of staff networks; and
3. Agreed to receive a bi-annual update on mental health & long COVID absence in 2021.

K Sandilands

2021/06/162

**FINANCIAL REPORT**

The NHS Board received a paper from Mrs Ace, on the financial position as at 31 May 2021.

Mrs Ace reminded Board Members that the NHS will remain on an emergency footing due to the Covid-19 pandemic until at least 30 September 2021. Services were not yet at full capacity due to the need to maintain social distancing and allow for more time between each patient. Although inpatient numbers in hospitals were, at time of writing, under ten per site, additional costs such as those associated with staff isolation, additional cleaning and separate Covid-19 pathways remain alongside the costs of testing, tracing, outbreak control and vaccination. An estimated £6.263m had been incurred in the first two months of 2021/22. These were being logged and reported to Scottish Government on a quarterly basis through an agreed national process. 50% of current forecasted costs were expected to be issued in July 2021 with the remainder subject to ongoing monitoring.

Mrs Ace reported that at the end of May 2021, the Board was reporting a £4.865m over spend which was £0.846m worse than the financial plan year to date trajectory. This included a reported over spend within the Acute Division of £0.312m.

There were still some key uncertainties over income and expenditure, most notably on drugs. Reasonable assumptions had been used in preparing the month 2 figures but the degree of estimation meant a high level of caution was required.

It was noted that the costs of some of the projects in the capital plan had increased and there was an early indication that many of the schemes will 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 would be subject of further reports to the Board.

**THE BOARD:**

1. Noted the financial report for the period 31 May 2021.

2021/06/163

**CALENDAR OF DATES 2021**

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

2021/06/164

**ANY OTHER COMPETENT BUSINESS**

There were no items raised.

2021/06/165

**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.

2021/06/166

**DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> July 2021.