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Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 25 March 2020 at 9.30am
 by telephone conference

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
 Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals
 Mr A Boyle, Non Executive Director (elect)
 Dr J Burns, Medical Director
 Mr C Campbell, Chief Executive
 Mr P Campbell, Non Executive Director
 Mr G Docherty, Director of Public Health and Health Policy
 Mr M Fuller, Non Executive Director
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Ms L McDonald, Non Executive Director
 Councillor McGuigan, Non Executive Director
 Mr B Moore, Non Executive Director
 Miss M Morris, Non Executive Director
 Dr A Osborne, Non Executive Director
 Dr L Thomson, Non Executive Director

IN ATTENDANCE: Mr P Cannon, Board Secretary
 Mr E Docherty, Director for Nurses, Midwives and Allied Health Professionals
 Ms H Knox, Acting Chief Executive

2020/03/45 **WELCOME**

Mrs Mahal welcomed colleagues to the meeting and intimated that no items under the “Not For Discussion” section had been escalated to her or the Board Secretary for discussion and these would therefore, be noted for information

2020/03/46 **DECLARATION OF INTERESTS**

There were no declarations of interest in respect to any items on the agenda for today’s meeting.

2020/03/47 **MINUTES**

The minutes of the meetings of the NHS Board held on 9th January 2020 and 29th January 2020 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meetings held on 9th January 2020 and 29th January 2020.

2020/03/48

MATTERS ARISING

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

2020/03/49

ACTION LOG

The NHS Board considered an updated Action Log and confirmed satisfaction with the progress recorded for actions. The Action Log would be further updated to reflect actions arising from the Board's deliberations.

P Cannon

2020/03/50

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the Board.

Mrs Mahal formally recorded her thanks to the Corporate Management Team, and all staff for their significant efforts in responding the COVID-19 pandemic. It was noted that the Gold Commander was recording and uploading a video clip to the Boards web-site on a weekly basis, and, at an appropriate time, the Chair would also record a message to all staff.

C Brown

Mrs Mahal also provided an update on a recent Chairs meeting (23 March 2020) and the key points discussed were around COVID-19, and revised governance arrangements across the NHS.

She intimated that she and the Board Secretary were working on revised governance arrangements which she would circulate for comment before final approval by the Board. She also asked the Board to note that the scheduled Healthcare Quality Assurance and Improvement Committee and the Acute Governance Committee meetings had been stood down in response to the resilience requirements of COVID-19.

It was also noted that the Board was continuing with the MP/MSP regular meeting on Friday 27 March 2020 by means of a telephone conference.

THE BOARD:

1. Noted the update from the Board Chair

The Board invoked Standing Order 19.5 to take items listed as agenda item 6 (a COVID-19 Public Health update, a review of COVID-19 risks, the Mobilisation Plan, COVID-19 Silver Commander Reports, and a paper on Reconfiguration and Recovery) on the agenda due to the confidential nature of the content of the papers. However, it was also agreed that the discussion would be minuted fully.

2020/03/51

COVID-19 – UPDATE

The Board noted a verbal update from Mr C Campbell providing the context to the papers that would be introduced around the Board's response to COVID-19.

It was noted that the main focus of the past few days had been in ensuring the delayed discharge patients were discharged from Hospital settings in order to free up bed capacity for those who may require this in the coming weeks, the ongoing negotiations with Kilbryde Hospice about providing

additional bed capacity on the University Hospital Hairmyres campus, the redeployment of staff across the health care system, and managing staff absences. It was also noted that many non-urgent services had been cancelled albeit services were looking at alternative ways of continuing to support patients, either by telephone or by using electronic systems such as Near Me.

Mr P Campbell noted the drive to reduce delayed discharge patients and asked if the Board would set a cut-off date for the transfer of these patients to an appropriate care setting. Mr C Campbell reported that both Health & Social Care Partnerships were working hard to reduce the numbers of delayed discharge patients rapidly, and he had set a target of 1 April 2020 for significant reductions to be evidenced.

The Board received and noted a written update from the Director of Public Health. It was noted that there had been 81 COVID-19 positive patients tested within NHS Lanarkshire, with sadly 4 deaths. Mr G Docherty alluded to predictions from Health Protection Scotland that suggested that for every 1,000 positive patients in the community there may be 1 associated death.

The key issues highlighted by Mr G Docherty were around intensive care capacity, personal protective equipment, testing, the need to work as a whole system across the NHS Board and with both Local Authorities, and the need to capture all activity in the Mobilisation Plan.

In response to a question from Dr Osborne, about capacity and demand, Mr Docherty referred to the data that was being examined from other countries' experiences, particularly Italy and Spain, and the London region also, which suggested that health services were likely to be significantly stretched if population wide restrictions and other measures were not put in place.

In relation to criteria based decision making, Dr Burns reported that there was national guidance from NICE, and Frailty Scores were available, and it was noted that this type of guidance was being updated nationally as a person centred approach to decision making. Mr Fuller commended the work being undertaken and the difficult position that making such decisions would place on clinical staff. Dr Burns agreed and stated that this underscored the importance of having Anticipatory Care Plans in place so that the wishes of the patient could be understood and acted upon quickly. It was also noted that the provision of Psychological support to all staff was being put in place.

Mr G Docherty alluded to the work being taken forward nationally by the Chief Medical Officer and Directors of Public Health to establish an ethical framework for clinical decision making.

Dr Burns added that in preparation for expanding critical care facilities West of Scotland Boards were working together very closely to manage services as far as possible on a regional basis.

Mr Moore asked if the Golden Jubilee National Hospital was able to assist Boards. Dr Burns reported that there were plans being put in place to use the Golden Jubilee Hospital, and the private sector, should these facilities be required, but focussed more on a recovery phase, than in a response phase.

ITEM 3

In relation to critical care capacity, Mr C Campbell reported that this had increased from 15 beds to 33 beds and plans were in place to step up capacity, equipment and staffing should this be required. Board Members were advised that a key rate limiting step was the provision of piped oxygen, and were reassured that a significant number of staff had been trained in the event that the critical care capacity had to be scaled up rapidly.

The Board received and noted a COVID-19 Risk Register.

The Board received and noted a copy of the Mobilisation Plan (version 3) from the Director of Acute Services, and it was noted this was being updated and submitted to Scottish Government on a weekly basis.

It was noted that advice from Scottish Government was it was not necessary to publish each iteration of the Plan, this was a working document between each NHS Board and the Scottish Government to reflect how plans were being developed locally. It was however agreed that Board Members would receive a weekly updated version.

The Board received a number of Silver Commander reports which were taken in turn.

Silver Command - Clinical Group - Mr E Docherty referred to the significant efforts deployed to establish Community Assessment Hubs to triage patients and to provide support for patients. It was also noted that theatre capacity had been reduced to allow for staff to be retrained in critical care, and 33 theatres across the three Hospitals had reduced to just 2 on the University Hospital Wishaw site in order to concentrate emergency surgery on the Wishaw site.

Mr E Docherty echoed the update provided earlier around the challenges of providing piped oxygen to designated critical care beds and reskilling medical staff with critical care experience.

Silver Command - Logistics Group - the report from the Group set out the key issues including focussing on the emergent service changes and clinical strategies, supply chain resilience, developing a transport hub, maintaining staffing levels and ensuring robust communications with other gold, silver, bronze groups.

Silver Command - Communications Group - the report from the Group set out the key issues and it was noted that the departmental business continuity plan had been enacted and work prioritised to support the COVID-19 response. In addition, Freedom of Information requests continued to be managed, Chief Executive and Chair correspondence was being prioritised, additional website resources have been put in place in excess of the existing budget in order to deal with communication demands, and seven-day working / on call was in place to manage workload, which will have a financial cost as this too was in excess of existing budgets.

Silver Command - Workforce Group - the report set out the focus of the group which had been to quickly increase workforce support and supply, involving fast track recruitment, training, a staff helpline and a programme of staff testing. In addition, the Directorate had prioritised realigning resources to areas of greatest need.

Silver Command - Digital & IT Group - it was noted that the eHealth department had been required to make immediate and rapid decisions which may be in breach of internal policy, procedure or legislation e.g. General Data Protection Regulations / Data Protection Act (2018) for operational reasons. The report from the group detailed all of the key changes that had been necessary to support the organisation.

In many instances these decisions were having to be based on assurances from staff, users, services and suppliers over working practices without the usual in-depth analysis, scrutiny, contractual and commercial considerations, agreements, schematics and technical documentation.

Silver Command - Finance Group - Mrs Ace commented that the Command structure had been updated with the addition of a virtual Finance Silver Group and all COVID-19 costs were being tracked and monitored through this Group. Mrs Ace highlighted the challenges around maintaining the Payroll system using remote working, and the changes made to streamline processes in accounts payable.

Reconfiguration & Recovery Group - the NHS Board was presented with draft Terms of Reference for a group to provide leadership and direction in relation to COVID-19 Clinical Service Models Reconfiguration and Recovery Plan.

It was noted that the key objectives included good corporate governance and oversight in relation to reconfiguration arrangements to mitigate the impact upon clinical services during the pandemic phase and optimise the recovery process, provide effective interoperability of the various service models plans, set out a clear audit trail for decisions including the rationale for the decision, risks and benefits relating to clinical service models such that reconfiguration decisions were recorded, and had a mitigation/recovery plan.

Mrs Mahal commented that the wider question of governance issues was being addressed by Board Secretaries as a group, who were sharing their own local practices to establish if there were some key principles and best practice to be followed across all NHS Boards. This national work was being taken forward by Paul Cannon, on behalf of Scottish Board Secretaries. Members acknowledged the need to enable Gold Command to take decisions with agility and that retrospective governance on key decisions taken would be brought to the Board. Members sought assurance that future reports would clearly capture variation from practice, a log of decisions taken and any associated risks.

A further paper on revised governance arrangements would be discussed with the Board Chair and shared with Board Members for comment next week.

THE BOARD:

1. Noted the updates from the Chief Executive ~~and~~, Director of Public Health; and other Executive Board members.
2. Noted the development of a COVID-19 Risk Register;

3. Noted the reports from Silver Commanders particularly where measures had been put in place that deviated from normal policies or procedures, in light of the pandemic;
4. Requested that future reports should clearly articulate variations from practice and decisions taken with any associated risks
5. Noted the establishment of the Reconfiguration & Recovery Group; and that further details would be brought back to the Board for approval
6. Noted that a paper on revised governance arrangements was being drafted and would be shared with Board Members for comment in the next week.

The Board revoked Standing Order 19.5.

2020/03/52

MONKLANDS REPLACEMENT PROJECT – UPDATE

The NHS Board received and noted the notes of a teleconference held on 13 March 2020 to bring Board Members up to date with developments in relation to the Monklands Replacement Project, and COVID-19.

THE BOARD:

1. Noted the notes of the teleconference held on 13 March 2020 and in particular, the reference to the letter received from the Monklands Medical Staff Association urging the Board to continue to move forward with the process and the continuing discussions with the Consultation Institute.

2020/03/53

FINANCE REPORT(S)

FINANCE REPORT TO 29TH FEBRUARY 2020

The NHS Board received a paper, which outlined the financial position to 29th February 2020. The Board was reporting a £0.016m under spend which was £0.016m better than the financial plan year to date trajectory. This includes a reported over spend within the Acute Division of £3.740m plus the return of 3 tranches of funding to the Scottish Government to reflect their intended use in 2020/21. The forecast was that the NHS Board would end the year within the agreed Revenue Resource Limit.

The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift and opened with a gap of £2.103m. The gap had been closed and the target exceeded, largely through identifying national opportunities for cost reduction. A significant element of the savings were delivered on a one off basis and so 2020/21 opens with a recurring gap of £8.853m.

THE BOARD:

1. Noted the content of the report detailing the financial position with actual underspend of £0.016m to 29th February 2020.

FINANCIAL PLAN 20/21 – 23/24

The NHS Board received a paper, which presented the 3 year financial plan prior to any impact from Covid-19. It was noted that mitigating the impact of the outbreak would require a rapid, unprecedented redistribution of existing resource and increased spending. Once under control there will be a prolonged recovery phase where deferred activity is rescheduled. During the emergency response many previously agreed efficiency plans would be in abeyance. The plan represented the baseline projection, a point of departure for the emergency measures that were now needed. The Board was asked to note the plan in this context.

The Board was also asked to note that the list of desired capital expenditure exceeds the income available in the current and next 2 years. There may be natural slippage given the immediate focus on Covid-19 response. Once that has been assessed there was still likely to be a need to prioritise and scale back elements of the plan.

THE BOARD:

1. Noted the financial plan for 20/21 – 23/24., and the impact of COVID-19 on revenue and capital expenditure.

2020/03/54

MENTAL HEALTH HOSPITAL BASED COMPLEX CARE – ENGAGEMENT PROPOSAL

The NHS Board received a paper which provided an update on the pan Lanarkshire bed modelling plan, which had been signed off by the Board in 2017.

It was noted that the last update on progress was discussed by the Planning, Performance & Resources Committee in February 2019. A number of changes have been delivered as part of the plan and the last remaining action of the three-year plan was the review of Mental Health HBCCC beds.

It was noted that the service had two contracts for the provision of Hospital Based Complex Clinical Care (HBCCC) beds, which were originally established in the early 1990's. These contracts have been in place for over 25 years and were originally devised to assist in the transition from centralised facilities in Hartwood Hospital and other older outlying facilities such as Cleland Hospital to more modern community placements throughout Lanarkshire. The contracts relate to:

- Cumbernauld Care Home which is operated by the Four Seasons Group
- Hatton Lea Care Home in Bellshill which is operated by HC-One

The requirements for inpatient services for this patient group have reduced as the definition of HBCCC has changed (commencing 1st June 2015) and alternative clinical models have developed. Occupancy levels within both facilities are now very low.

Mr McGuffie reported that a business case was being developed to look to consolidate the service onto one site for both North and South Lanarkshire residents. Before proposals progress further, officers requested agreement

to commence an engagement exercise with those affected patients in HBCCC beds in Cumbernauld Care Home, their next of kin, staff and care home providers.

Dr Osborne indicated that the proposals had the support of the North Lanarkshire Integration Joint Board.

THE BOARD:

1. Endorsed the proposal that an engagement exercise commences with those currently supported within the service and their families and carers, to inform future service plans; and
2. Requested sight of the completed business case before approval at the North Lanarkshire Integration Joint Board.

R McGuffie

R McGuffie

2020/03/55

CORPORATE GOVERNANCE – STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The NHS Board received a paper setting out the outcome of a review of Standing Financial Instructions and the Scheme of Delegation, which was required to be updated in line with the policy review date of April 2020.

The NHS Board was invited to give final approval to the revisions made, which were summarised in the covering paper, and noted that these changes had already been reviewed and endorsed by the Audit Committee.

THE BOARD:

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

2020/03/56

CORPORATE OBJECTIVES 2020/21

The NHS Board received a copy of the Corporate Objectives for 2020/21 which are prepared each year and set out the key priorities and areas for delivery that will be cascaded into personal and team objectives across the organisation.

The Board noted that Appendix 1 sets out the Lanarkshire Quality Approach, performance management arrangements, NHS Lanarkshire's Values, and then, grouped under 6 headings, lists the individual objectives with named lead Executive Directors. Heading 6, "Fostering and enabling a values based culture through personal leadership", is a new section introduced for 2020/21.

Appendix 2 provides a summary of NHS Lanarkshire's Strategy Map for Delivery of the 2020/21 Annual Operational Plan.

Progress against Corporate Objectives would be monitored twice yearly, at mid-year and at year end. Progress reports are submitted to the Planning, Performance & Resources Committee in November (mid-year) and the NHS Board in August (full year).

Following approval by the Board, the Board agreed that a high level summary of the approach to Corporate Objectives 2020/21 would be placed on ~~our~~ the public website with a link to the full document.

However, it was noted that COVID-19 would have a significant impact on these Corporate Objectives.

THE BOARD:

1. Approved the 2020/21 Corporate Objectives;
2. Noted that the 2020/21 Corporate Objectives Mid-Year Progress Report will be considered by the PP&RC in November 2020;
3. Agreed to receive the 2020/21 Corporate Objectives Full Year Progress Report in August 2021; and
4. Acknowledged the impact of COVID-19 on these Corporate Objectives.

2020/03/57

COMMUNICATIONS AND ENGAGEMENT PLAN

The NHS Board received and noted a Communications and Engagement Strategy from the Director of Communications which provided an overview of the draft NHS Lanarkshire Communications and Engagement Strategy and the process of its development. The strategy accompanied the paper and was presented to the Board for approval. In discussion, Members acknowledged the level of engagement that had taken place with them individually and collectively to inform the Strategy. They asked for an assurance that the Strategy would be reviewed in light of lessons learned from the Monklands process and the COVID 19 situation

C Brown

THE BOARD:

1. Approved the Communications and Engagement Strategy subject to a review in light of lessons learned from the Monklands Replacement Project process and COVID19.

2020/03/58

NORTH LANARKSHIRE HEALTH & SOCIAL CARE PARTNERSHIP COMMISSIONING PLAN

The NHS Board received and discussed a paper which set out the North Lanarkshire Health & Social Care Partnership Commissioning Plan, from Mr McGuffie.

It was noted that a similar paper was being presented to North Lanarkshire Council's Policy and Strategy Committee, before final approval by the North Lanarkshire Integration Joint Board.

THE BOARD:

1. Endorsed the North Lanarkshire Health & Social Care Partnership Commissioning Plan.

2020/03/59

NORTH LANARKSHIRE INTEGRATION SCHEME

The NHS Board received and discussed a revised North Lanarkshire Integration Scheme, from Mr McGuffie.

It was noted that a similar paper was being presented to North Lanarkshire Council's Policy and Strategy Committee for approval.

THE BOARD:

1. Approved the updated North Lanarkshire Integration Scheme.

2020/03/60

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 2020) including new or closed risks.

THE BOARD:

1. Noted the summary of significant material changes to the Corporate Risk Register, including the position of new and/or closed risks since the last reporting period;
2. Noted the changes to the corporate risk register for this reporting period as recorded in Appendix 1;
3. Approved the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 5th March 2020;
4. Received assurance on the mitigation of all Very High graded risks across NHSL, noting the change of number of risks emerging and reviewed;
5. Considered all Very High graded risks in the context of the Healthcare Strategy, Commissioning Plans and decision-making; and
6. Noted the Corporate Risk Register, accurate as at 5th March 2020, set out in Appendix 2.

The Board also noted receipt of a petition:-

"I the undersigned call upon the Scottish Government and NHS Lanarkshire to intervene and take action to save Salsburgh GP Practice from closure".

There were 630 signatures and could be viewed through the Board Secretary.

Board Members were advised that this was a decision for the GP Practice, and that the Practice had already closed the branch surgery.

THE BOARD:

1. Noted the Corporate Risk Register; and
2. Noted receipt of the petition.

In view of the need to manage the business of the Board meeting by means of a telephone conference, the Board agreed in advance that the following items would not be discussed unless an issue was raised by a Board Member in advance, and that if no issues were raised these would be noted without discussion.

2020/03/61

QUALITY ASSURANCE AND IMPROVEMENT PROGRESS REPORT

The NHS Board received and noted an update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

THE BOARD:

1. Noted the Quality Assurance and Improvement Progress Report.

2020/03/62

QUARTER 3 PERFORMANCE REPORT

The NHS Board received and noted the Quarterly Performance Report for Quarter 3, which described progress against the Annual Operational Plan Targets for 2019/20, and Locally Agreed Standards.

THE BOARD:

1. Noted the Quarterly Performance Report for Quarter 3.

2020/01/63

SIGNIFICANT INCIDENT FULL CAPACITY PROTOCOL

The Board received an update on the Significant Incident Full Capacity Protocol and the number of times that had been invoked.

It was noted that this approach, to bring about a whole system response, was put in place prior to Christmas 2019, and was adopted by NHS Lanarkshire, both Local Authority Chief Executives, both Health & Social Care Partnerships and the Ambulance Service.

The de-escalation protocol allowed a graduated and co-ordinated whole system approach to be adopted to dealing with significant demands on Acute Hospital beds. It had been a key control measure in the approach to facing winter demands, and set out clearly the actions to be taken in advance so that actions could be taken swiftly and safely.

It was noted that there would be a review of the use of the protocol, in the context of the fuller review of Winter Planning, but there was doubt that it had been helpful in co-ordinating urgent responses.

THE BOARD:

1. Noted the Significant Incident Full Capacity Protocol update.

2020/03/64

STRANG REPORT – TRUST & RESPECT INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE, FEBRUARY 2020

The Board received a report from the Chief Officer, North Lanarkshire Health & Social Care Partnership, which highlighted that the report of the inquiry into Mental Health Services in Tayside had been published.

It was noted that NHS Tayside commissioned an independent inquiry to examine “accessibility, safety, quality and standards of care” provided by all Mental Health services in the Tayside area. Although many of the issues raised were specific to NHS Tayside, the NHS Lanarkshire Mental Health Management Team established a working group to map NHS Lanarkshire’s position in relation to the emergent issues and themes identified in an interim report. The working group had now reviewed this position in relation to the findings and recommendations of the final report. It was noted that the final report made 51 recommendations covering Governance and leadership, Crisis and Community Mental Health Services, Inpatient Services, Child and Adolescent Mental Health Services, and Staff.

The NHS Lanarkshire position in relation to each of these themes was set out in the report to the NHS Board.

THE BOARD:

1. Noted the report on the progress in NHS Lanarkshire against the recommendations set out for Tayside within the Strang Report.

2020/03/65

CARE AT HOME SERVICES – HAMILTON AND RUTHERGLEN LOCALITIES

The Board received and noted an update from the Director, South Lanarkshire Health & Social Care Partnership, following a report from the Care Inspectorate outlining concerns in both the Hamilton and Rutherglen Care at Home Services, which resulted in Improvement Requirements in their Inspection Reports. The paper set out a comprehensive improvement programme to address the concerns.

THE BOARD:

1. Noted the report and the comprehensive improvement programme.

2020/03/66

CORPORATE COMMUNICATIONS REPORT

The NHS Board received and noted a report from the Director of Communications which provided an update on performance metrics for media coverage, social media, NHS Lanarkshire’s public website and Freedom of Information requests. The report also set out progress on Coronavirus (COVID-19), a Winter Campaign, Seasonal Flu, and the Primary Care Improvement Plan.

THE BOARD:

1. Noted the Corporate Communications Report.

2020/03/67

ACCESS REPORTS – UPDATE

Board Members were reminded that at the Planning, Performance and Resources Committee, Members normally see a copy of the latest Access Targets data (unvalidated), and at the Board meetings, because we cannot publish unvalidated data, an exception report is normally provided by the Committees with oversight of the Access Targets, supplemented by a verbal update from the Service Director and / or Committee Chair, to provide an up to date position in relation to targets, trajectories, trends and risks.

In view of the impact of COVID-19, and following advice and guidance from Scottish Government, a significant number of Committee meetings have been postponed, or cancelled. In view of this no Exception Reports were provided to the Board on this occasion.

All non urgent outpatient and planned procedures had been cancelled with effect from Wednesday 18 March 2020, to free up capacity in hospitals for at least the next three months. With this in mind the main focus of the Executive Team, and all our staff, was currently devoted to addressing the challenges being faced arising from the COVID-19 pandemic.

THE BOARD:

1. Noted the Access Report update.

2020/03/68

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD – 18TH FEBRUARY 2020

The NHS Board received and noted the draft minutes of the meeting of the South Lanarkshire Integration Joint Board which took place on 18th February 2020.

2020/03/69

AREA CLINICAL FORUM – 20TH FEBRUARY 2020

The NHS Board received and noted the draft minutes of the meeting of the Area Clinical Forum held on 20th February 2020.

2020/03/70

COMMUNITY PLANNING PARTNERSHIP MINUTE - SOUTH – 5TH DECEMBER 2019

The NHS Board received and noted the minutes of the meeting of the South Community Planning Partnership on 5th December 2019.

2020/03/71

STAFF GOVERNANCE COMMITTEE – 24TH FEBRUARY 2020

The NHS Board received and noted the draft minute of the meeting of the Staff Governance Committee on 24th February 2020.

2020/03/72

AUDIT COMMITTEE – 3RD MARCH 2020

The NHS Board received and noted the draft minutes of the Audit Committee held on 3rd March 2020.

2020/03/73

WORKPLAN 2020/21

The NHS Board received and noted an updated Workplan for 2020/21, which would be updated to reflect discussion at today's meeting.

2020/03/74

CALENDAR OF DATES 2020

The NHS Board received an updated Calendar of Dates for meetings in 2020.

2020/03/75

ANY OTHER COMPETENT BUSINESS

Mrs Mahal highlighted that this was Mr Fuller's last NHS Board meeting, as he had come to the end of his second, four year, term as a Non Executive Board Member. Mrs Mahal paid tribute to the dedication and commitment shown by Mr Fuller and thanked him for his tireless efforts as a Non Executive Board Member over the last 8 years, in particular in his role as Chair of the Healthcare Quality Assurance and Improvement Committee. Members joined with Mrs Mahal in thanking Mr Fuller for his contribution.

Mrs Mahal also reminded Members that Mrs Barkby, Executive Director for Nurses, Midwives and Allied Health Professionals, and Mr White, Director of Human Resources, both formally retired at the end of March 2020, albeit they had returned in the short term to assist the Board in responding to the demands placed upon the Board in relation to COVID-19.

It was noted that an informal celebration involving Mr Fuller, Mrs Barkby and Mr White would be arranged at an appropriate time.

2020/03/76

RISK

The NHS Board did not consider that any new emerging risks should be added to the Corporate Risk Register, or that any existing risks should be re-assessed following discussion at this meeting

2020/03/77

DATE OF NEXT MEETING

Wednesday 29th April 2020 at 9.30am.