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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 24th February 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 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, Non Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Mr R Coulthard, Site Director, University Hospital Hairmyres
 Mr M Gordon, Resilience Manager (item 2021/02/43 only)
 Mrs M Hayward, Head of Health, South Lanarkshire Health and Social Care
 Partnership
 Mr C Lauder, Director of Planning, Property & Performance
 Ms K Morrow, Unscheduled Care Programme Manager (item 2021/02/47 only)
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care
 Partnership
 Dr M Russell, Associate Medical Director, North Lanarkshire, Health and
 Social Care Partnership (item 2021/02/39 only)
 Mrs K Sandilands, Director of Human Resources
 Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: Mrs V de Souza, Director, South Lanarkshire Health & Social Care
 Partnership
 Mrs J Park, Director of Acute Services

2021/02/30

WELCOME

Mrs Mahal welcomed colleagues to the meeting, in particular Mrs Haywood who was attending for Mrs de Souza, and Mr Coulthard who was attending for Mrs Park. 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.

2021/02/31

DECLARATION OF INTERESTS

There were no declarations of interest.

2021/02/32

MINUTES

The minute of the meeting of the NHS Board held on 24th February 2021 was submitted for approval.

THE BOARD:

1. Approved the minute of the meeting held on 24th February 2021.

2021/02/33

MATTERS ARISING

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

2021/02/34

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.

2021/02/35

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

It was highlighted that the Black and Asian Minority Ethnic Staff Forum had met in early February 2021 for this first time, that the engagement was very positive, and that a number of senior officers, including the Chair and Chief Executive had attended to demonstrate their commitment to the initiative. It was noted that the next meeting will be in March 2021.

Mrs Mahal provided a summary of the issues raised and discussed at a recent meeting of the Cabinet Secretary and NHS Chairs, which included topics such as the Covid Strategic Framework, vaccination programme delivery, remobilisation, and the Independent Review into Adult Social Care. Mrs Mahal also highlighted that the Cabinet Secretary had asked all Board Chairs to pass on her personal thanks to all staff for their efforts in tackling the pandemic, and in particular those delivering the vaccination programme.

It was noted that NHS Assure was being established by NHS National Services Scotland to improve the management of risk in new builds and refurbishment projects across NHS Scotland. NHS Assure would strengthen infection prevention and control in the built environment and play a crucial guidance role regarding incidents and outbreaks across health and social care. Mrs Mahal also highlighted the important part that NHS Assure would play in the delivery of the new University Hospital Monklands.

Mrs Mahal advised that Members had been sent a copy of a report which summarised the results of a survey conducted by the Ethical Standards Commissioner, who sought feedback about various aspects of the public appointee role such as time commitment, remuneration, expenses and regulation.

Mrs Mahal updated Board Members on the plans in place to advertise and recruit two Non-Executive Board Members to start on 1 September 2021, to fill vacancies caused by Mr Campbell and Ms Morris coming to the end of their second, four-year term. It was noted that a virtual information evening was planned for interested applicants to find out more about the vacancies on 9 March 2021.

It was also noted that a third Non Executive vacancy was being advertised as a joint recruitment round for a Non-Executive with Digital experience for NHS Lanarkshire, the Scottish Ambulance Service and NHS 24, and that this would be advertised shortly.

Further, Mrs Mahal reported that plans were in place to advertise for a new Board Chair, as she was coming to the end of her term of office on 30 June 2021.

Board Members would be provided with notification of each round of recruitment. **P Cannon**

Mrs Mahal also indicated that the Feedback session on Audit Training for Board Members and the Active Governance Development Session would be picked up through the agenda items later in the meeting.

THE BOARD:

1. Noted the update from the Board Chair.

2021/02/36

CHIEF EXECUTIVE'S UPDATE

Ms Knox provided a verbal report to the NHS Board and highlighted two specific areas of activity.

Firstly, in relation to the pandemic response, Ms Knox provided the up to date data on in-patients within NHS Lanarkshire Hospitals, the data around Care Homes and an update on the Vaccination programme, albeit it was noted that Dr Russell would attend the meeting to provide a detailed update later on the agenda.

Secondly, in relation to the new University Hospital Monklands, the Cabinet Secretary had confirmed that she had approved the site recommended by the NHS Board for the new University Hospital Monklands, which allowed the Board to proceed to the next phase of the project, the development of the Outline Business Case.

THE BOARD:

1. Noted the update from the Board Chief Executive.

2021/02/37

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 (January 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, and highlighted where these were linked to other items on the Board agenda

At the January 2021 meeting, Board Members asked that a review be undertaken of risks that sat with the Planning, Performance and Resource Committee, the Population Health, Primary Care and Community Services Committee, and the Acute Governance Committee, to ensure that these were being addressed elsewhere, as these Committees had been stood down. Mr Moore welcomed the review of risks attributed to Committees that had been stood down. The paper sought to provide assurance that these were covered, and Members agreed that was the case.

In relation to risk 285, financial break even, Mrs Lees asked if the Very High rating was still appropriate, given the confidence that there was about the Board breaking even, and Mrs Ace agreed, referring to the paper on the Financial position later on the agenda which would influence an update of the risk rating in future risk reports.

In relation to the new risk 1982, Radiology Staffing at University Hospital Hairmyres, Mr Coulthard stated that interviews were taking place, but Dr Burns also added that this remained a high risk for the Board as recruitment in this specialty was very difficult nationally.

In relation to HR/08, staff wellbeing, Ms Sandilands reported that endowment funding had assisted significantly in being able to provide rest and recuperation facilities for staff.

In relation to public health risks generally, it was agreed that an overview of the impact of covid on the department should be provided to the NHS Board setting out which services had been stood down, which staff and been redeployed, and the additional staff recruited to covid facing services, in due course.

G Docherty

THE BOARD:

1. Noted the summary of closed, de-escalated, new risks and significant material changes to the Corporate Risk Register;
2. 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;
3. Noted the very high graded risks across NHS Lanarkshire;
4. Noted the Corporate Risk Register, accurate as at 9th February 2021;

5. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 12th February 2021;
6. Noted the updated position for the EU Withdrawal risk register and current review;
7. Noted the oversight for the risks that had the Planning, Performance and Resource Committee, the Population Health and Primary Care & Community Services Governance Committee, and the Acute Governance Committee identified as the assurance committee until a Board decision has been taken to re-enact these Committees; and
8. Agreed that an overview of the impact of covid on the Public Health Department should be provided.

2021/02/38

COVID-19 WHOLE SYSTEM OVERVIEW

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

Mr G Docherty highlighted that a number of mobile testing units had been deployed across Lanarkshire, and these were targeted in areas which were showing high incidence rates, but a low uptake of testing facilities. These were moved around as circumstances dictated and followed Public Health intelligence on prevailing data.

Mr Docherty added that the decline in the number of infections detected was very welcome but it was declining at a slower rate than in the first wave, due to the virulence of the mutated strain of the virus.

In response to a question from Councillor Kelly about the local publicity surrounding mobile testing units, Mr G Docherty stated that these were not being widely promoted out with the areas served, so that local population did not feel stigmatised, but were being encouraged to take up the offer of a local test. Mr G Docherty added that the mobile units would be moved around the Board's area and would not be permanently based in one locality.

Ms Knox highlighted that Officers were alert to the potential impacts of long covid and that recovery and remobilisation would have to take account of this new pressure, alongside dealing with chronic conditions that had been exacerbated over the period since March 2020, and also unmet elective demand. Inequalities and Mental Health were also highlighted in this respect. In relation to the draft Remobilisation Plan it was agreed to share this with the Board in early March 2021.

C Lauder

Ms Knox also stated that it was unclear how the vaccination programme would be structured on an ongoing basis, and a dedicated workforce may be required to support this effort on a more permanent basis.

Ms Sandilands referred to the additional paper that was attached to the Covid Whole System update that focussed on Workforce issues. Ms Sandilands took Board Members through the paper in detail covering

redeployment, recruitment, mutual aid, staff absence, symptomatic and asymptomatic testing, and staff vaccination rates.

Members noted that an additional 350 fixed term posts had been filled to support the vaccination programme. Ms Sandilands also highlighted the support from local Councils who had provided mutual aid, which was not restricted to the use of buildings and facilities, but extended also to the secondment of staff (27 in total) who were working in key front line roles. Members also noted that covid related staff absence rates had dropped from a peak in January 2021 of 400, to between 200 and 250 in February 2021.

Mrs Macer stressed that it was important when considering recovery and remobilisation that the staff benefit from a rest and recovery period also.

Mr Boyle stressed that the impact of long covid on patient and staff was important to factor into recovery planning and endorsed the comments made about being alert to this demand.

Mrs Mahal highlighted the degree of mutual aid that had been provided across the West of Scotland NHS Boards and Local Authority Partners, and this was very positive. She asked that all Directors pass on the thanks of the entire Board for all the efforts of staff during this prolonged period of exceptional demand, and agreed with the sentiments expressed about the need to build in recovery time for staff before services begin to be recovered.

In relation to a question from Dr Thomson on asymptomatic testing uptake, Ms Sandilands reported that 250 – 300 tests were being accessed per week with a positive rate of 2%. In relation to stress related absence it was noted that an analysis was underway of comparisons pre and during Covid to establish if there were lessons to be drawn.

K Sandilands

Mr McGuffie stated that the data around sickness absence was sometimes difficult to interpret and that managers kept a close eye on levels within each of their departments.

THE BOARD:

1. Noted the Covid Whole System update;
2. Noted that further detail would be provided on areas linked to staff absence and testing uptake in future reports.

2021/02/39

COVID VACCINATION PLAN – UPDATE

Dr Russell attended to provide Board Members with a PowerPoint presentation, which outlined how the Vaccination Programme had performed to date, and how the next phase of mass vaccination was being planned.

At the outset, Dr Russell highlighted the contributions of all staff involved, and our Council partners. Ms Knox highlighted that the speed with which the programme had progressed through the 9 ‘at risk’ categories (as set by the Joint Committee on Vaccination and Immunisation) was extremely impressive and put NHS Lanarkshire at the forefront of NHS Boards. Dr

ITEM 3

Burns added that the Board was also learning lessons as the programme was being rolled out and adapted, and issues like wastage and optimising the workforce had been at the forefront of planning the next phase.

Board Members were advised that the next phase of the programme targeted those below the age of 60, in age defined cohorts, and these citizens were likely to be more mobile and healthier. The programme had to adapt to cater for this different demographic, to ensure that there was as little wastage as possible, and to maximise the supplies of the vaccine, which was anticipated to be less predictable in the coming weeks / months.

Dr Russell outlined the next phase which would involve two, seven days per week, super centres at Ravenscraig and East Kilbride, and seven local centres. In addition, the Health Board would also be deploying mobile units to remote and rural areas, which were being managed by the Scottish Ambulance Service.

Citizens would be asked to attend one of the two super centres, but if they were unable to do so, they could make an alternative appointment in one of seven local centres which would be open at specific times each week. By doing this Dr Russell reassured Board Members that the speed of delivery of the vaccine could be maintained, and in some cases accelerated if vaccines were provided, wastage minimised, allow for local choice in making an appointment, and ensure that scarce clinical staff were deployed in a safe manner, across all the centres.

Dr Burns added that it was important to begin to allow clinical staff to return to their normal duties, and by concentrating in two super centres, and having seven more locally accessible centres this could be achieved. Ms Morris indicated that staff could not be diverted from their clinical roles for longer, and if services were to be resumed a more robust and sustainable solution to delivering a vaccination programme was required.

In relation to questions about second doses, and the housebound and over 80's, Dr Russell indicated that these patients would be seen by local GPs as before, and were not impacted by these changes.

Dr Osborne asked if there was any impact on the Board's ability to deliver second doses in a timely manner (twelve weeks after the first dose) and Dr Russell confirmed that there were no issues foreseen in doing so. She welcomed the revised delivery model, highlighting that the model adopted had to be sustainable over a longer period of time than had been provided for in the first phase.

Ms McDonald stated that it was important to highlight that the Board had been very successful in delivering the first phase of vaccines to the 1 - 9 'at risk' groups and the new model would ensure that this momentum was maintained throughout the rest of the programme.

Councillor Kelly stated that the provision of public transport to the super centres was important, as not all citizens had access to a car. He indicated that the Board should work closely with the Local Authorities and Strathclyde Passenger Transport to ensure that public transport options were available for anyone who needed that assistance. He concurred with fellow Board Members who had expressed the view that as vaccine supplies

were anticipated to increase over the coming weeks it was important to have an infrastructure that was capable of delivering the vaccine at pace. He also asked for assurance that measures were in place to support vulnerable and hard to reach groups

Mr Moore concurred and highlighted the importance of communicating all the changes and the rationale carefully with the general public.

Mrs Mahal formally paid tribute to all the staff involved in delivering the programme to date, in particular Dr Russell, and his senior team of planners and managers and the support provided by Local Authority partners, and she noted that the model going forward will have to be adaptable, flexible and responsive, not only to the needs of the cohorts of patients being offered vaccination, but also recognise that the supply of the vaccines themselves were not predictable.

The Board had a duty to ensure that the vaccine was delivered as quickly as possible, as safely as possible, and as effectively as possible.

THE BOARD:

1. Noted the Vaccination Programme update;
2. Noted that the delivery model would need to continue to be flexible and adaptable, and that it would continue to be kept under review to ensure it was delivering the three key aims of the Board (speed, safety and efficiency).

2021/02/40

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 since September 2020, and case interview completion rates inside 24 hours of notification, which it was noted was showing as 96% to 10 February 2021. Further, it was noted that all investigations were completed in same period in 92% of all cases.

Mr Gabe Docherty highlighted that as numbers were falling, the complexity of case management had increased, and it was no longer sufficient to contact members of the public by SMS text, call handlers were now expected to call contacts direct, which was leading to more time being spent on each contact who needed to be traced.

Mr Gabe Docherty emphasised that Test & Protect had been immensely successful to date, but it needed to continue to be resourced as it was a vital element in suppressing the virus, even when case numbers were low, and in providing surge capacity if required.

Board Members indicated that ongoing assurance was needed about the sustainability of Test & Protect staff, and balancing staffing across the

priorities of Test & Protect, Vaccination Delivery and the Remobilisation of services.

THE BOARD:

1. Noted the development in service capacity since September 2020; and
2. Noted the key performance data up to 10th February 2021.

2021/02/41

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.

The paper stated that there were 10 Care Homes in Lanarkshire with on-going COVID-19 outbreaks however Mr Eddie Docherty stated that the current figure was 8, and that the situation had changed since the paper was written.

It was noted that the Care Home Assurance Team had completed their first face to face supportive visit to all 93 Care Homes, this involved Infection Prevention & Control (IPC) Nurses and Care Home Liaison in providing assurance of IPC measures and person centred care.

In relation to the vaccination roll out in Care Homes, it was noted that the planned schedule for second dose of the vaccination had commenced in the past week. The first dose of the vaccine was complete in all Care Homes and it was noted that 92% of all residents and 79% of all staff in Care Homes, had been vaccinated. Those who had not been vaccinated due to an outbreak being managed in the Home would be contacted and offered the vaccine as soon as it was safe to do so.

Mr Eddie Docherty highlighted one Care Home that was subject to a large scale investigation involving a range of statutory bodies, and a report was awaited from the Care Inspectorate.

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. It was noted that new Scottish Government guidance was anticipated which may lead to a relaxation of indoor visiting, to provide for meaningful indoor contact, shortly.

Mr Eddie Docherty, in closing, drew Members' attention to the section within the report that summarised examples of good practice.

THE BOARD:

1. The Board derived assurance from the report and noted that the appropriate support is being provided to Care Homes.

There was a ten-minute comfort break at 12.05pm and the meeting formally reconvened at 12.15pm

2021/02/42

GOVERNANCE ARRANGEMENTS UPDATE

The NHS Board received a verbal update from Mr Cannon on governance arrangements. It was noted that the emergency footing meant that the Population Health, Primary Care and Community Services Committee and the Acute Governance Committee were still stood down, albeit the Acute Governance Committee had met in January for a one-hour session, specifically on covid related issues. The position would be kept under regular review.

Mrs Mahal advised that Board Member appraisals were being undertaken and that this would inform succession planning and changes to portfolios.

THE BOARD:

1. Noted the update.

2021/02/43

RESILIENCE ASSURANCE ANNUAL REPORT (FEBRUARY 2020 – FEBRUARY 2021)

The NHS Board received a report from Mr Gordon, Resilience Manager, which set out to provide the Board with an overview of the Resilience challenges that NHS Lanarkshire experienced in the period February 2020 through to February 2021, and the lessons that have been learned. The report also highlighted the actions that have been taken in the period, an assessment of the major Resilience risks that were faced, and provided assurance that processes and systems were in place to identify risks and mitigating actions.

Mr Gordon explained that in previous years the report was submitted to the Planning, Performance and Resources Committee, but the Committee was stood down at the beginning of March 2020, when the NHS in Scotland was placed on an emergency footing. The Committee meetings have been replaced with Board meetings.

Mr Gordon highlighted that the Brexit incident had been formally closed but any residual risks transferred to the Corporate Risk Register, and that the 3-year improvement plan that had been presented to the Committee in 2020 had been paused in the light of the pandemic and would be focussed on when the NHS in Scotland was no longer on an emergency footing.

Mrs Mahal commended the team for all their efforts in the past year and for the significant improvements in processes and procedures which were now embedded within the Board to improve organisational resilience.

THE BOARD:

1. Noted the Resilience Assurance Statement to February 2021 and the significant progress that has been made in enhancing NHSL resilience;

2. Noted the efforts of all staff in responding to Resilience challenges over the year with a particular note of the response to Brexit and the Covid pandemic;
3. Noted the development and introduction of effective systems for compliance monitoring and response capability;
4. Recognised the improvements in embedding the culture of organisational resilience;
5. Recognised the contribution of NHS Lanarkshire to multi-agency fora and work;
6. Noted the ongoing risks; and
7. Agreed that processes and systems were in place to identify risks and mitigating actions.

2021/02/44

INFECTION CONTROL REPORT

The NHS Board received and discussed a paper which provided an update on the current position against CNO (2019) October 2019: Standards on Healthcare Associated Infection and Indicators for Antibiotic Use. Mr Eddie Docherty took Board Members through the paper in detail.

It was highlighted that due to the Board being discouraged from publishing unvalidated data the reporting period was, in some cases, only showing data for the period up to September 2020.

Mr Eddie Docherty also added that the impact of Covid had meant that across a wide range of areas the prevalence of infection had increased, performance had deteriorated, and this was a national as well as a local issue.

Through local Hygiene Groups, feeding into the Infection Control Committee, all areas had been asked to refocus and adopt a whole system 'back to basics' approach, and to have in place improvement plans to see a return to at least previous levels of performance in the short term. Regular updates were being provided to the Executive Director of Nursing, Midwifery and Allied Health Professionals to ensure that improvement plans were robust and being followed through appropriately.

Mr Eddie Docherty reported that the more up to date (unvalidated) data was reported to the Infection Control Committee and that recent data was showing that performance was improving.

Dr Thomson asked about Hand Hygiene in particular and asked that this receive focussed attention. This was endorsed by a number of Board Members who raised concerns about performance in this area. Mr Eddie Docherty indicated that this was in place and that he would update the Healthcare Quality Assurance & Improvement Committee in mid-March in detail. He agreed that this was an area of concern, and the Board would be kept apprised.

Mr Eddie Docherty sought to reassure the Board that despite the data lag processes and systems were in place to improve performance targets in relation to SABs (28 cases below the target), and Clostridioides difficile infection (28 cases below the target), were being met. Individual infections were being followed through by Pharmacy colleagues and no prescribing issues had been flagged as part of that process

Board Members asked that more detail should be provided on actions being undertaken and the timelines to address concerns and it would be helpful to receive benchmarking data. They agreed that a further detailed report should be available for the next Board meeting.

THE BOARD:

1. Noted the report and that the data was out of date;
2. Noted that targets were being met in a range of areas but there were concerns about Hand Hygiene targets and adherence;
3. Agreed that a more detailed report on Hand Hygiene should be discussed at the next Healthcare Quality Assurance & Improvement Committee in mid-March and an update provided at the March Board meeting.

E Docherty

2021/02/45

ACTIVE GOVERNANCE PILOT UPDATE

The NHS Board received and noted an update provided by Mr Cannon on the Active Governance Development Session pilot.

The report highlighted the progress made in piloting materials, hosting a pilot development session in relation to Active Governance in NHS Lanarkshire on 3 February 2021, and how this is being taken forward nationally.

It was noted that an action plan had been drafted following the session on 3 February 2021 and it was agreed to update the action plan and bring this to the NHS Board in March 2021.

C Lauder

THE BOARD:

1. Noted the progress report and awaited a further update of the Action Plan arising from the pilot development session on 3 February 2021.

2021/02/46

FINANCIAL REPORT

The NHS Board received a paper, from Mrs Ace, which outlined the financial position to 31 January 2021.

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.

Mrs Ace highlighted that the Board moved into emergency response mode on 2 March 2020. From the outset, expenditure patterns varied from the business as usual financial plan. Lanarkshire had incurred an estimated £45.570m of expenditure to date, directly linked to the Covid-19 response. As services adapted and developments previously anticipated in specialist services and high cost drugs inevitably moved more slowly, this created part of the unfunded gap in the original plan, but these costs had not materialised to the full extent. So although the financial sustainability programme was suspended in March 2020 and there had been limited ability to make inroads into the original £10.030m gap, the gap itself had narrowed in 2020/21.

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 (SGHSCD). The allocation confirmed in early February 2021 provided full cover for forecast additional costs incurred due to Covid19 for both the Health Board and HSCPs.

Mrs Ace summarised by reporting that the net impact of these three factors was that the NHS Board should be able to achieve breakeven.

Based on this, at the end of January 2021, the Board was reporting an underlying £1.469m under spend which is £2.447m better than the financial plan year to date trajectory.

Mrs Mahal reminded Board Members that the issue of the 2020/21 financial outturn had been discussed in detail at the Board Briefing session on 10 February 2021.

In relation to the offer of additional funding to be passed to the Integration Joint Boards, Dr Osborne sought and received assurance that this had been agreed with each respective Chief Officer. It was acknowledged by Board Members that the circumstances were exceptional but that these allocations would allow the Board, on this occasion, to meet a number of key strategic priorities in 2021/22 including; GP IT System replacement; Child and Adolescent Mental Health Services Action Plan; Covid-19 recovery and the impact of health inequalities; Equipment Loan Store and Hospital at Home; and prescribing pressures in South Lanarkshire.

THE BOARD:

1. Noted the step change in trajectory due to revising elements of expenditure growth forecasts downwards primarily for drugs and specialist services;
2. Noted that full funding has been received for the forecast costs attributed directly to the Covid-19 response and as a result the risk rating has been lowered;
3. Noted the substantial additional allocations received in January 2021 for use by the Integration Joint Boards which had resulted in an underspend of £30.886m, being reflected at the end of January 2021;

4. Noted the re-profiled but balanced capital plan based on current best estimates;
5. Approved the offer of additional funding to the Integration Joint Boards as set out in section 10 to advance strategic priorities; and
6. Approved the offer of a 1.5% uplift to the recurring base budgets of each IJB for 21/22 in accordance with Scottish Government instructions.

2021/02/47

REDESIGN OF URGENT CARE

The NHS Board received and discussed an update which provided the Board with an overview of the implementation of the revised patient pathways for Urgent Care. Mrs Morrow attended to take Board Members through the paper and provided an additional PowerPoint presentation.

Mrs Morrow described the revised urgent care pathways, the initial impact, and the next steps. Mr Coulthard also referred to the key performance indicators in the next agenda item report which showed A&E performance against the 4 hour targets, and overall attendances.

Board Members noted that non-emergency self-presented attendances at the Emergency Departments had reduced, through the delivery of assessment and subsequent care via both NHS 24 111 triage and the Flow Navigation Centre triage to self-care and or virtual alternatives in the home setting.

This had led to a reduction in crowding within the Emergency Departments with the scheduling of all Flow Navigation Centre referrals for necessary face to face assessments. It also provided better senior decision making, with professional to professional access, and increased primary care interventions via an enhanced Covid Pathway supporting specialist interventions and support within the community, where appropriate.

Mrs Morrow added that the data so far had shown that NHS Lanarkshire was in line with the outcomes reported by other NHS Scotland Boards.

Mr Lauder emphasised that this was not designed to impact on the 999 service that patients continued to access for life threatening conditions, but was proving successful in managing unscheduled urgent care. He added that further updates would be provided to the Board at regular intervals.

C Lauder

Mrs Mahal thanked Mrs Morrow for her report and presentation, and for the positive impact that the redesign efforts were having so far.

THE BOARD:

1. Noted the implementation of the revised patient pathways for Urgent Care; and
2. Agreed to receive further reports on the outcomes of this work relative to the stated objectives of the programme.

2021/02/48

PERFORMANCE UPDATE

The NHS Board received and noted an update on key performance indicators from the Acute Division, and both North and South Health & Social Care Partnerships.

Mr Coulthard highlighted that good performance against cancer targets was being maintained. The 31-day standard was being met and the Board was only below the 62-day target in 4 of the 9 tumour groups. He reassured the Board that plans were in place to recover adherence to the 62-day standard.

Both Mr McGuffie and Mrs de Souza highlighted the efforts of Health & Social Care staff in driving down delayed discharges, which were significantly lower than target, and the challenges in improving waiting times targets in relation to Allied Health Professional services.

THE BOARD:

1. Noted the performance update.

2021/02/49

FORENSIC MEDICAL AND HEALTH CARE SERVICES FOR VICTIMS OF SEXUAL CRIMES – UPDATE

The NHS Board received a report from Mr McGuffie on the development of local Forensic Medical and Health Care Services for victims of sexual crimes in Lanarkshire. The report built on the update provided to the Board in October 2020, focusing on local progress, and confirmed the name chosen for the new facility; the Dunnock Suite.

The report set out that the West of Scotland Boards had been working with a National Taskforce to improve forensic medical and health care services for victims of sexual crime. With time limited government funding, NHS Boards had been preparing and developing services to meet the National Healthcare Improvement Scotland Standards for Forensic Medical Examination, published in 2017. From April 2021 NHS Boards will continue funding the developed services to expected standards.

In addition, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, which will place direct, statutory functions on NHS Boards to provide these services to victims, [including those who have chosen not to report the crime to the police, or are undecided, but wish to undergo an examination and access healthcare support], will come into law later in 2021.

Mr McGuffie highlighted that NHS Lanarkshire is an established member of a West of Scotland Regional Sexual Assault & Rape Service. Options appraisal processes had been conducted and a Hub & Spoke Model of service agreed. The funding requirements had been communicated to and agreed by Board Chief Executives for the delivery of services from 1st April 2021.

Mr McGuffie also highlighted the self-evaluation report which was attached to the main report and it was agreed that a further update would be brought back to the Board once the regional model was up and running.

R McGuffie

In response to a question, from Dr Thomson and Mr Boyle, about the choice of gender of the medical examiner, Mr McGuffie reported that this situation was improving, and it was hoped to have an option for a female only medical examiner workforce.

In relation to funding from April 2021, Dr Osborne was advised that the Health Board would have to absorb £191,000 in additional costs, and it was agreed to consider if this should be added as a risk, to the Corporate Risk Register.

R McGuffie

THE BOARD:

1. Noted the progress made in developing the new regional model and working towards the five HIS standards;
2. Noted the progress made in creating the local Forensic Examination facility;
3. Noted the name of the new facility;
4. Noted the potential financial risks associated with the new regional model and the intention to add this to the Risk Register; and
5. Noted that once the regional model was up and running, an updated self-evaluation report would be brought back to the Board.

2021/02/50

MONKLANDS REPLACEMENT PROJECT UPDATE

The NHS Board received a report from Mr Lauder, Senior Responsible Officer for the Monklands Replacement Project, which highlighted that the Board had received confirmation that the Cabinet Secretary had approved the recommendation of Wester Moffat as the preferred site for the new University Hospital Monklands. Mr Lauder stated that this now allowed the Board to develop the Outline Business Case, which is the next phase in this process.

It was noted that revised governance arrangements for the oversight of the Project were required and that these would be discussed at the NHS Board meeting on 31 March 2021.

C Lauder

Mrs Mahal asked for clarity on the role of NHS Assure as part of future governance arrangements and Mr Lauder indicated that this would be included within the future report to the Board.

THE BOARD:

1. Noted that the Cabinet Secretary had approved the recommendation of Wester Moffat as the preferred site for the new University Hospital Monklands;
2. Noted that this allowed the Board to develop the Outline Business Case, which is the next phase in this process; and

3. Noted that revised governance arrangements for the oversight of the Project were required and that these would be discussed at the NHS Board meeting on 31 March 2021.

2021/02/51

CALENDAR OF DATES 2021

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

2021/01/52

ANY OTHER COMPETENT BUSINESS

There were no items of business raised.

2021/02/53

RISK

Other than the new funding risk identified in relation to the Forensic Medical and Health Care Services for victims of sexual crimes in Lanarkshire, 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.

2021/02/54

DATE OF NEXT MEETING

Wednesday 31st March 2021, 9.30am – 1.00pm.