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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 30th March 2022 at 9.30am
 by using Microsoft Teams

CHAIR: Mr M Hill, Non Executive Director / Board Chair

PRESENT: Mrs L Ace, Director of Finance
 Mr A Boyle, Non Executive Director
 Mr P Couser, Non Executive Director
 Mr N Dar, Non Executive Director
 Mr E Docherty, Director of Nursing, Midwifery and Allied Health Professionals
 Mr N Findlay, Non Executive Director
 Ms H Knox, Chief Executive
 Mr C Lee, Non Executive Director
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Mr B Moore, Non Executive Director
 Ms L McDonald, Non Executive Director
 Professor J Pravinkumar, Director of Public Health
 Mr D Reid, Non Executive Director
 Dr L Thomson, Non Executive Director / Board Vice Chair
 Mrs S White, Non Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Dr J Keaney, Associate Medical Director, Acute Services
 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
 Mrs K Sandilands, Director of Human Resources
 Mr S Sengupta, Director, South Lanarkshire Health & Social Care Partnership

APOLOGIES: Dr J Burns, Medical Director
 Councillor P Kelly, Non Executive Director
 Councillor J McGuigan, Non Executive Director
 Mr J Muir, Non Executive Director

B/2022/024

WELCOME

Mr Hill welcomed colleagues to the meeting, and noted that Dr Keaney was representing Dr Burns.

Mr Hill also congratulated Dr Lesley Thomson, QC on being appointed Vice Chair of the Board.

B/2022/025

DECLARATION OF INTERESTS

There were no declarations of interest made.

B/2022/026

MINUTES

The minutes of the meeting of the NHS Board held on 26 January 2022 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 26 January 2022.

B/2022/027

MATTERS ARISING

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

B/2022/028

ACTION LOG

The Action Log was noted.

Reference was made to the aspiration to hold a development event involving Equality & Diversity awareness training and Mr Cannon stated that a proposal was being developed to discuss the timing and content of a development session with the Board Chair. **P Cannon**

B/2022/029

CHAIR'S REPORT

Mr Hill provided a verbal report to the NHS Board.

Mr Hill reflected that the Development Day held on 16 March 2022 had been a very positive session and the outputs from the day would be discussed at the forthcoming Planning, Performance and Resources Committee in April 2022.

It was noted that a National Chairs' meeting had been held on 28 March 2022 and a number of key strategic issues discussed, including the National Care Service Consultation ((specifically the enabling legislation), a review of workforce data from NHS Education for Scotland (NES), the digital agenda, and the need for greater governance around links with University Partners. It was also noted that the Permanent Secretary and the Cabinet Secretary both joined the Chairs' meeting, in which there was a very useful discussion about longer term strategic issues.

Mr Hill also highlighted that he had visited University Hospital Monklands and University Hospital Wishaw, but his planned visit to University Hospital Hairmyres was postponed due to the demands on the Hospital at that time. He stated that the manner in which Hospital leaders and staff that he met had adapted to changing circumstances and demands was a credit to the NHS Board. He added that he had also had the opportunity to walk across the site for the new Hospital and encouraged others to do likewise if they had not already done so.

Finally, he stated that he had now attended all of the Governance Committees of the Board and commended the manner in which they were taking forward the business of scrutiny and support.

In relation to the NES workforce data shared with Board Chairs, Dr Thomson asked if there was any debate nationally about longer term training

numbers to equip the service in the next 5 – 10 years. Mr Docherty stated that national training numbers were set by Scottish Government, but that locally care will be delivered differently, with more focus on upskilling band 4 practitioners. Mrs Macer echoed this and added that the pace of the development of Clinical Support Workers had to increase to close skills gaps in the future.

THE BOARD:

1. Noted the update from the Board Chair.

B/2022/030

CHIEF EXECUTIVE'S REPORT

Ms Knox provided a verbal report to the NHS Board.

Ms Knox provided an overview of the current Covid positive case numbers and the numbers of in-patients being treated across NHS Lanarkshire. It was noted that in the past week, at 322, the number of Covid positive patients being looked after in NHS Lanarkshire Hospitals was almost as high at the highest point in 2021 (339 patients). Hospital numbers had reduced slightly in recent days with 307 covid positive patients in NHS Lanarkshire Hospitals today.

Ms Knox also advised the Board that the Director General of the NHS in Scotland, and the Chief Operating Officer, will be visiting University Hospital Wishaw on Friday 1 April 2022.

THE BOARD:

1. Noted the update from the Board Chief Executive

B/2022/031

GOVERNANCE COMMITTEE MINUTES

A number of Governance Committee minutes / exception reports were provided and Mr Hill invited Committee Chairs to highlight material items for awareness.

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 10 FEBRUARY 2022

Dr Thomson wished to draw the Board Members attention to the item discussed on Stroke Bundles, and it was noted that the Committee was going to undertake a deep dive of the issue at the next meeting, and would report back in due course.

M Lees

Noted.

AREA CLINICAL FORUM – 17 FEBRUARY 2022

Noted.

STAFF GOVERNANCE COMMITTEE – 28 FEBRUARY 2022

Noted.

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES – EXCEPTION REPORT – 1 MARCH 2022

Noted.

AUDIT COMMITTEE – 1 MARCH 2022

Noted.

ACUTE GOVERNANCE COMMITTEE – 23 MARCH 2022

Noted.

B/2022/032

CORPORATE OBJECTIVES 2022/23

The NHS Board received a paper from Mr Lauder, which sought approval of the Interim 2022/23 Corporate Objectives.

Mr Lauder reminded Board Members that NHS Lanarkshire had been on an emergency footing since March 2020 and had continued to operate in exceptional circumstances throughout 2021/22. Covid-19 had a significant impact and NHS Lanarkshire remains at code Black due to the ongoing pressures on staff and services. Due to the uncertainties associated with the global pandemic, the normal process of approving 2021/22 Corporate Objectives was paused to consider and reflect on the pressures facing local systems.

Mr Lauder added that the Scottish Government was currently developing guidance for a 3-year integrated plan (currently being called the *Medium Term Plan*) which will replace the previous Annual Operational Plan and Remobilisation Plan approaches. It was anticipated that guidance for the *Medium Term Plan* will be issued in early April with a submission date of July. He added that the Corporate Objectives template will be re-visited in-year to reflect the aspirations published in the new Medium Term Plan.

A Corporate Management Team (CMT) development session took place on 10th February 2022 to consider a pared-down Interim Corporate Objectives template. It was agreed that only high-level objectives should be reflected within the template under a new set of Corporate Objective categories. The draft template was then shared with the February Planning, Performance and Resources Committee (PPRC) to provide an insight into the current direction of travel and offer an opportunity for early discussion.

The Interim 2022/23 Corporate Objectives template attached as Annex 1 to the report reflected the output from the CMT development session and discussions from the February PPRC meeting. As noted above, these Corporate Objectives should be regarded as interim as they will be re-visited in-year and revised as necessary to reflect the aspirations in the *Medium Term Plan*.

Board Members widely acknowledged that the focus of the CMT had in the past two years been addressing the pandemic, but the drafting of Interim Objectives was a useful first step to developing fuller Objectives later in the year.

In response to Ms McDonald, who asked about the Interim Objectives being subject to an Equality Impact Assessment, Mr Lauder pointed out that each Objective was underpinned by a specific range of actions, some of which would be subject to an Equality Impact Assessment in their own right. Mr Boyle accepted this but asked if the Board should consider subjecting the Interim Objectives to a Fairer Scotland Duty Assessment.

Mr Lauder agreed to discuss this with the CMT to establish if this was feasible and practical, and to see if outcome measures could be developed, not just metrics of service delivery. **C Lauder**

In response to Mr Lee, Professor Pravinkumar responded that there was a framework to assist in assessing progress towards the aspiration of being an Anchor Institution, and there was work ongoing on a self-assessment toolkit. The Population Health, Primary Care and Community Services Committee would be presented with an Action Plan in due course. **J Pravinkumar**

Mr Dar asked if employee engagement was covered and Mrs Sandilands stated that the workforce section of the Interim Corporate Objectives covered aspects of employer of choice, and employee measures of engagement (i Matter), and that the Quality Strategy also covered aspects of quality and safety.

THE BOARD:

1. Approved the Interim 2022/23 Corporate Objectives;
2. Noted the intention to review and revise the Corporate Objective template (as necessary) in-year; and **C Lauder**
3. Noted that mid-year and year-end progress reports will be prepared. **C Lauder**

B/2022/033

NON EXECUTIVE MEMBERS PORTFOLIS

The NHS Board received a report from Mr Cannon, which provided a summary of the changes recommended to Non-Executive Board Members Portfolios.

It was noted that Ms Lesley McDonald would now take on the role of Vice Chair of the South Lanarkshire Integration Joint Board (and not Dr Lesley Thomson), Mr Brian Moore would be shown as Vice Chair (not Member) of the North Lanarkshire Integration Joint Board and Mr James Muir as a Member of the North Lanarkshire Integration Joint Board. With these amendments the Portfolios were agreed.

THE BOARD:

1. Approved the Non-Executive Board Members Portfolios.

B/2022/034

REGISTER OF INTERESTS – UPDATE

The NHS Board received a paper from Mr Cannon which provided an updated Register of Interests as at 1 April 2022, which would be posted on the Board's web site.

THE BOARD:

1. Noted the Register of Interests as at 1 April 2022.

B/2022/035

ANNUAL REVIEW 2021/22 – OUTTURN LETTER

The NHS Board received a paper from Mr Cannon which provided a copy of the letter from the Cabinet Secretary following the Annual Review held on 22 November 2021. Members noted the focus on Unscheduled Care, Child & Adolescent Mental Health Services, and Delayed Discharges.

Board Members were also asked to note the very positive remarks made by the Cabinet Secretary about the performance of the Board in very challenging circumstances, and his very positive comments at the end of the letter "... paying thanks to the NHS Lanarkshire Board and local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people."

In relation to the Child & Adolescent Mental Health Services, Mr McGuffie provided an update of the progress being made in allocating the additional monies made available through the Recovery and Renewal Fund.

THE BOARD:

1. Noted the content of the Annual Review letter.

B/2022/036

NATIONAL CARE SERVICE – ANALYSIS OF CONSULTATION RESPONSES

The NHS Board received a paper from Mr Sengupta which provided NHS Lanarkshire Board Members with an overview of the Scottish Government's published analysis of the responses to its consultation on A National Care Service for Scotland published on 10 February 2022; and raise awareness of the significance and scale of the proposals ahead of legislation being brought forward.

It was noted that there was little contained in the response summary about the impact on Health Boards, or on other services that may be impacted such as Mental Health Services. The scale and scope of the changes envisaged were still unclear but it was acknowledged that the enabling legislation to be put in place would be helpful in allowing Boards to influence the development of proposals.

It was anticipated the Primary Legislation would be laid down in June 2022 and the service introduced in 2026.

It was agreed that regular updates should be provided to the Planning, Performance and Resources Committee to stimulate debate and provide a forum to discuss implications, and that it might be helpful to arrange a Development Event to discuss the implications in greater detail once these are better understood.

THE BOARD:

1. Noted the update on the National Care Service consultation.

B/2022/037

AOP QUARTER 3 REPORT

The NHS Board received and discussed the Quarter 3 Performance Report from Mr Lauder, which provided assurance on performance and progress in the delivery of the 2021/22 draft AOP Targets and Locally Agreed Standards.

The Board was also invited to note that Scottish Government was proposing to replace the Annual Operational Plan (AOP) from 2022/23 onwards.

Mr Lauder drew Members' attention to the elements of the remobilisation work underway, with appendix 1 and 2 providing a high level summary comparing waiting times and activity for two periods of time in Quarters 2 and 3. Appendix 1 provides details of the number of patients waiting and Appendix 2 provides details of the activity undertaken. It was highlighted that this information is unvalidated management information providing a snapshot of local pressures.

In addition, the Board was also invited to note the Annual Operational Plan Quarter 3, 2021/22 progress report, which was presented at appendix 3 in a control-chart format/terminology.

Mr Lauder also made reference to the intention of Scottish Government to replace the 2021/22 AOP development process by the development of Remobilisation Plans. However, in the absence of any specific new national targets, NHS Lanarkshire has continued to report on performance against the draft 2020/21 AOP targets (as described at section 3.3.2).

From 2022/23 onwards, the Scottish Government was proposing to replace Annual Operational Plans/Remobilisation Plans with a 3-year integrated plan, currently being called the *Medium Term Plan*. It was anticipated that guidance for the Medium Term Plan would be issued late March/early April with a submission date of July 2022.

In relation to remobilisation and recovery, Board Members were advised that plans were being finalised to establish a short life working group called the Service Remobilisation Group (SROG) to oversee the "standing-up" of services. In addition, the SROG will oversee the preparation of the Medium Term Plan and the development of an associated performance management methodology that will continue to be operated beyond the lifetime of the SROG.

Mr Couser asked whether certain source references could be updated within the documentation as these were out of date. He added that it would also be helpful to bring together elements of performance management and reporting such that national trends and other benchmarking detail could be added where appropriate. It was also suggested that the performance updates provided by the Acute Division and North and South Health & Social Care Partnerships be drawn together to provide a more holistic picture of performance.

Mr Lauder indicated that further consideration was being given to the performance framework and these suggestions would be considered as part of that review and introduced in the next reporting cycle.

Mr Boyle remarked that it was important for the Governance Committees to see any benchmarking data, so that the detailed scrutiny and discussion could take place at that level.

Mr Docherty also highlighted that some benchmarking data was available in relation to Infection Prevention and Control, and that where these were available, these would be included in the HAIRT reports in future.

Mr Lauder reminded Board Members that the Board was able to develop a range of local standards and targets, in addition to those mandated by Scottish Government.

Mr Hill emphasised the need to have arrangements in place that ensured that performance was scrutinised by the most appropriate governance committee, and duplication of effort avoided.

THE BOARD:

1. Considered that the Quarter 3 Performance Report provided assurance about performance and progress;
2. Noted the impact on Governance Committee roles/focus as a result of the ongoing changes to corporate governance arrangements in response to the global pandemic;
3. Noted that the Annual Operational Plan will be replaced from 2022/23 onwards; and
4. Noted that the 2021/22 Quarterly Performance Report (Q4) will be prepared for consideration by the PPRC in June 2022.

B/2022/038

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 2022) and the Planning, Performance & Resources Committee (PPRC) in February 2022 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.

Board Members were reminded that there was an ongoing process of fundamental review of each of the risks on the Register with Risk Owners that had led to an amalgamation of a number of linked risks resulting in a reduction in the overall number of risks from 35 in February 2022 to 20 in March 2022. This process was ongoing and further progress would be reported at the May Board meeting. It was also noted that it was intended to run a Board Risk Workshop and a date for the workshop would be confirmed as soon as possible.

P Cannon

In relation to risk 2124 - Sustaining a Safe Workforce - Mr Boyle asked how this would be measured and evaluated. Mrs Sandilands stated that this had been discussed in detail by the Staff Governance Committee and there were a number of measures that might be used to evaluate the mitigation and progress, and was linked to risk 2038 – Staff Fatigue, Resilience, Wellbeing and Safety.

Mrs Sandilands also referred to the Safe Staffing legislation, the full roll out of which was paused due to Covid pressures, but this will provide an objective tool for measuring this aspect of staff wellbeing, and patient safety.

In response to a question from Mr Reid, in relation to risk appetite, Mr Cannon indicated that during the Covid period the Board's risk appetite had increased, but it was hoped as we move out of the pandemic phase this would return to pre Covid levels.

In relation to information security, and in particular cyber security, Mr Wilson outlined the various steps being taken by the Board to mitigate the increased level of threat that had been declared at a UK level, and the Board was following the advice and guidance issued by the National Cyber Security Centre. Mr Hill asked that this be considered at the next Healthcare Quality Assurance and Improvement Committee.

D Wilson

THE BOARD:

1. Noted a summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the February 2022 (PPRC) reporting period;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 17th March 2022;
3. Noted the very high graded corporate risks with all very high graded risks across NHSL;
4. Noted the very high graded risks through operational units and business critical programmes of work/redesign that includes Monklands Business Continuity, Monklands Replacement Programme and the Primary Care Improvement Plan;
5. Noted the COVID-19 incident specific risks that are graded very high.

B/2022/039

FINANCIAL REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2022

The NHS Board received a report from Mrs Ace on the financial position as at 28 February 2022.

It was reported 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 £30.693m of savings, £25.773m of which were still to be identified when submitting the plan. Mrs

Ace reported that combined with the savings delivered, other underspends or slower pace of national, regional and local developments, the Board should be able to breakeven at 31st March 2022.

As in previous years, the Board maintained a longer list of capital schemes than could be covered by initial secured funding with a commitment to manage through the year to allow maximum progress. A funding plan was now in place for the current programme with any slippage or cost changes in the final quarter being closely monitored.

Mr Lee asked if energy price rises would impact on the current financial year, and Mrs Ace indicated that there would be an impact this year, but the greater impact would be in 2022/23.

THE BOARD:

1. Noted the financial position as at 28 February 2022.

B/2022/040

FINANCIAL PLAN 2022/23

The NHS Board received a report from Mrs Ace on the impact of expected inflationary pressures and developments on the Board's framework of authorised service budgets. Given uncertainty about additional in year funding it was emphasised that this was a provisional Plan.

The Board was asked to approve the approach to the initial quarter with the expectation that a firmer plan will be brought back to the NHS Board at the end of the first quarter.

The initial capital plan for 2022/23 was also presented for approval and agreement to proceed on certain elements.

Mrs Ace highlighted that inflation, new drugs and national developments meant the cost of the Board's services rose faster than core funding in the period from 1 April 2020 to 31st March 2022. At the same time the Board was on an emergency footing with resources focussed on responding to the Covid-19 pandemic, incurring additional costs and unable to look at efficiency and redesign as it might in a steady state. A gap of £24.254m exists between core funding and core services at the start of the year, forecast to grow to £31.845m as supplies inflation, energy price rises and new drugs are expected to exceed new funding in 2022/23. Additional expenditure is still being incurred due to Covid-19 and a legacy of pent up demand. The duration of these costs and the amount of national funding available to meet them was being worked through as the national policy evolves.

The paper provided an overview of the financial projections on the elements of the Health budgets delegated to the Integration Joint Boards (IJBs). The financial plans presented to North and South Lanarkshire IJBs both set out achievable proposals for ending the year within available budgets, and did not bring any additional financial risk to the overall Board position.

Mrs Ace stated that a further financial plan was to be submitted to the Scottish Government Health and Social Care Department at the end of the

first quarter, by which time it was hoped there would be greater certainty over the amount of funding for the Board in 2022/23.

In relation to the Capital schemes proposed, Board Members agreed that this was a prudent approach to the allocation of these funds and provided a degree of year end flexibility in managing schemes and equipment purchases.

In relation to the revenue position for 2022/23, Mrs Ace indicated that the Board was obliged to look at areas where expenditure could be reduced and these plans would be expected to be included in the updated Financial Plan to be submitted to Scottish Government in June 2022. It was noted that further discussions were being taken forward with the Board Chair, Vice Chair and Chief Executive on a range of measures that could be taken without impacting significantly on staff and services. These would be brought back to the Board at a briefing session in April 2022.

**L Ace / H
Knox**

Mrs Ace stated that capital funds for the Monklands Replacement Programme were ring fenced as part of the capital schemes being taken forward and reflected the risk based approach adopted by the Hospital Management & Estates Teams.

In relation to the Elective Treatment Centre announced by Scottish Government, to be established in Cumbernauld, Mr Lauder confirmed that this would be supported by Scottish Government as a separate stream of funding.

THE BOARD:

1. Approved the financial framework, noting the risks and uncertainties.

B/2022/041

STANDING FINANCIAL INSTRUCTIONS & SCHEME OF DELEGATION

The NHS Board received and discussed updated Standing Financial Instructions (SFIs) and the Scheme of Delegation, which were required to be updated in line with the policy review date of April 2022. It was noted that a draft had been submitted to the Audit Committee in March 2022 for review and comment, which was endorsed.

Mrs Ace highlighted that many of the changes, summarised in the cover paper, were either a tidying up of language or titles, or to reflect the impact of BREXIT. There was also an increase in the delegated authority limit for NHS Lanarkshire for major investment projects (as directed by Scottish Government), reference updates in relation to the whistleblowing policy in the fraud and bribery section, and section 12 had been updated to reflect consideration when surplus assets are being donated to charitable organisations.

The Board was requested to give final approval to the revisions made.

THE BOARD:

1. Approved the revised Standing Financial Instructions (SFIs) and the Scheme of Delegation.

B/2022/042

PERFORMANCE UPDATES

The NHS Board received a series of reports from Mrs Park, Mr McGuffie and Mr Sengupta which provided an overview of key areas of performance in the Acute Division, and in the North, and South, Health & Social Care Partnerships. The main issues were captured in the reports provided.

Mrs Park highlighted that there was a continued focus on the unscheduled care demands, clinical prioritisation of cancer, and clinically urgent patients, using the national clinical prioritisation system. Unscheduled Care performance remained challenged and the high number of patients attending the Emergency Departments had presented challenges also. In addition, the occupancy levels in the 3 acute sites had remained very high. Mrs Park highlighted the difficulties being experienced at the front door of University Hospital Wishaw and it was noted that Mrs Park was looking at options to increase the footprint of the Emergency Department. **J Park**

Mrs Park added that maintaining social distancing remained a challenge, especially in Emergency Departments.

In North Lanarkshire Health & Social Care Partnership (H&SCP), Mr McGuffie stated that following a short period of improvement delayed discharge performance had deteriorated during December 2021 and January 2022.

Some AHP services had been adversely affected by ongoing demand, capacity and resource issues. In particular, the significant issues relating to accommodation and staffing levels. This was impacting on their ability to show sustained improvement and recovery. He highlighted that the recovery of Podiatry services continues, moving above the current 50% target again, Children and Young People's Speech & Language Therapy services recovery remained slow, largely due to the continued challenges in recruitment, making it difficult to increase overall capacity, and Child & Adolescent Mental Health Services and Psychological Therapies recruitment continues in line with the Recovery and Renewal Fund plans, though positive waiting times performance improvements largely reflect increased urgent demand, with the backlog waiting lists still lengthy.

Mr McGuffie added that 42 Nursing Homes were closed to admissions which was hampering planned discharges.

In South Lanarkshire Health & Social Care Partnership, Mr Sengupta reported that the delayed discharges remained below target from April – January 2021/22. It was noted that performance had deteriorated for the months September 2021 to January 2022. Work was ongoing in the appointment of additional staff and space to assist in the recovery of AHP waiting times. In addition to routine performance, the Joint H&SCP Recovery Group has been established to co-ordinate a consistent approach to recovery and remobilisation across both H&SCPs.

Mr Findlay was concerned about the number of patients on the diagnostic waiting list and the waiting times for tests, and Mrs Park shared his concerns adding that the service was using every opportunity to increase diagnostic capacity, either by using capacity across all three sites, or at the Golden Jubilee National Hospital. Social distancing was having a significant impact on the number of patients that can be scheduled who would wait in a waiting area. Mrs Park also added that some patients refuse the offer of an appointment at the Golden Jubilee National Hospital and prefer to stay on the local waiting list.

Dr Keaney, shared the concerns raised about the number of patients attending Emergency Departments, and reflected on his own experience as a Consultant in Emergency Medicine, that the Emergency Department had become a default option for many patients who did not require urgent or emergency care. The flow of patients through Emergency Departments because of Covid precautions was also leading to long waiting times to be triaged and assessed.

Ms Knox emphasised that the Acute Division was focused on long waits but that clinical prioritisation was in place and patients waiting were reviewed regularly by clinical staff.

THE BOARD:

1. Noted the report.

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 Keaney took Members through the paper and highlighted areas of particular interest.

Dr Keaney highlighted in particular that agreement had been reached that Patient Affairs staff will transfer to the Quality Directorate from 1 April 2022, whilst retaining local site visibility. This should bring a number of significant benefits in ensuring a greater consistency of approach, and better support for those working in complaints, and for complainants.

He also drew Members' attention to the HSMR data, which showed that all three Acute Hospitals were within the control limits for the most recent reporting period.

Mr Docherty highlighted that the Data & Measurement Team had commenced participation in a project that will seek to reduce the number of care home resident transfers to Acute Emergency Departments within Lanarkshire. The project aims to assess the impact of Multidisciplinary Team (MDT) and Anticipatory Care Planning (ACP) interventions within specific Care Homes highlighted for improvement.

Dr Keaney highlighted that Quality Week would be taking place on 23 – 27 May 2022. The week would provide an opportunity for staff to share their improvement work in areas of quality and safety. Board Members were encouraged to support the initiative by attending sessions wherever possible, further details about the programme would be shared in due course

J Burns

B/2022/043

THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services; and
2. Noted that further details would be shared in relation to the Quality Week (23 – 27 May 2022).

B/2022/044

COVID UPDATES**a) Vaccination Delivery Programme**

The NHS Board received and noted an update on the covid and flu vaccination programmes which showed significant positive progress in relation to a range of age groups and settings. Mr Sengupta took Members through the detail contained within the report highlighting in particular the spring programme and the work being taken forward to resolve short terms contracts.

b) Test & Protect Update

The NHS Board received and noted an update on the Test & Protect service which showed that the number of new daily cases remained high, an average of 1,471 per day on March 2022.

It was also highlighted that the service was undergoing a transition phase following the publication of the Test and Protect Transition Plan on 15th March 2022 when the Scottish Government announced that from the end of April all routine population-wide testing will end, including for those who have symptoms and contact tracing will also end then too.

c) Care Homes Update

The NHS Board received and noted an update on the support being provided to Care Homes and Mr Docherty took Members through the paper.

He also reminded Board Members that he had previously reported that the Care Inspectorate had issued a proposal to cancel registration in respect of a provider in North Lanarkshire, and he stated that the Care Home residents had been placed in alternative accommodation. The Care Home Assurance Team had supported the residents and staff up to the safe transfer of the last resident on 4th March 2022.

d) Acute Activity

The NHS Board received and noted an update from Mrs Park on the impact that covid has had on a range of performance metrics across the Acute Division between 26th January 2022 to 21st March 2022.

Board Members were advised that today there were 307 covid positive patients in NHS Lanarkshire Hospitals, equating to 13 wards, and that there had been 5 deaths overnight.

In terms of delays there were currently 233 patients experiencing a delay in being discharged, equating to 9 wards.

B/2022/045 **CALENDAR OF DATES 2022**

Noted.

B/2022/046 **ANY OTHER COMPETENT BUSINESS**

Mr Hill suggested that going forward, the agenda should include an item to allow for reflections on the meeting, at the end of the agenda.

B/2022/047 **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.

B/2022/048 **DATE AND TIME OF NEXT MEETING**

Wednesday 25th May 2022 at 9.30am.

DRAFT