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**Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 28th April 2021 at 9.30am
 by using Microsoft Teams**

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 C Cunningham, Head of Commissioning and Performance, South
 Lanarkshire Health & 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 (2021/04/104)
 Mrs K Sandilands, Director of Human Resources
 Mr D Wilson, Director of Information and Digital Technology
 Ms H Sheikh, Equality & Diversity Manager (2021/04/99)

APOLOGIES: Mrs V de Souza, Director, South Lanarkshire Health & Social Care
 Partnership

2021/04/92

WELCOME

Mrs Mahal welcomed colleagues to the meeting, in particular Mr Cunningham who was attending the meeting for Mrs de Souza, and Ms Sheikh, Equality & Diversity Manager, who was attending for item 7.

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

Mrs Mahal indicated that today was International Workers' Memorial Day, and to allow the Board Chair and Chief Executive to join colleagues in laying a wreath outside Kirklands to commemorate this, and pay our respects, there would be a break in the meeting from 11.50am until 12.05pm, and a minute's silence would be observed at 12noon.

2021/04/93

DECLARATION OF INTERESTS

In respect of item 17 - Strategic Academic Partnerships Annual Report 2020/2021 - it was noted that Mrs Mahal was a Lay Governor at Glasgow Caledonian University, and it was agreed that the Vice Chair, Dr L Thomson, would chair the meeting for this item.

2021/04/94

MINUTES

The minute of the meeting of the NHS Board held on 31st March 2021 was submitted for approval.

THE BOARD:

1. Approved the minute of the meeting held on 31st March 2021.

2021/04/95

MATTERS ARISING

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

2021/04/96

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.

In response to Mr Campbell it was noted that the items listed as complete were only moved to the completed section after the meeting, to ensure that there was a robust audit trail.

2021/04/97

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

It was noted that the West of Scotland Chairs' Group had discussed the Centre for Sustainable Delivery at their last meeting, which was a very positive development, and it was suggested that the Board Chief Executive should ask the Centre Clinical Director to attend a Board / PPRC meeting to update the NHS Board on the plans for the Centre.

H Knox

In relation to the BAME staff network, it was noted that the last Forum meeting had been attended by the Board Chair, and there had been very positive discussions about the challenges facing BAME staff. This highlighted the need to focus on leadership and development, and review

how racist incidents and discrimination was reported and escalated within the Board. These issues were being taken forward by the Forum and would also be reported into the National Network which was being established.

Mrs Mahal went on to recap on key forthcoming events, including the Public Health Scotland webinar on 12 May (2.00pm - 4.00pm) on “how racism has shapes our health”, which has resulted in a slightly shorter Non Executive briefing session later that day (4.15pm - 5.30pm), a session on learning from the pandemic on 3 June 2021 (1.30pm - 5.00pm on hold), and that a date had been identified for the seminar on Health Inequalities (which would be confirmed by email as being on Wednesday 9 June 2021), Board Members were asked to hold 9.00am - 1.00pm.

THE BOARD:

1. Noted the update from the Board Chair.

2021/04/98

CHIEF EXECUTIVE’S REPORT

Ms Knox provided a verbal report to the NHS Board.

Board Members were provided with up to date Covid community prevalence data, and Hospital data, and Ms Knox reminded Board Members that there would be an opportunity to discuss Covid issues, and the vaccination programme, later on the agenda. The number of Covid positive patients being admitted to Hospital, those requiring intensive care, and the number of Care Home outbreaks, was continuing to reduce week on week. The vaccination rates for first and second doses were increasing also and almost 480,000 first and second doses had been delivered to date.

It was also reported that the Corporate Management Team had established a group to co-ordinate the recovery efforts (Recovery, Remobilisation & Redesign Co-ordinating Group) and that because of the very welcome downward trend of Covid cases coming forward, the Strategic Command Group was meeting less frequently, and would review the need to continue to meet in the coming weeks.

As part of the recovery effort it was also noted that the Chief Executive is leading a refresh of the Board’s Strategy - Achieving Excellence - and that a briefing would be arranged in June, to engage with the Board Members on how this was going to be taken forward over the coming months.

H Knox

As mentioned already by the Board Chair, Board Officers had been engaging with the Centre for Sustainable Delivery and had agreed clinical and managerial links with the Centre. In addition, it was noted that the Health Board, the Centre, and Healthcare Improvement Scotland had jointly submitted a grant application to the Health Foundation Innovation Hub, and that the application had been shortlisted for further consideration. This was a very exciting collaborative effort, and Dr Burns indicated that even if the bid was unsuccessful the parties involved were keen to take forward a range of innovative projects together. It was noted that the outcome of the application should be known in May and the Board would be kept apprised. Mrs Mahal also reminded Board Members that it was still planned to have a session on Innovation, but it was now likely to take place in late summer.

J Burns

Ms Knox also referred to vaccination centre queues last Saturday morning, caused by a breakdown nationally in the electronic records system. It was also noted that this issue was resolved within a few hours of the problem emerging.

It was also noted that unscheduled care performance was very challenged and Ms Knox reassured Board Members that improvement plans were in place to address the demands on the service. There would be an opportunity to discuss these later on the agenda.

THE BOARD:

1. Noted the update from the Board Chief Executive.

2021/04/99

EQUALITIES ACT 2010

The NHS Board received and discussed a report which set out NHS Lanarkshire's accountability for equalities, and for its publication in line with the Equality Act 2010. Ms H Sheikh attended the meeting to take Board Members through the paper and the Mainstreaming Report.

Ms Sheikh highlighted that in line with our legislative requirements under the Equality Act 2010, Public Sector Equality Duty and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Lanarkshire was required to publish a variety of information in relation to equalities by 30 April 2022. This included a report progress on mainstreaming the equality duty, an equality outcomes 2017-2021 progress report, any new equality outcomes for 2021-2025 (including evidence for setting such outcomes), information on the gender pay gap, statements on occupational segregation, an equal pay statement, and workforce equalities data.

Ms Sheikh went on to highlight that the Mainstreaming Report was a retrospective report of the work carried out over the last four years. Staff and communities had been engaged in the work which had taken place and much progress had been made.

In relation to the Board's requirement to develop and publish Equalities Outcomes 2021-2025, Board Members noted that Covid restrictions and the reprioritising of staff to address Covid demands had limited the opportunities to identify more than the two equality outcomes presented. The two current outcomes presented were subject to consultation and engaged on with the target groups, both nationally and locally.

Ms Sheikh added that as part of the development of NHS Lanarkshire's Equality Strategy 2021-25, further equality outcomes would be developed, a workshop was being arranged for Corporate Management Team colleagues in the first instance for late May 2021, and a further update would be provided to the Board, in September 2021.

Board Members noted that the next steps were to develop further equality outcomes and noted the initial steps being taken to do so.

Ms Sheikh drew out the many positive features of the report for Board Members, and in particular the work that the Board had sponsored in using the Fairer Scotland Duty as part of the site selection discussions for the

Monklands Replacement Project. It was noted that the Board was the first in Scotland to use the Interim Guidance in this way as a key part of the decision making process.

Ms McDonald commended the report and stated that it demonstrated the focus of the Board on these issues, even during the pandemic. She made a number of detailed observations about the data as presented and it was agreed that in view of the detail being sought, it would be appropriate for Ms Sheikh to address these out with the meeting. Ms McDonald welcomed this approach and looked forward to discussing the report in greater detail with Ms Sheikh in due course.

Dr Thomson also commended the report and asked if there was any evidence locally that disadvantaged communities were not taking the opportunity to have the Covid vaccine. Ms Sheikh reported that the uptake of the vaccine in NHS Lanarkshire by members of the BAME community was high, and that the Board had targeted bespoke communication including video communications with the BAME community through platforms such as YouTube, and What's App, which had been successful in promoting the message to take up the offer of the vaccine.

Councillor Kelly suggested that in order to maximise the efforts of the Health Board and the two local authorities it was important to bring together the collective talents of those working in this field. Ms Sheikh indicated that there was a strong network already in Lanarkshire and these were already delivering excellent collaborative working relationships.

In relation to the BAME staff network, and the model adopted for engaging with this group of staff, Dr Osborne reflected that the approach could be adopted for engaging with other key stakeholder groups and sought assurances that there was an intention to adopt a similar approach for other Equalities Networks. Ms Sheikh confirmed that this would be taken forward once she had the additional resource which had been approved, in place.

In relation to workforce data, it was noted that an action plan was put in place in 2020 to improve the input of protected characteristic data by BAME staff, and an update would be provided on how this was progressing at the September 2021 Board meeting. Mrs Macer asked if workforce data could capture the important role played by bank staff and it was acknowledged that this should be included in future reports, albeit bank staff may not be able to easily access the Board's intranet site to do so.

K Sandilands

Mrs Mahal thanked Ms Sheikh for the report and for the significant efforts of those involved in supporting this important area of work across the Board. Board Members were encouraged to contact Ms Sheikh direct if they had further observations on the report.

It was also agreed that, in future, the draft Mainstreaming Report should be presented to the Staff Governance Committee for detailed scrutiny, before coming to the Board for approval.

It was also noted that additional equality outcomes will be discussed by the Corporate Management Team in late May 2021, and reported through the Staff Governance Committee to the Board, in September 2021.

THE BOARD:

1. Approved the Mainstreaming Report and Equality Outcomes for publication in line with Equalities legislation;
2. Agreed to direct any further detailed observations to Ms Sheikh separately; and
3. Noted that additional equality outcomes will be reported to the Board in September 2021.

2021/04/100

MONKLANDS REPLACEMENT PROJECT - GOVERNANCE ARRANGEMENTS

The NHS Board received and discussed a paper which set out an update on discussions held with Members of the Monklands Replacement Oversight Board and the Stakeholder Engagement Group on the revised governance arrangements for the Project; and recommendations for the revised arrangements. Mrs Mahal reminded Board Members that they had an opportunity to shape the development of the proposals at a briefing meeting in February 2021.

Mr Lauder updated Board Members on the recent discussions, and stated that the recommendations had been supported by Members of both the Monklands Replacement Oversight Board and the Stakeholder Engagement Group.

It was noted that Mr Lauder had agreed to chair the Monklands Engagement Forum, which was a refreshed Engagement Forum for public representation, as well as the Project Leadership Team

The Planning, Performance and Resources Committee (PPRC) would also act as an assurance body for the project, and for the development of the Outline Business Case. The Committee would have two separate agendas, one for normal Committee business, the other as the Project assurance body, with additional external members being co-opted to join for this item.

Mr Lauder also reported that Board Officers have been working with colleagues in North Lanarkshire Council on the use of the existing site once the Hospital is fully commissioned at Wester Moffat, and Council colleagues have already started the process of engaging with the local community.

A Joint Planning Group was being established and the Director of Planning, Property and Performance will be meeting with Council officials to discuss the initiative during May. It was noted that a further update would be provided at the May 2021 PPRC meeting.

P Cannon**THE BOARD:**

1. Noted the update on discussions held with Members of the Monklands Replacement Oversight Board and the Stakeholder Engagement Group on the revised governance arrangements for the Project;

2. Approved the recommendations made within the paper, namely that
 - A Monklands Replacement Project Leadership Group is established with Executive membership;
 - A Monklands Engagement Forum is established with the membership and terms of reference constructed to reflect its role as the primary public advisory route for the Project;
 - The Planning, Performance and Resources Committee be stood up and that the terms of reference and agenda for the Committee reflect its new role in oversight and gaining assurance on the Outline Business Case as it is developed;
 - The recruitment of a Non Executive Board Member with capital expertise and skills will also support the Board in its oversight and assurance role; and
 - These arrangements will be subject to review and any further learning from the reviews into public sector building projects.
 - The NHS Board will hold accountability as the Decision Making body for the Project
3. Noted that there will be a Development Session after the April Board meeting on the development of the Outline Business Case; **C Lauder**
4. Noted the update on the Place Based initiative (the future use of the existing Hospital site), and the intention to bring a further update to the May 2021 PPRC meeting; and **C Lauder**
5. Noted that an assessment of the full impact of the guidance on “Planning with People” is being undertaken by the Director of Communications, and a report will be brought to the Board in May 2021. **C Brown**

2021/04/101

NON-EXECUTIVE PORTFOLIOS (APRIL 2021)

The NHS Board received and approved a paper which outlined proposed changes in the Governance Portfolios of Non-Executive Directors with immediate effect to support succession planning and that this would mean that Committees would run with additional Non-Executive Board Membership in the short term.

Mrs Mahal highlighted that this would mean that the Planning, Performance and Resources Committee would also be stood up from April 2021 but would operate with a split, two part agendas, the first being a transition to normal work plan business for the Committee, the second to provide assurance and oversight for the Monklands Replacement Project Outline Business Case.

In addition, it was stressed that these arrangements were subject to any further changes that the new Chair would propose when they take up post in July 2021, and a further reflection of the portfolios of the new Non Executive Board Members being recruited to take over from Ms Morris and Mr Campbell on 1 September 2020 and the new Non Executive Board Member with Digital Transformation skills, who should start on 1 October 2021.

It was noted that there will be a degree of overlap and double running with the Non Executive Board Member with Digital skills replacing Dr Osborne, who will demit office on 28th February 2022.

THE BOARD:

1. Approved the changes set out in the Appendices to be implemented with immediate effect;
2. Noted the gaps which will need to be addressed once new Non-Executive Board Member appointments have been made; and
3. Noted that any changes are subject to further discussion at the discretion of the new Board Chair on their appointment to the Board.

P Cannon

2021/04/102

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 (March 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. At the outset Mr Cannon highlighted that the Population Health, Primary Care & Community Services Governance Committee will be resuming their meetings and the first meeting would be on 6 May 2021.

Mr Cannon took Board Members through the report in detail, highlighting the closed risks, those risks that had been de-escalated, the new risks, and other changes to risk ratings or tolerances.

It was noted that overall there were 33 risks on the Corporate Risk Register, and that 11 of these were related to the Covid risks.

In relation to risk 2014 (Recovery of Services) Mr Boyle asked about the level of public expectation of the service to recovery fully and quickly and Ms Knox acknowledged that there was a significant challenge in bringing services back on line safely, and dealing with the backlog of patients waiting. This would require careful communications with all patients in NHS Lanarkshire. It was noted that the Corporate Management Team had established a Recovery, Remobilisation & Redesign Co-ordinating Group.

It was noted that a Capacity Plan was being developed to assist the Corporate Management Team in planning steps towards full recovery. This would be shared with the Board in due course.

J Park

In relation to risk 1716 (Out of Hours Interventional Radiology Services) Mr Boyle asked if this was having an impact on recovery and the provision of a sustainable service. Mrs Park reported that this was not having an impact on elective activity but it was being taken forward on a West of Scotland basis as it impacted on the out of hours cover for these services across a number of Health Boards.

Mr Moore asked about risk 2015 (Vaccination Programme) and scenario planning, and it was noted that this was being taken forward by Dr Russell and his team.

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 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;
5. Noted the Corporate Risk Register, accurate as at 14th April 2021;
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 14th April 2021;
7. Noted the updated position for the EU Withdrawal risk register;
8. Noted the risks that had the Board as the assurance committee;
9. Noted that a paper on Governance arrangements would be brought back to the Board in May 2021 in view of the Population Health, Primary Care & Community Services Committee standing back up; **P Cannon**
10. Noted that a further update on the progress of resolving issues in relation to the West of Scotland Out of Hours Interventional Radiology Service would be brought back to the Board in May 2021; and **J Park**
11. Noted that the Board will be provided with regular updates on the progress of the Recovery, Remobilisation & Redesign Co-ordinating Group **C Lauder**
12. Noted that the Capacity Plan would be shared with the Board in due course. **J Park**

2021/04/103

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. Ms Knox also indicated that some of the issues referred to in the overview were included on the agenda as substantive items.

Ms Sandilands referred Board Members to the section which set out various staff testing measures in place, including symptomatic Staff

testing, Asymptomatic Staff Caring for Vulnerable Patients and Asymptomatic Mass Staff Testing - introduced in January 2021 utilising Lateral Flow Device (LFD) tests (rapid no lab requirement). It was noted that there were concerns about the reliability of the data being used to monitor the numbers of staff who were undertaking LFD tests, as the onus was on staff themselves to update the national database and the Board had no control over how many staff were doing so. The Board would, nevertheless, be encouraging all staff who had accepted LFD kits to do so, and point out that the system had been improved to make this easier to record.

Mr G Docherty acknowledged the limitations of the reporting around the mass screening tool, but still advocated issuing all members of the public with kits as a useful public health measure. Mr Brown indicated that public messaging around maintaining good hand hygiene and social distancing was required, to remind the public that these were still important in the response to the pandemic.

Ms Sandilands indicated that an improvement plan was being rolled out to encourage staff to record results in the national database and it was agreed to share the improvement plan and early progress with the Board in May 2021.

In relation to resilience issues, Mr G Docherty highlighted that preparations were underway to be plan for COP26 and UEFA Football Matches being held in Glasgow later in 2021. Regular updates on progress would be provided.

THE BOARD:

1. Noted the Covid Whole System update;
2. Noted that an improvement plan was being rolled out to encourage staff to record results in the national database and it was agreed to share the improvement plan and early progress with the Board in May 2021; and
3. Noted that regular updates on progress would be provided in relation to COP26 and UEFA Football Matches being held in Glasgow later in 2021.

K Sandilands

G Docherty

2021/04/104

COVID VACCINATION PLAN - UPDATE

The NHS Board received and noted a report from Dr Russell which provided an update on the vaccination delivery programme.

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 rolled out.

In response to an earlier question from Mr Moore, Dr Russell highlighted that scenario planning, was underway so that whatever was decided nationally the Board was in place to respond appropriately.

Councillor Kelly asked if the current vaccine supply arrangements were proving to be a limiting factor, and Dr Russell responded that the supply arrangements were sufficient to meet the June 2021 target of vaccinating all of the cohorts in the JCVI priority list.

Mr Boyle asked if there was any further advice coming to families of patients who were immunosuppressed, and Dr Russell stated that he was anticipating that this would be forthcoming shortly, but advice was awaited from Scottish Government rather than being a Board decision. Dr Russell highlighted that the programme involved a team of 50 members of staff who were actively managing the delivery programme and working with around 400 staff in the centres themselves.

Councillor McGuigan asked about the need for Booster vaccinations and Dr Russell indicated that this was under discussion.

Mrs Mahal thanked Dr Russell for his presentation and update and for the significant effort of all of those involved in the delivery programme for the success of the programme to date.

THE BOARD:

1. Noted the Vaccination Programme update;

2021/04/105

TEST AND PROTECT UPDATE

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

Mr G 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.

It was noted that to date the service had approximately 40,000 case records contact traced on the case management system (CMS). Overall the trend of cases had been steadily falling, but recent evidence shows a levelling off of this deceleration of case numbers. The consensus was that the levelling off was likely to be due to increased efforts for case finding through expanding testing capacity.

In relation to case interview completion rates inside 24 hours of notification, it was noted this was 96% to 18th April 2021, and that all investigations were completed in same period in 87% of all cases.

Mr G Docherty highlighted that the case completion rate had fallen slightly from the last month's reported position, because of the changes to the process of contacting cases which was taking longer than before by not using text messaging, in favour of calls to contacts.

Mr G Docherty also cautioned that there were significant challenges ahead as lockdown eased and it was critical that the Test & Protect Service was able to collect information on transmission of infection to keep incidence low. It was noted that the next phase would reflect the increasing focus of

suppressing the virus. Mr G Docherty would provide an update of search and suppress in the next scheduled update to the May Board meeting.

THE BOARD:

1. Noted the development in service capacity since September 2020;
2. Noted the key performance data up to 22nd March 2021; and
3. Noted that an update on measures to suppress the virus would be provided in the May update. **G Docherty**

2021/04/106

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 E Docherty took Board Members through the paper in detail.

It was noted that the oversight of Care Homes had been extended until at least March 2022.

The paper stated that there were 2 Care Homes in Lanarkshire with on-going COVID-19 outbreaks, however Mr E Docherty reported that this was currently one Care Home outbreak, and that for a period of a week recently there were no Care Homes reporting an outbreak.

Mr E Docherty also highlighted that the second cohort of supportive visits commenced in February 2021, and it was anticipated that these visits will be completed by the end of June 2021.

In relation to care home visiting, it was noted that on 6 April 2021, 83 Care Homes were noted to be open to indoor visiting. Two were closed due to outbreaks and five had temporary restrictions as potential outbreaks were being investigated. The remaining two were short term respite homes and had advised they would support families to visit if they wished but had recorded this incorrectly within TURAS. The assurance team will continue to support safe and meaningful contact with families as national restrictions are eased.

Ms McDonald asked about the linkages with the Care Inspectorate and Mr E Docherty confirmed that there was an excellent working relationships with colleagues in the Care Inspectorate who retained overall responsibility for the safety and quality of care in Care Homes, and any concerns that the Board had were escalated to them, and acted upon swiftly.

THE BOARD:

1. The Board derived assurance from the report and noted that the appropriate support is being provided to Care Homes;
2. Expressed their appreciation for the work being led by Mr E Docherty through the Care Homes Support Team; and
3. Agreed to consider the frequency of updates in light of a Governance Update for the Board in May 2021. **E Docherty**

2021/04/107

FINANCIAL REPORT

The NHS Board received a verbal paper, from Mrs Ace, on the current financial position. It was noted that the main focus for Finance staff was the year-end position and ensuring that all of the Covid expenditure in the fourth quarter was properly accounted for so that this could be claimed in reimbursement from Scottish Government. However, Mrs Ace assured the Board that it was still anticipated that the Board would meet its three financial targets, as outlined in the report to the March Board.

Mrs Ace stated that the report for the period to the end of March 2021 would be circulated to Board Members in due course.

THE BOARD:

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

2021/03/108

PERFORMANCE UPDATE

The NHS Board received a paper from Mrs Park, Mr McGuffie and Mrs de Souza on key performance indicators.

Mrs Park took Board Members through the key acute performance indicators, highlighting the increases in attendances at Emergency Departments in March 2021, the slight deterioration in meeting the 4-hour target in March 2021, out-patient and inpatient treatment waiting times, diagnostics activity and performance, and cancer services. In relation to cancer services, it was noted that the invalidated data for February 2021 was suggesting that the 31 day and 62 day targets had been met.

Mr Campbell asked about patients who had the longest waits for treatment, and Mrs Park assured him that clinical staff were continuing to review and prioritise patients who were on the waiting lists, and actively managing the lists.

In relation to patients being referred to diagnostic tests, Mr Moore asked if there was any evidence that patients were not presenting for treatment timeously. Mrs Park reported that referral rates were high, but there was no significant evidence of late presentation being reported by clinicians. Dr Burns reported that clinical effectiveness colleagues within the Quality Department were looking at stages of presentation throughout the pandemic and their report would be available in 3 - 6 months' time. This would be reported back through the Healthcare Quality Assurance & Improvement Committee in the first instance. Mr Brown highlighted that the Communications Department was continuing to promote the public message to present for treatment as early as possible.

Mrs Park highlighted that the main focus of the Acute Division was on remobilisation and a further update would be provided at the next Board meeting on how that was being progressed.

Mrs Mahal acknowledged the significant challenges being faced in remobilisation services and tackling the treatment times backlog, and asked that the Unscheduled Care Improvement Plan be discussed in detail at the Acute Governance Committee in order to provide assurance to the Board on

the measures being taken, and as part of a wider update to the May Board on the Redesign of Urgent Care.

Mr McGuffie highlighted that delayed discharges continued to fall, and that performance was below the target trajectory for 2020/21. AHP waiting times for hosted services were being targeted for improvement as services were being remobilised, but this was challenging because of the growing waiting lists during the pandemic, despite the best efforts of staff to maintain contact with patients through virtual and telephone consultations. It was also noted that a significant number of staff within AHP services were redeployed to support the Covid response and vaccination programme and were only now beginning to return to core duties.

Mr Cunningham attended the meeting on behalf of Mrs de Souza and took Board Members through the key performance issues in the South Lanarkshire Health & Social Care Partnership. He too highlighted the improvements being sustained in reducing delayed discharges, and referenced the efforts being made to improve a range of AHP services.

Dr Osborne asked for an update on the additional Scottish Government funding being allocated to Mental Health Services, and Mr McGuffie indicated that this would be provided in the form of an update to the Board in May 2021.

Mrs Mahal noted that the Population Health, Primary Care and Community Services Committee will be meeting again, and these performance issues should be discussed in detail with Committee Members for assurance.

THE BOARD:

1. Noted the content of the performance report; and
2. Noted that the Quality Department were looking at stages of presentation throughout the pandemic and their report would be available in 3 - 6 months' time. This would be reported back through the Healthcare Quality Assurance & Improvement Committee in the first instance.
3. Noted that the Unscheduled Care Improvement Plan would be discussed in detail at the Acute Governance Committee, and as part of a wider update to the May Board on the Redesign of Urgent Care.
4. Noted that an update on the additional Scottish Government funding being allocated to Mental Health Services would be provided to the Board in May 2021.

J Burns

**J Park /
C Launder**

R McGuffie

2021/03/109

**STRATEGIC ACADEMIC PARTNERSHIPS ANNUAL REPORT
2020/2021**

The NHS Board received and noted a paper from Dr Burns which provided an update on the progress in developing effective strategic academic links between NHS Lanarkshire and Scottish Universities. The paper provided an update on Academic status awarded to individual departments, Honorary

Academic appointments to NHS Lanarkshire Healthcare Professionals, and a summary of ongoing partnership working.

Mrs Mahal had indicated at the beginning of the meeting that she had a potential conflict of interest as Lay Governor of the Glasgow Caledonian University, and Dr Thomson took over the chair for this item. Dr Thomson indicated that, in her view, Mrs Mahal's declaration was not material to the discussion and the Board Members present concurred. The report in front of the NHS Board was a factual summary of partnership working and had no bearing on Mrs Mahal's role as a Lay Governor at Glasgow Caledonian University. Mrs Mahal played no part in any aspect of the report's content and was therefore asked to resume as the Chair of the meeting for this item.

Dr Burns took Board Members through the paper in detail, highlighting the significant progress made across a very wide range of University partnerships. She reminded Board Members that formal links existed with the Universities of Glasgow Caledonian, Strathclyde and the University of the West of Scotland and these academic links were proving to be invaluable in driving forward clinical education and teaching standards. It was also noted that this work was aligned closely to supporting the Board's Quality Ambitions. Mrs Mahal commented that it was also very positive that so much progress had been made especially during the pandemic.

Mr Moore welcomed the focus on digital health and stated that he thought that this was an area where the Health Board could excel in the years to come, using all of the talents in the academic partnerships to assist the Board.

Mrs Lees highlighted that the Area Clinical Forum and the wider clinical community welcomed these partnerships and many staff and patient services were already seeing the positive benefits of this collaborative approach.

Mrs Mahal congratulated those involved and asked Dr Burns to pass on the Board's thanks to those involved in driving these initiatives, and highlighted that this work should be celebrated and communicated widely.

Mrs Mahal also echoed the comment made by Mr Moore and suggested that partnership working could be extended beyond traditional clinical areas, to areas such as Human Resources Finance, Resilience and Leadership Development as local Universities excelled in these areas of research and teaching.

Dr Burns thanked fellow Board Members for their continuing support for these partnerships and indicated that an Annual Report would be provided in April of each year in order to keep the Board apprised of key developments.

THE BOARD:

1. Noted the development of academic partnership working with departmental university status;
2. Noted the development of academic partnership working with shared honorary appointments;

3. Endorsed the approach to this work in supporting the Board's Quality Ambitions and agreed on annual updates to the Board in April each year; and
4. Asked that this work be celebrated and communicated widely.

C Brown

2021/04/110

PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 - INTEGRATION JOINT BOARDS - DIRECTIONS

The NHS Board received and noted a paper from Mr McGuffie and Ms de Souza which reminded Board Members of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, that the Integration Joint Boards were required to direct NHS Lanarkshire to carry out the integrated functions delegated to the Integration Joint Boards (IJB) and confirm the resources to be allocated for the resultant services in the forthcoming year. The directions from both IJBs were included in appendices to the main paper.

It was noted that budget allocations for the delegated functions outlined within the directions reflected the financial planning principles agreed at the North IJB meeting on 23 March 2021 and South IJB meeting on 29th March 2021. It was noted that the detailed budget setting process for the financial year 2021/2022 was being finalised. Once this work had been completed, the IJBs will issue further directions confirming the final budget. It was noted that this should be concluded by no later than 30 June 2021.

Mr McGuffie highlighted that one of the changes included within the process is the transfer of management (and associated budget) of the Nursing components of the Community Mental Health Teams into the Localities of the two partnerships, in line with the two Commissioning Plans, and direction of travel set out within the Mental Health Strategy. The aim behind this change was to create closer synergies between community teams through integrated working practices in each Locality area.

While the operational management of the Nursing teams within the Community Mental Health Teams passes over to Locality management, the hosted service arrangements remain with the Mental Health and Learning Disability Unit hosted in North Lanarkshire still providing professional support, clinical governance and oversight of the community teams.

Mr Cunningham stated that these changes were supported by the South Health & Social Care Partnership.

It was noted that these Directions were consistent with the respective IJB Commissioning Plans.

THE BOARD:

1. Noted the updated directions from the respective IJBs; and
2. Requested that ongoing updates on the key elements of the Strategic Commissioning Plans continue to be routed through the Population Health and Community Care Committee.

2021/04/111

CALENDAR OF DATES

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

2021/04/112

ANY OTHER COMPETENT BUSINESS

Mrs Mahal reflected that this was the last Board meeting that Mrs de Souza would have attended as Director, South Lanarkshire Health & Social Care Partnership, and she paid tribute to the significant contribution Val had made to the establishment of the South Lanarkshire Health & Social Partnership, and also her contribution nationally.

2021/04/113

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.

2021/04/114

DATE OF NEXT MEETING

Wednesday 26th May 2021, 9.30am - 1.00pm.

To be followed by a Performance Planning Resources Committee on the Monklands Outline Business Case - design and risk review - from 2.00pm - 4.00pm.