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**Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 25th August 2021 at 10.00am
 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 P Campbell, 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 (items X to Y)
 Dr A Osborne, Non Executive Director
 Dr L Thomson, Non Executive Director / Vice Chair

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Ms M Hayward, Head of Health, South Lanarkshire Health and Social Care Partnership
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs J Park, Director of Acute Services
 Ms T Marshall, Nurse Director, South Lanarkshire Health & Social Care Partnership
 Dr R Mellor, Acting Consultant in Public Health (item 197 only)
 Dr J Pravinkumar, Consultant in Public Health
 Dr M Russell, Associate Medical Director, South Lanarkshire Health & Social Care Partnership (item 202 only)
 Mrs L Thomson, Nurse Director, North Lanarkshire Health and Social Care Partnership
 Mrs K Sandilands, Director of Human Resources
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership
 Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: 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

2021/08/181

WELCOME

Mrs Mahal welcomed colleagues to the meeting, in particular Soumen Sengupta, who was attending his first NHS Board meeting, and Trudi

Marshall who was deputising for Mr E Docherty, and Dr Pravinkumar who was deputising for Mr G Docherty. It was also noted that Dr R Mellor would join the meeting to present the item on the Children and Young People Health Plan.

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

2021/08/182

DECLARATION OF INTERESTS

There were no declarations of interest.

2021/08/183

MINUTES

The minute of the meeting of the NHS Board held on 28th July 2021 was submitted for approval.

THE BOARD:

1. Approved the minute of the meeting held on 28th July 2021.

2021/08/184

MATTERS ARISING

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

2021/08/185

ACTION LOG

It was noted that the Action Log had been split into two documents, the first section to show active items, the second listing archived completed items. Members discussed specific items on the Action Log. The Action Log would be updated. Mrs Mahal asked that timelines be added to all items so that progress could be measured.

In relation to the planned Innovation Seminar, it was noted that Dr Burns was taking this forward.

In relation to the Staff Resilience, it was suggested that the Board would find it helpful to have an update and discussion on staff resilience and staff wellbeing under the Chief Executives update.

2021/08/186

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal formally congratulated Mrs Macer on her reappointment as a Non Executive Board Member, Employee Director for a further four-year term following her election as Chair of the Area Partnership Forum, and confirmation from the Cabinet Secretary.

It was noted that two Health Inequalities seminars had been held in June, one with NHS Board Members on 9 June 2021, and one with Community Planning Partners on 23 June 2021, and that a summary of the events, would

be brought to the September 2021 Planning, Performance and Resources Committee.

Mrs Mahal also reported that together with the Chief Executive and Director, South Lanarkshire Health & Social Care Partnership, she had visited the Out of Hours Service on Monday 23 August 2021 to see the work of the service, and to thank staff for their efforts in supporting patients through very challenging circumstances.

It was noted that a meeting with MPs and MSPs was scheduled for 3 September 2021 to bring Parliamentary representatives up to speed with the challenges being faced by the Board.

Mrs Mahal provided an overview of the items discussed at a recent Chair's meeting (which had also been attended by Dr Lesley Thomson in her role as Board Vice Chair, and Mr Brian Moore, in his capacity as Chair of the State Hospitals Board for Scotland). The main issues discussed included the consultation on the National Care Service, Forensic Medical Services (in particular the requirement for NHS Boards to collect and store evidential samples), and Staff Wellbeing.

It was noted that the Board were scheduled to receive an update on the Forensic Medical Service in September, but in view of the fact that the service will be available to see patients in early October it was agreed to defer this update until the October Board meeting.

R McGuffie

She also updated the Board on the plans for the Board to discuss the National Care Service Consultation at a development session after the Planning, Performance and Resources Committee in September.

THE BOARD:

1. Noted the update from the Board Chair.

2021/08/187

CHIEF EXECUTIVE'S REPORT

Mrs Knox provided a verbal report to the NHS Board.

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

Mrs Knox went on to describe the service pressures and the difficulties being faced by Hospital staff being presented with patients who were sicker in their disease journey, as they had been reluctant to come forward to seek medical assistance until now. As an indicator, Board Members noted that NHS Lanarkshire Hospitals would expect to admit between 28% - 30% of all patients who present to the Emergency Department, but that lately this had been at a rate of 40%. Mrs Knox also described the range of measures

being taken to support the workforce to boost capacity and aid resilience in the system. Mrs Knox also referenced the Scottish Government Recovery Plan, which had been published that day.

In relation to strategic developments, and the work on Our Health Together, Mrs Knox stated that work was progressing on the redesign of Trauma & Orthopaedic Services, Out of Hours provision and Unscheduled Care.

Mrs Knox also referred to the progress being made in the development of the Monklands Replacement Project Outline Business Case.

Staff Wellbeing

In relation to staff wellbeing, Mrs Sandilands provided a detailed overview of the measures in place to support staff. It was noted that STV had broadcast an interview with staff at University Hospital Hairmyres about the service pressures being faced, which was powerful in setting out how this was impacting directly on Emergency Department staff in particular. It was, however, acknowledged that the demands were being experienced system-wide and primary care and community services were also under the same pressures.

Mrs Sandilands described the range of measures in place to support staff, including making sure that environments were suitable to work in (bearing in mind the recent hot weather), that refreshments and rest areas were available to use, the approach to address rapidly any local practical difficulties that arise, and she referenced the video that showed staff experiences in relation to aggression from members of the public. It was noted that the video had been widely circulated and praised on social media, as a tangible example of the Board's support for staff who encounter these incidents, and the Board's commitment to a zero tolerance approach.

In responding to a question from a Board Member, Mrs Sandilands indicated that although there was feeling that the number of incidents involving aggressive behaviour had increased, that this was not yet borne out by those reported on the DATIX system.

Mrs Knox indicated that Executive Directors had been asked to be as visible as possible, in light of the current restrictions, to ensure that staff felt supported and could feed back their concerns directly to the NHS Lanarkshire senior leaders. It was also noted that priority areas for the Corporate Management Team included supporting Emergency Departments, Intensive Care, the Vaccination Programme and Test & Protect.

Mrs Sandilands indicated that as part of the efforts to support the workforce 120 newly qualified student Nurses had been added to the workforce as band 4s following completion of their training as Registered Nurses. This was earlier than would normally be the case. In addition, a drive to recruit Healthcare Support Workers had attracted over 500 applicants, and bank staff were now able to block book shifts, making this a more attractive option for temporary staff.

Mrs Macer underlined the significant efforts being undertaken by all staff, and in particular highlighted the efforts of staff in the Human Resources

Directorate Recruitment Service who had fast tracked hundreds of posts to ensure that staff could be deployed quickly and safely.

In relation to reporting incidents, it was acknowledged that many instances go unreported, but the Staff Governance Committee would discuss how this could be encouraged and improved upon by triangulating information from other services such as Occupational Health and Psychological Services. It was also acknowledged that the recent round of iMatter surveys were unlikely to pick up these issues, as the questions were set nationally and did not provide current feedback.

Mrs Mahal indicated that the Board needed to understand the pressures being faced by all staff across health & social care in Lanarkshire in order to ensure that every avenue of support was exploited and the fullest range of support provided.

Mrs Park highlighted that within the Acute Division, the Senior Management Team regularly discussed what more could be done to support hard pressed staff, and had regular dialogue and engagement with staff. As an example of the measures taken to respond to concerns raised, Mrs Park indicated the Police Scotland presence on Acute sites had been enhanced recently, and a range of very timely Psychological support services were also available to all staff, but targeted on Emergency Department colleagues.

Councillor McGuigan stressed the need to relieve some of the pressure on Acute Hospitals by ensuring that there were sufficient care packages in place in the community to enable beds to be freed up for those who required them in Hospital. He also supported all efforts to promote a zero tolerance approach and encourage staff to report instances on every occasion.

Dr Thomson agreed and stated that in her experience of working in the justice service, the Police, and the Courts were very supportive of NHS staff in these circumstances, and took all instances of violence and aggression extremely seriously. All staff should be encouraged to make reports and know that they would be supported through that process.

Mrs Mahal in summarising asked the Staff Governance Committee to consider the issues raised and to review what more could be done in respect of staff wellbeing and support. It was also requested that the Committee discuss the development of equality networks, in particular the issues around racist abuse, to ensure that networks were empowered to encourage colleagues to report all violent and aggressive behaviour, including racist remarks.

Mrs Knox indicated that she would work with Mr C Brown on what more could be done to empower all staff in this respect and ensure that that all instances are reported, and to publicise the range of support that was in place. Mr Brown highlighted that the recent Pulse article on violence and aggression was the most accessed / read article to date.

THE BOARD:

1. Noted the update from the Board Chief Executive;

2. Asked the Staff Governance Committee to reflect on the discussion and identify how recording issues could be improved and what more could be put in place to support staff wellbeing. **L Macer**

2021/08/188

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 (June 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 emphasised that for a number of weeks throughout July and August 2021, there has been unprecedented demand for urgent and emergency services, compounded by workforce issues, resulting in NHSL operating ‘in extremis’ with an increase in the number of very high and high graded risks.

Mr Campbell asked that risk owners be named individuals rather than organisational groups, as set out in page 21 of the report. It was agreed to reflect this change in the next update.

In relation to a question from Mrs Lees on the OOH Interventional Radiology Service, Mrs Park reported that NHS Lanarkshire rotas had been confirmed, but there was ongoing dialogue with other West of Scotland NHS Board partners. Mr Moore asked for and received confirmation that sufficient resources were in place to support the development of the new Healthcare Strategy.

Mrs Mahal noted that there were a number of very high risks on the Register with some overlaps in descriptors and actions, and it was acknowledged that these reflected the demands of dealing with Covid-19, and the service pressures being experienced and that the descriptors would be reviewed as part of regular reviews.

THE BOARD:

1. Noted the new risks and closed risks;
2. Noted the summary of significant material changes to the Corporate Risk Register;
3. Endorsed the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
4. Considered the very high graded risks across NHSL;
5. Noted the Corporate Risk Register, accurate as at 11th August 2021; and
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 11th August 2021.

2021/08/189

AUDIT COMMITTEE – 1ST JUNE 2021 AND 30TH JUNE 2021

The NHS Board received the minutes of the Audit Committee held on 1 June 2021 and the draft Minutes of the meeting held on 30 June 2021.

THE BOARD:

1. Noted the minutes of the Audit Committee held on 1 June 2021 and the draft Minutes of the meeting held on 30 June 2021.

2021/08/190

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 8TH JULY 2021

The NHS Board received the draft Minutes of the meeting of the Healthcare Quality Improvement & Assurance Committee held on 8 July 2021.

THE BOARD:

1. Noted the draft Minutes of the meeting of the Healthcare Quality Improvement & Assurance Committee held on 8 July 2021.

2021/08/191

RECOVERY & REMOBILISATION REPORT

The NHS Board considered a paper from Mr Lauder on recovery and remobilisation.

Mr Lauder highlighted that the Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG) was stood down in July and re-established in August and would continue to have oversight of the recovery process and development of the Remobilisation Plan 4 (RMP4).

In relation to the Remobilisation Plan, Mr Lauder referred to Scottish Government guidance which had been issued in relation to the development of a Remobilisation Plan 4 (RMP4), and a draft was to be submitted to the Scottish Government at the end of September. In keeping with the development of previous versions the draft plan would be shared with Board Members once submitted, but it was not to be published formally until agreed by the Board and Scottish Government. Meetings were being arranged with Scottish Government officials for October and November to discuss comments on plan.

The Board was asked to note the Quarter 1 performance report, and that the format of the reports has been developed and prepared in line with Active Governance principles. As part of that workstream it was noted that a new approach to performance management reporting was being explored, and a more detailed paper would be prepared for consideration by the November Planning, Performance and Resources Committee. Board Members were asked to submit further comments on the new format to Mr Lauder and it was acknowledged that more narrative and interpretation analysis was required.

Mr Boyle commented that he appreciated the changes being made in relation to charts, which was to be welcomed. He also commended the commitment to ensure that as services were re-introduced, that we undertake Equality Impact Assessments, including Health Inequalities, to help identify any

potential barriers that these new ways of working may present, and agree mitigating measures.

Ms Morris highlighted that it was important not to lose sight of the very many positive developments being taken forward across health & social care in Lanarkshire.

THE BOARD:

1. Noted that the Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG) was stood down in July, and re-established in August, and will continue to have oversight of the recovery process;
2. Noted that Scottish Government guidance was issued in relation to the development of a Remobilisation Plan 4 (RMP4) and a draft Plan will be reviewed by the CMT ahead of submission to the Scottish Government at the end of September;
3. Noted that the draft will be shared with Board Members, but is not to be published at that stage;
4. Considered the Quarter 1, 2021/22 performance report, noting that the format of the quarterly performance management reports has been developed with reports now prepared in line with Active Governance principles and that Board Members should submit any comments to Mr Lauder;
5. Confirmed that the Quarter 1, 2021/22 performance report provided assurance about progress in the delivery of the 2021/22 AOP Targets and Locally Agreed Standards; and
6. Noted that a new approach to performance management reporting is being explored and a paper will be prepared for consideration by the November PPRC.

2021/08/192

REDESIGN OF URGENT CARE – UPDATE

The NHS Board considered an update on the redesign of urgent care from Mr Lauder.

Mr Lauder highlighted the progress made in redesigning clinical pathways, some initial reflections on the original objectives of the programme, and the impact of the changes made, and the next steps.

Mr Lauder also referred to risk 2053 in the Corporate Risk Register (Acute Respiratory Illness Centre) and he highlighted the ongoing dialogue with primary care colleagues about the longer terms sustainability of the model being used currently.

Members noted that a RAG rating system was described in Appendix 4 of the paper, but it was also noted that a National rating system was being developed by Sir Lewis Ritchie, and the local monitoring system would be adapted once the national tool had been issued.

Mr Lauder emphasised that patients who self-presented at Emergency Departments were still being triaged, albeit all patients were encouraged to use the 111 system in order to ensure that they were able to receive the most appropriate care. Ms Morris asked if the research led by Dr Pravinkumar on High Resource Users could be reviewed and updated, as this had a positive impact.

Mr Boyle asked if there was any scope for involving University partners in researching the changes made, Dr Burns responded to confirm that this was an area that was being explored.

Mr Moore asked if there was any data on the impact of changes on demand from parents seeking assistance for their children, but Ms Marshall indicated that the numbers were too low to draw any firm conclusions from.

Mr Brown also highlighted that a letter from Healthcare Improvement Scotland had been received asking for evidence of local engagement in the promotion of changes made, which was being considered.

THE BOARD:

1. Noted and gained assurance on the implementation of the revised patient pathways for Urgent Care; and
2. Agreed to receive a further report in November 2021 on the outcomes of this work relative to the stated objectives of the programme; **C Lauder**
3. Noted that discussions would be taken forward with University partners on research opportunities; **J Burns**
4. Asked that the High Resource Users Research should be recirculated for information. **P Cannon**

2021/08/193

PERFORMANCE AND RECOVERY ISSUES

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

Mrs Park highlighted that clinical prioritisation remained in place and clinicians were regularly reviewing waiting lists to ensure that these were reflective of priorities for treatment. In relation to Emergency Department activity it was noted that attendances continued to increase beyond levels typically seen at this time of year and there was a robust whole system approach to tackling the unprecedented levels of demand. Mrs Park also highlighted that the pressures on beds was significant and there were over 100 patients awaiting placement outwith Hospital, who no longer needed acute hospital care.

In terms of senior management within the Division, Mrs Park highlighted that following the unsuccessful recruitment to the post of Hospital Director at University Hospital Hairmyres, Mrs Meek had been asked to take up the post of Hospital Director at University Hospital Hairmyres, and Mr Peebles

was Acting Hospital Director at University Hospital Monklands. Mr Simpson was Acting Hospital Director at University Hospital Wishaw.

Mr McGuffie highlighted the significant efforts being made within the Partnership to reduce any delayed discharges out of hospital to a minimum and pointed to difficulties in maintaining a stable workforce in Home Care as having an impact on those efforts. However, he also added that a recent recruitment drive had been very positive and staff were coming on board as quickly as this could be achieved.

Mr Sengupta also highlighted the efforts being made in the South Health & Social Care Partnership to drive down delays in discharging patients from hospital to alternative placements for ongoing care, and stressed the importance of maintaining rigour around the Planned Date of Discharge process as this had made a significant positive impact on proactively planning packages of care.

Mr Sengupta also referred to the difficulties and pressures being felt in General Practice, and there were a number of GP Practices that were being actively supported by the Board. This was also the case in providing a robust and stable Out of Hours Service. It was noted that this would be discussed in greater detail by the Population Health, Primary Care and Community Services Governance Committee.

In response to a question from Mr Moore, Mrs Park indicated that the Health Board continued to use the Independent Sector to provide additional elective and diagnostic capacity in Ophthalmology, Orthopaedics, some cancer procedures and General Surgery, and it was agreed it would be useful to see a report on how that was being utilised in due course, at the Acute Governance Committee.

THE BOARD:

1. Noted the information provided on key areas of service pressure in the whole system;
2. Noted that the Population Health, Primary Care and Community Services Governance Committee would discuss GP sustainability and Out of Hours pressures; and
3. Noted that the Acute Governance Committee would be provided with an update on the use of the Independent Sector.

S Sengupta

J Park

2021/08/194

LOCAL IMPROVEMENT PLANS

The NHS Board received and noted an update on local improvement plans sought by Scottish Government in relation to Child & Adolescent Mental Health Services and Psychological Therapies from Mr McGuffie.

These local improvement plans were sought to enable Scottish Government to review them and provide feedback, and ultimately to provide the Minister with assurance that locally owned, robust plans were in place.

In relation to Psychological Therapies, Mr McGuffie highlighted the challenges in recruiting qualified staff for the service, and this was a national

issue. It was noted that 14 additional staff had been recruited but it was estimated by Public Health Scotland that that a further 9 staff may be required in NHS Lanarkshire to meet current and future demand. Mr McGuffie emphasised that resources were available to recruit to posts, the difficulty was in recruiting staff when competing with all other NHS Boards who were also trying to recruit additional staff.

Mr McGuffie indicated that these reports were for Members information and these would be discussed in more detail, and will be monitored in year, by the Population Health, Primary Care and Community Services Governance Committee.

Dr Osborne raised the issue of permanent posts and interim posts and Councillor McGuigan asked about sustainability of funding for improvements. Mrs Mahal also asked about learning from NHS Grampian and how this could be considered as part of any future plans.

THE BOARD:

1. Noted that these improvement plans had been submitted to Scottish Government; and
2. Noted that these would be discussed in more detail, and monitored in year, by the Population Health, Primary Care and Community Services Governance Committee.

R McGuffie

2021/08/195

PRIMARY CARE IMPROVEMENT PLAN – UPDATE

The NHS Board received and noted an update on the progress made across a number of domains within the Primary Care Improvement Plan.

The report provided an update on the changes to dates on the implementation of new General Medical Services and the Primary Care Improvement Plan, highlighted that a new Memorandum of Understanding was imminent but at the point of writing not yet available; and highlighted that a return had been made to Scottish Government, which was approved by the South Lanarkshire Integrated Joint Board on 17 August 2021.

It was noted that a fuller discussion on key elements of the Plan would be taken forward by the Population Health, Primary Care & Community Services Committee.

THE BOARD:

1. Noted the update on progress across a range of domains within the Primary Care Improvement Plan; and
2. Noted that the Population Health, Primary Care & Community Services Committee would be discussing aspects of the Plan in greater detail.

L Findlay

2021/08/196

GLOBAL CITIZENSHIP UPDATE

The NHS Board received and noted an update on the NHS Lanarkshire Global Citizenship Programme. Mrs Knox took Board Members through the

report in the absence of the co-leads, Dr J Logan, and Mr I Beattie (who replaced Ms K Bell).

It was noted that prior to the pandemic, the Programme had made good progress across many areas where a strategic partnership would be of interest. Important steps were made to strengthen partnerships between NHS Lanarkshire and existing partners as well as developing new health partnerships. However, the need to prioritise efforts in addressing Covid-19 had meant that the programme had been paused from October 2020, but the paper set out how the Programme was being re-established with refreshed co-leads in place.

It was also highlighted that the Programme co-leads had submitted a bid to the UK Partnership for Health Systems for funding in January 2021. This was for £350,000 over three years to transform Maternal and Newborn healthcare, in Chitambo District, Central Province, Zambia, through establishing a strong health systems partnership between Chitambo District Health Offices and NHS Lanarkshire. It was noted that feedback was awaited on the success of the bid.

It was also highlighted that external funding was in place for a Project Manager, and that a recruitment process would be undertaken at the appropriate time to support the Programme. It was acknowledged that the decision on the approach and timing of the delivery of the next phase of work will be dependent on the capacity of NHS Lanarkshire and South Lanarkshire Health & Social Care Partnership to provide leadership for the programme, noting current challenges and risks and issues.

THE BOARD:

1. Noted the progress made to date and agreed with the direction of travel set out in the paper;
2. Noted that a new co-lead has been appointed;
3. Noted that the appointment of a Project Manager would be taken forward; and
4. Agreed to receive 6 monthly updates on progress.

**J Logan /
I Beattie**

2021/08/197

CHILDREN AND YOUNG PEOPLE'S HEALTH PLAN

The NHS Board received and discussed the Children and Young People's Health Plan which was introduced by Dr R Mellor, Acting Consultant in Public Health. Dr Mellor highlighted the key features of the Plan for Board Members.

Dr Mellor explained that the Children and Young People's Health Plan, Lanarkshire was a collaborative document that provided a central driving point to improve health and health services for children and young people across NHS Lanarkshire, and North and South Lanarkshire Health and Social Care Partnerships.

It was noted that within the Children and Young People's Health Plan there were 10 outcomes the Board wish to focus on between 2021 and 2023 and

an improvement plan setting out the actions required to deliver in relation to these outcomes.

Mrs Mahal suggested that responsibility for monitoring the action plan should be ~~deleted~~ delegated to the Population Health, Primary Care & Community Services Governance Committee with reports provided on a six monthly basis.

In addition, Dr Mellor highlighted that the person responsible for the report was the Consultant in Public Health Child and Maternal Health, a post that was about to become vacant shortly, but Dr Pravinkumar indicated that plans were in place to advertise this vacancy.

Mrs Mahal also stressed that this should be seen as part of the Board's wider ambition in relation to tackling Health Inequalities and it was a very important part of that overall strategy.

THE BOARD:

1. Approved the Children and Young People's Health Plan.

2021/08/198

QUALITY REPORT

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

Dr Burns highlighted the process changes around Adverse Events reporting, to improve tracking and feedback.

Mr Moore highlighted the positive feedback coming from Care Opinion.

Dr Osborne asked about the use of the dashboards, and it was confirmed that these are used extensively by local Hospital staff, and by the Quality Planning & Professional Governance Group. It was noted that a fuller discussion on the dashboard would take place at the Healthcare Quality Improvement & Assurance Committee

THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and
3. Supported the ongoing development of the Lanarkshire Quality Approach.

2021/08/199

INFECTION PREVENTION & CONTROL UPDATE (JAN TO MARCH 2021-VALIDATED DATA)

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

The key performance headlines and improvement activity were noted in the Executive Summary on pages 4 to 5. Board Members were asked to note that performance data contained within the report had been validated nationally by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland.

Ms Marshall highlighted that the Breakthrough Collaborative had been positively received and would deliver improvement over time. However, system and service pressures were putting recent improvements and gains at risk. It was also noted that the Infection Control Team was being asked to support the Monklands Replacement Project and within a relatively small team this was having an impact on the distribution of workload.

In relation to Hand Hygiene, Dr Thomson expressed the view that she was not assured and concerned about the lack of progress in seeing sustained improvements in adherence to the standard. Ms Marshall indicated that the Collaborative Breakthrough was using a different methodology to see improvement made as previous efforts had not yielded the improvements sought, and as this was only launched in July, it was too early to see any tangible outputs as a result of this new approach.

THE BOARD:

1. Noted the update and the efforts in particular to improve adherence to Hand Hygiene standards and asked for further reports on actions being undertaken to gain assurance.

T Marshall

2021/08/200

WHISTLEBLOWING Q1 REPORT

The NHS Board considered a quarter 1 report on Whistleblowing activity from Mrs Sandilands.

Board members were reminded that the National Whistleblowing Standards and a Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. It was a requirement of the Standards to report whistleblowing performance to the NHS Board on a quarterly and an annual basis.

An appendix to the paper provided details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Lanarkshire. This demonstrated our performance in key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, it was noted that this approach will illustrate trends in key areas and more importantly, allow the NHS Board to evidence necessary improvement and learning in response to the trends and themes demonstrated.

Mrs Mahal invited Ms McDonald (as the Board's Non Executive Member with specific responsibility for Whistleblowing) to provide an overview of the activity undertaken in the first quarter on 2020/21. Ms McDonald indicated that there was still much work to do in promoting the Standards, and encouraging staff to come forward to raise concerns, but the early indications were that robust systems and processes were in place, and further staff engagement was planned throughout the year.

Mr Boyle raised the issue of confidence to raise concerns. Dr Osborne referenced the cultural change required and Mr Moore indicated that although uptake of training was positive, more work needed to be done in this area.

Mrs Mahal also referenced the Sturrock report and action plan which existed in Lanarkshire and asked that the Staff Governance Committee provide further assurance around progress of actions and benchmarking information.

THE BOARD:

1. Noted the implementation update;
2. Asked for the Staff Governance Committee to consider the Sturrock Action Plan and what else needed to be done in relation to supporting the right culture;
3. Discussed the performance report in relation to concerns raised in Quarter 1 (April – June 2021); and
4. Received assurance that whistleblowing standards were being followed and learning shared.

L Macer

2021/08/201

CORPORATE OBJECTIVES

A) YEAR END REPORT

The NHS Board considered an update on year-end performance against the 2020/21 Corporate Objectives from Mr Lauder.

Mr Lauder reminded Board members that at its March 2020 meeting, the NHS Board approved the 2020/21 Corporate Objectives and requested progress reports on delivery at Mid-Year and Year End. The Corporate Objectives were subsequently re-visited in September 2020 and a small number of KPIs revised to reflect the implications of responding to Covid-19. A Mid-Year report was considered by the NHS Board in November 2020. The Year End Report for the period to 31 March 2021 was completed by named leads during July / August 2021.

The data used is the validated, published data for governance and assurance purposes. The exception to this is the data used in section 4.16 for Unplanned Bed Days, A&E attendances and Emergency Admissions, where management information must be used as fully validated or published information was not available.

Mr Lauder highlighted that despite all of the pressures brought about by responding to Covid-19 67 (57%) actions were achieved at the year end,

with 43 (37%) actions not achieved. A further 7 (6%) actions were rated green or amber, where the target straddles more than one year.

Board Members commended the Corporate Management Team for their efforts in the face of a global pandemic.

THE BOARD:

1. Noted and were assured on the Corporate Objectives 2020/21 Year End report; and
2. Noted that the 2021/22 Corporate Objectives were under development and, once finalised, would be presented to the Board for approval.

B) 2021-22 VISION FOR CORPORATE OBJECTIVES – REVISING THE STRATEGY MAP

The NHS Board considered an update on the development of revised Corporate Objectives from Mr Lauder.

Mr Lauder reminded Board Members that the Corporate Objectives were developed each year by Corporate Management Team and signed off by the NHS Board.

The Corporate Objectives for 2020/21 were approved by the NHS Board in March 2020. However, the Corporate Objectives were subsequently revisited in September 2020 and a small number of KPIs revised to reflect the implications of responding to Covid-19.

In acknowledging the ongoing impact of Covid-19 it was considered opportune to pause the normal process of approving Corporate Objectives in March 2021, to consider and reflect on the current pressures facing local systems. Following discussion with the Board Chair and Chief Executive, it had been decided to re-visit the NHS Lanarkshire purpose & vision from which the Corporate Objectives will cascade.

Mrs Mahal reassured Board Members that they would be consulted out with the Board meeting to revisit the purpose & vision and key priorities. The three combined elements were known as the Strategy Map to ensure it was fit for purpose for at least 2021/22.

A further report would be provided at the November 2021 Planning, Performance & Resources Committee meeting, to seek to approve the 2021/22 Strategy Map.

THE BOARD:

1. Noted the intention to review the Strategy Map;
2. Agreed to await further information on the revised draft of the Vision, Purpose and Key Priorities; and **C Lauder**
3. Noted the intention to bring back the revised Strategy Map at the November Planning, Performance & Resources Committee meeting. **C Lauder**

COVID UPDATE

VACCINATION DELIVERY PROGRAMME

The NHS Board received and noted an update on the vaccination programme from Dr Russell, who provided an overview of progress to date in terms of uptake, and current activity. It was noted that second doses continue to be scheduled at 8 weeks for those who received a first dose in June – mainly those aged 18-40, so it was expected that there will be significant rises in second dose uptake in these groups. In addition, outreach and popup clinics continued in order to further increase first and second dose uptake and to ensure equitable access for underserved populations. All clinics have drop-in availability,

Board Members noted that recent JCVI advice had resulted in the introduction of programmes for 16/17 year olds and those 12-15 who are at particular risk, and plans were in place to deliver these ambitions.

In terms of looking forward, Dr Russell highlighted that there is still significant JCVI advice outstanding which is required to guide the autumn programme, in particular around vaccine choice and intervals between second dose and booster. This advice was expected in early/mid-September.

It was also anticipated that the covid booster and flu programmes would start in late September, and it was expected that the flu campaign would be completed by early December.

A significant recruitment campaign is ongoing and progressing well, and vaccinations would be delivered through 7 main centres, with work ongoing with Strathclyde Passenger Transport to ensure easy public transport access to all sites. A roving delivery team will deliver vaccinations both to those who are not able to attend vaccination centres, and to those resident in care homes.

THE BOARD:

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

TEST & PROTECT UPDATE

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

It was noted that there were approximately 60,000 case records who had been contact traced on the case management system from 15th July 2020 until 17th August 2021. However, Dr Pravinkumar also highlighted that the service was balancing the need to retain seconded staff with allowing staff to return to their pre Covid posts, and were actively recruiting additional staff to join the service.

THE BOARD:

1. Noted the risks of further staff attrition;

2. Noted, not only the highly fluctuating nature of demand on the service, but also the pace of that fluctuation;
3. Noted the information provided which gave an overview of service delivery during the past month and a summary of the risks ahead;
4. Continued to support the resourcing of the T&P service to maintain adequate capacity to deliver effective contact tracing across Lanarkshire;
5. Noted the excellent progress being made through the vaccination programme and the future plans.

CARE HOMES UPDATE

The NHS Board received and noted an update on the Infection Prevention and Control support being provided to Care Homes, from Ms Marshall.

THE BOARD:

1. Noted the extensive Infection Prevention and Control support provided to Care Homes by the Care Home Assurance & Support Team.

2021/08/203

FINANCIAL REPORT

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

Mrs Ace highlighted that the Board's financial plan reflected the costs of normal operating and assumed any additional Covid-19 costs would be funded by the Scottish Government. To balance, it relied on savings being made but savings had still to be identified when submitting the plan, meaning the Board started the year with costs exceeding income producing monthly deficits. The aspiration was to have identified sufficient measures by November 2021 to achieve break-even at the year end. However, pressures on services meant no further progress had been made in closing the gap in the first quarter.

At the end of July 2021 the Board is reporting a £8.265m over spend which is £0.097m worse than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £1.157m.

It was also noted that the costs of some of the projects in the capital plan had increased and there were early indications 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 will be subject of further reports to the Board.

Mrs Ace also advised Board Members that the Oversight Scrutiny Panels had been established for both Partnership and the Acute Division.

Both Mr Moore and Mr Boyle asked about available future support given the challenges of year-end balance and Mrs Ace indicated that discussions were still to take place but the focus had been on responding to the pandemic actions.

THE BOARD:

1. Noted the financial position for the period 31st July 2021.

2021/08/204

CALENDAR OF DATES 2021 & 2022

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

2021/08/205

ANY OTHER COMPETENT BUSINESS

Mrs Mahal indicated that this was the last NHS Board meeting to be attended by Mr Campbell and Ms Morris, as they had come to the end of their second four-year terms as Non Executive Board Members. Tributes were paid to the significant contributions made by both Phil as Non-Executive Director and Board Vice Chair and his support and counsel across the Board and in the Monklands Project and Margaret who had championed Health Inequalities and the setting up of the Population Health, Primary Care & Community Services Governance Committee and led the Pharmacy Practices/GP Committee Hearing. Mrs Mahal reported that when circumstances allowed there would be a further opportunity to say farewell to both Phil and Margaret.

2021/08/206

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.

2021/08/207

DATE AND TIME OF NEXT MEETING:

Wednesday 27th October 2021 at 9.30am.