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Minute of Meeting of the Lanarkshire NHS Board
 Held on Wednesday 29th July 2020 at 9.30am
 by using Teams and Teleconferencing

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 E Docherty, Director for Nurses, Midwives and Allied Health Professionals
 Mr G Docherty, Director of Public Health and Health Policy
 Ms H Knox, Interim Chief Executive
 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 C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs J Park, Acting Director of Acute Services
 Mrs K Sandilands, Director of Human Resources
 Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership

APOLOGIES: Mr P Campbell, Non Executive Director
 Councillor P Kelly, Non Executive Director
 Mr D Wilson, Director of Information and Digital Technology

WELCOME

2020/07/148

Mrs Mahal welcomed colleagues to the meeting.

2020/07/149

DECLARATION OF INTERESTS

There were no declarations of interest.

2020/07/150

MINUTES

The minutes of the meeting of the NHS Board held on 24th June 2020 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 24th June 2020.

The minutes of the meeting of the NHS Board held on 30th June 2020 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 30th June 2020.

2020/07/151

MATTERS ARISING

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

2020/07/152

ACTION LOG

It was noted that the Action Log had been split into two sections, the first section to show active items, with the second listing Covid-19 related items on hold. Members noted the Action Log.

In relation to Forensic Medical Services, Mr McGuffie undertook to provide an update at the August 2020 NHS Board meeting.

R McGuffie

In relation to the Covid-19 Ethical Advice and Support Advisory Group, Board Members noted that the revised Terms of Reference for the Group were attached to the Action Log. Ms Morris commended these to the NHS Board and the Terms of Reference were approved.

2020/07/153

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal highlighted that work was underway to hold the postponed 2020 Staff Awards ceremony as a virtual event, later in the year. A further update would be provided in due course.

K Sandilands

In relation to revised governance arrangements, Mrs Mahal indicated that work was being taken forward by Paul Cannon, Board Secretary, on behalf of the National Corporate Governance Steering Group to establish options for Boards to consider to make Board meetings accessible to members of the public and the media, in keeping with social distancing and other Covid-19 guidelines.

It was also noted that Scottish Government colleagues had proposed a date for a virtual Annual Review, which would be held on Thursday 10th December 2020, involving the Chair and Chief Executive. It was agreed to share the details with Board Members for information only at this stage.

P Cannon

Mrs Mahal also made reference to a letter from Scottish Government suggesting that enhanced representation of primary care interests on NHS Boards should be through named Directors of Primary Care. It was noted that this had been raised by Board Chairs who had asked for clarity on a

number of issues, so that there was a consistent approach implemented across Scotland.

Mrs Mahal reported that upon the appointment of Calum Campbell as Chief Executive at NHS Lothian, the Remuneration Committee had met and agreed that a sub group would take forward the recruitment process for the appointment of a substantive Chief Executive for NHS Lanarkshire. The sub group comprised of Neena Mahal, Lilian Macer, Philip Campbell, and Brian Moore, supported by Kay Sandilands.

THE BOARD:

1. Noted the update from the Board Chair; and
2. Noted the arrangements in place to recruit to the substantive Chief Executive post.

2020/07/154

INTERIM CHIEF EXECUTIVE'S UPDATE

Ms Knox provided a verbal update on her immediate key priorities, which included continuing to lead the Board through the recovery phase. It was noted that two Hospitals had no Covid-19 in-patients. In addition, Board Members noted that staff wellbeing, the Remobilisation Plan, responding to local clusters (Sitel), and re-establishing relationships with a wide range of statutory and voluntary partners who can help drive the Board's aspirations around Community Planning, in particular reducing Health Inequalities, were being taken forward in the short term.

Ms Knox also added that she would be visiting a number of sites across NHS Lanarkshire in the coming weeks, along with the Board Chair, to engage with staff and patients, with appropriate safeguards in place.

THE BOARD:

1. Noted the update from the Board Interim Chief Executive.

2020/07/155

COVID-19 CLUSTER IN LANARKSHIRE

The NHS Board received and noted a verbal update from Ms Knox and Mr G Docherty setting out the latest information about the Covid-19 cluster arising from the positive cases detected amongst Sitel office staff.

Ms Knox provided a detailed account of events that emerged following an initial call on Sunday morning (26th July 2020) to Dr David Cromie, Consultant in Public Health. It was noted that Dr Cromie then initiated a range of immediate actions, including liaising with the Sitel managers to close the site, and convened a series of Incident Management Team meetings that day, and on subsequent days. Ms Knox paid tribute to Dr Cromie and his Public Health colleagues for the very robust and swift manner in which they responded to the reports of the cluster, and it was also noted that following interactions with Scottish Government they too had thanked Dr Cromie and the team for their response. These remarks were echoed by Board Members.

In response to a question from several Members, Ms Knox re-assured the Board that the decision to release the names and locations of the businesses that were identified in the media through further contact tracing was taken by Scottish Government officials.

Dr Osborne asked if the Sitel premises were being checked by the Local Authority and it was confirmed that the local Environmental Health Team was leading a review of the facilities and processes in place at the Sitel office, as part of a multi-agency response.

THE BOARD:

1. Noted the update; and
2. Asked that their thanks be passed on to the Public Health team for the positive and swift manner of their response, and ongoing input, to the report of the Covid-19 cluster.

2020/07/156

GOVERNANCE FRAMEWORK DURING THE CORONAVIRUS PANDEMIC – REVIEW OF REVISED GOVERNANCE ARRANGEMENTS

The NHS Board received and discussed a paper which summarised the discussions held by Governance Committee Chairs, the Board Chair and the Board Secretary, on 1st July 2020. The meeting was held to review the governance arrangements put in place in April 2020 in response to the COVID 19 pandemic, and subsequent discussions with all Non-Executive Directors at their bi-monthly briefing meeting with the Board Chair on 15th July 2020. The proposed actions were also shared with the Corporate Management Team, including Executive Board Directors.

The paper highlighted that Governance Committee Chairs were of the view that the two Governance Committees that had been stood down should now be brought back up, these being the Acute Governance Committee and the Population Health, Primary Care & Community Services Governance Committee. It was acknowledged that in moving to a recovery phase this required additional oversight and focus, to provide assurance to the Board, and in particular a focus on the exacerbated health inequalities impact of Covid-19.

The paper also set out other associated considerations, principally around the Board Chair's planned review of the governance arrangements, scheduled for the summer of 2020, as per the routine cycle of reviewing the effectiveness of governance in the Board. However, Covid-19 pressures had meant that this review could not take place over the summer, and the review was paused. In addition it was also noted that Mrs Mahal will step down as a Board Member, and as Chair, at the end of December 2020 and 2 other Non-Executives will also complete their 8 year term of office at the end of May 2021, adding to the impetus to carry out this longer term review in relation to Non-Executive Board Member succession planning.

Members acknowledged that this longer term review, the scope of which was set out in the paper, should continue, notwithstanding the remarks made by Mrs Mahal about recognising that a new Chair would wish to influence

the outcome of that review. It was suggested that it would nevertheless be helpful if the review could be completed, ready to be discussed with the newly appointed incoming Chair at the earliest opportunity, and progress reported to the Board in October / November 2020.

Mrs Mahal also provided a verbal update on the work being sponsored by Scottish Government around “Active Governance”, which was being taken forward by a sub group of the National Steering Group on Corporate Governance, led by Mr David Garbutt, Chair of NHS Education for Scotland.

Mrs Mahal explained that “Active Governance” described the need to ensure that Board Members had the right hard and soft intelligence and information flow, both quantitative and qualitative, presented in a format which enabled analysis, due scrutiny and identified risks. The Board should be able to use the information flow to support evidence based, risk assessed decision making. Mrs Mahal added that this latest development would form a key element of the review of the effectiveness of Governance arrangements.

It was also noted that a Project Initiation Document (PID) had been approved at the last meeting of the National Steering Group on Corporate Governance and it was agreed to share the PID with Board Members for their information in due course.

P Cannon

Members acknowledged, in taking forward these short and longer terms reviews, the need to reflect on Executive workload and to balance this with the requirements for ongoing oversight and assurance.

It was also acknowledged that if Covid-19 infections increased in the coming months and the Board had to revert to command and control arrangements, Governance Committees may have to revert to the immediate post April 2020 arrangements.

Board Members heard from each of the Governance Committee Chairs involved, who all supported the need to stand up the Acute Governance Committee and the Population Health, Primary Care & Community Services Governance Committee, and endorsed the recommendations set out in the paper, and the Action Log attached to the paper.

THE BOARD:

1. Approved the standing up of the Acute Governance Committee and Population Health, Primary Care and Community Services Committee;
2. Approved the proposal for the Chair to carry out a review of the effectiveness of Governance arrangements with Committee Chairs, and the Board Secretary, taking into consideration succession planning for Non- Executives;
3. Noted the Action Log which reflected further specific actions to be taken forward by the Committee Chairs and the Board Chair;

4. Noted that the Board will be kept apprised of progress;
5. Noted that a further paper on the review of the effectiveness of governance arrangements would be reported back to the October / November 2020 NHS Board meeting; and
6. Noted that as requested, the Board Chair will keep Scottish Government (Richard McCallum) apprised of the further changes proposed to the revised Governance arrangements

2020/07/157

GOVERNANCE COMMITTEE UPDATES

The NHS Board received and noted the draft Minutes of the Healthcare Quality Assurance & Improvement Committee (HQAIC) meeting held on 17 June 2020, and noted an exception report from Dr Thomson summarising the discussion held at the Healthcare Quality Assurance & Improvement Committee held on 22 July 2020.

The NHS Board also received and noted a copy of the Quality Report which set out an update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire.

Dr Burns highlighted that the next Hospital Standardised Mortality Ratio report covering the first quarter of 2020 (January – March 2020) was due for publication shortly, and this may be impacted by the effect of Covid-19 patients.

In relation to the review of the Board's response to supporting Care Homes, Dr Thomson reported that this was discussed in detail at the Committee meeting on 17 June 2020, and the Committee concluded that it was assured that NHS Lanarkshire had provided appropriate, professional and timely support to Care Homes on the basis of the information and guidance that was available at that time. The Committee would continue to monitor and seek assurance that this continued to be the case, and plan to discuss this issue at their next meeting on 10 September 2020.

Councillor McGuigan asked about the comments referenced around Personal Protective Equipment, and the difficulties Care Homes faced in interpreting frequently changing infection control guidance, and Mr E Docherty provided reassurance that the Board's support team worked very closely with care homes during the period when guidance from Scottish Government was changing.

Councillor McGuigan also asked about comments about strengthening the evidence base, and Dr Burns reported that this referred to the importance of ensuring that the Board was able to reflect the complex landscape, be clear about what informed our decision making, and evidence that patients continued to be at the heart of this. It was also important to capture where deviations occurred, and why.

Mrs Mahal acknowledged that the work being taken forward by the Committee, was important in providing the Board with overall assurance that the steps taken by the Board to support Care Homes was timely, decisions were based on the information available at that time and in line

with Scottish Government guidance. She also acknowledged that lessons learned would come back to the Board via the Committee.

Mr McGuffie reported that there was a high level of engagement with the vast majority of Care Homes across the County, and regular dialogue.

Dr Osborne, in thanking Committee colleagues for their diligence and efforts, also highlighted the role of the Local Authorities in supporting Care Homes.

In relation to the exception report following the meeting held on 22 July 2020, Dr Thomson highlighted the discussion around Significant Adverse Event Reviews following in patient suicides.

Dr Burns reminded the Board that a commitment had been made by the Board in 2019 that an independent reviewer would be included in the process of completing these reviews, but it had come to light that this process was not being followed, as an independent reviewer could not be secured. It was noted that in the absence of an independent reviewer, the role had been fulfilled by a senior and highly experienced NHS Lanarkshire employee, and although this individual was not involved in the care of the patient, it was acknowledged that this should have been escalated to the Medical Director, and the Committee.

Mr E Docherty reported that he was in touch with colleagues in other Boards to discuss a potential pooling arrangement, as these difficulties were not confined to NHS Lanarkshire, and it was hoped to be in a better position to secure this input in the future.

Board Members reiterated the importance of the commitment that was made. Mrs Mahal reaffirmed the Board's commitment to having an independent reviewer and asked that a solution be brought back to the Board via the Committee.

J Burns

THE BOARD:

1. Noted the draft Minutes of the Healthcare Quality Assurance & Improvement Committee meeting held on 17 June 2020, and the exception report summarising the discussion held at the Healthcare Quality Assurance & Improvement Committee held on 22 July 2020;
2. Noted the Quality Report;
3. Noted the significant review of Care Homes support being undertaken by HQAIC to date to ensure that the information upon which decisions were made and the guidance at those times was captured and was available if required;
4. Noted that Lessons Learned from the review work would be captured and brought to the Board via the Committee in due course; and

5. Reaffirmed its commitment to having an Independent Reviewer and noted the steps being taken to secure independent input into reviewing Significant Adverse Events following in-patient suicides.

2020/07/158

COVID-19 WHOLE SYSTEM UPDATE

The NHS Board received and discussed a paper which provided an overview of Covid-19 related activity.

Ms Knox introduced the update and invited Directors to highlight particular issues for Board Members.

In relation to Test & Protect, and Care Home Support, it was noted that there were detailed written updates on the Board agenda.

In relation to Personal Protective Equipment (PPE), it was noted that the supply chain and provision of PPE had been unproblematic since May: no significant issues were being encountered. Mr Lauder highlighted that National Services Scotland were conducting a lessons-learned exercise.

In relation to Excess Deaths, Dr Burns provided a detailed update and a chart showing weekly data in NHS Lanarkshire from National Records for Scotland. Dr Burns highlighted that as at 22 July 2020, NHS Lanarkshire had recorded 254 patients who died in our hospitals following confirmation of Covid 19 status. The first death in NHSL was recorded in the week commencing 23 March 2020 and with great sadness, we the Board noted the death of a member of staff on 20 April 2020. A Dr Burns intimated that all such deaths in hospital are reviewed on a daily basis as part of our System Watch and are reported to Scottish Government to inform their daily press briefings.

Board Members noted the detailed updates in relation to the Board's support for and use of the Louisa Jordan Hospital, and the efforts to provide a very comprehensive range of mental health & wellbeing staff support.

In relation to lessons learned it was noted that there was a separate paper on the agenda which provided further detail and context, which was wider than the Command & Control structure lessons captured in the update.

THE BOARD:

1. Noted the Covid-19 update.

2020/07/159

COVID-19 TEST & PROTECT UPDATE

The NHS Board received and discussed an update on the Board's Test, & Protect service

Board Members were reminded that the aim of Test & Protect (T&P) was to prevent the transmission of COVID-19 from an identified case to the wider community by tracing and isolating their close contacts in as short a period as possible after the case becomes infectious.

Mr G Docherty reported that between 15th May and 15th July 2020, the Test and Protect Service for Lanarkshire residents was managed by NHS Lanarkshire exclusively. In total in that period, 155 cases were notified and 322 contacts traced, an average of 2.1 contacts per case.

Since that date, the National two-tier service had been introduced with the Board managing the cases occurring in complex settings e.g. hospitals and the National Centre (NCTC) following up simpler cases. A triage system had been instituted to distinguish the two types of case and a common Case Management System put in place to handle calls and interviews across the two tiers.

Board Members noted that between 15th July and 21st July, 31 cases had been managed and 161 contacts traced, an average of 5.2 contacts per case, indicative of the effects of the easing of lockdown restrictions.

There had also been significant pressure on senior staff engaged in running a new service while at the same time having to develop its next phase over which there was considerable uncertainty.

Mr G Docherty reported that the Board was engaged with Scottish Government to ensure that the costs of the service were fully met, and was working within the Board with Service Directors to ensure that seconded officers can continue to work within the T&P service. The recent issues in North Lanarkshire underlined the need to have robust and secure arrangements in place in the short to medium term.

In response to a question from Dr Osborne, Mrs Ace reported that originally the plan had been to use shielded staff to run the service but the need to bring staff together for training meant that this was not safe or feasible. Seconded and fixed term contracted staff were recruited to run the service, and the costs of establishing the service over the coming months was being raised with Scottish Government.

Councillor McGuigan sought reassurance that any potential scams in relation to Test and Protect were being dealt with.

THE BOARD:

1. Noted the Covid-19 update and the position taken to maintain Test and Protect staff in place.

2020/07/160

COVID-19 CARE HOMES SUPPORT UPDATE

The Board received and discussed a paper which described the strengthened partnership response and testing programme being provided to Care Homes in response to COVID-19.

Mr G Docherty reported that the Health Protection Team continued to support care homes across Lanarkshire. At 20 July 2020, six care homes had an active COVID-19 outbreak.

It was highlighted that the Crown Office Care Home Deaths Investigation Team had made its first request to Public Health for information to aid its

investigations, and Dr Thomson asked if consideration could be given to this work being co-ordinated by a single point of contact in the Board. Mr G Docherty reported that this would be considered by the care home tactical group next week.

Mr E Docherty reported that a daily care home safety huddle had been introduced to allow for oversight of emerging issues, challenges and best practice. A programme of supportive visits was being undertaken by the care home team.

There were also plans to move to the electronic safety huddle tool (around 4 August 2020) which will allow care homes to report daily (and weekly for testing) into a web-enabled platform, which will facilitate electronic collation of data for Scottish Government and other relevant organisations.

Weekly testing of asymptomatic care home staff was in place. Between 10-16 July 2020, 92 care homes reported that 3,872 staff were tested, 348 staff declined and 4,235 tests were planned for the forthcoming week. A small number of asymptomatic test positive staff were being reported and these were investigated by the HPT to assess whether they were new or historical infections or false positive results.

All care homes in Lanarkshire received a letter on 11 June to offer weekly staff testing through either the UK government social care portal (circa 4,500 staff) or NHS laboratories SALUS testing route (circa 1,200 staff). It was noted that Care Homes submitted a weekly return to NHS Lanarkshire on tests undertaken in the previous week and tests planned for the forthcoming week. Returns are collated and submitted to the Scottish government. Mr E Docherty reported that the Board follows up non-returns and returns from care homes where the incorrect template has been used.

In response to a number of observations by Non Executive Members on the low number of tests being taken up by certain care home staff, Mr E Docherty reported that the Board was actively encouraging testing take up, and providing support and advice where necessary.

Mrs Macer voiced her concern that the issue about staff side representation had not been resolved in relation to joining the Care Home Assurance Group, despite assurances this would be arranged. Mrs Mahal and Ms Knox both reinforced the Board's commitment to partnership working. Mrs Mahal asked Mrs Knox and Mrs de Souza to resolve this membership issue urgently.

In relation to concerns more generally about any outstanding concerns of staff working in Care Homes, Mrs Macer was encouraged to raise these with Mr McGuffie so that these could be addressed with the individual Care Homes direct.

THE BOARD:

1. Noted the report, accepted the risks identified and asked for a further report on the care home response;

2. Asked Mrs Knox and Mrs de Souza to resolve the partnership membership issue on the Care Home Assurance Group; and
3. Noted that Mrs Macer would escalate any concerns being raised through partnership representatives from staff working in care Homes with Mr McGuffie.

2020/07/161

COVID-19 LESSONS LEARNED

The NHS Board received and discussed a paper which provided Board Members with an update of the three lessons learned exercises undertaken to date.

Firstly, in relation to the Command & Control structure established in February 2020. Secondly, as a result of a request from Scottish Government in relation to a Covid-19 Lessons Learned – a national approach using a feedback template, and thirdly a review sponsored through Board Chairs via Directors of Human Resources. NHS Board Chairs were asked to feedback to the Scottish Government about HR processes that have changed, and had a positive impact, as a consequence of responding to the pandemic.

Board Members noted that the paper provided as background briefing captured all of the feedback in relation to the review of the Command & Control process and contained personally identifiable information that was not for wider circulation. It was stressed that participants had been assured that the information they provided freely and frankly to improve processes and aid learning would not be shared out with the Board. However, an Action Plan had been devised and this would be shared with Board members.

The remaining lessons learned exercises were noted. In particular Mrs Sandilands responded to Ms Morris's concerns about potential changes to employee checks that any changes in governance processes around recruitment would be reviewed through existing partnership structures such as the Area Partnership Forum and the Staff Governance Committee.

In relation to the Command & Control review, Mr Boyle agreed to link with the Resilience Manager, Mr Gordon, to offer his experience of conducting similar large scale reviews in the Fire & Rescue Service.

Mr Moore commented on the usefulness of the debrief process and stressed the importance of taking forward lessons learned should the need arise for a future Command and Control structure.

THE BOARD:

1. Noted that the lessons learned through the review of the Command structure were shared with Board Members but were not for wider circulation;
2. Noted the response made to Scottish Government;

3. Noted the response to Scottish Government in relation to Human Resources lessons learned;
4. Noted that the Resilience Team would monitor the actions agreed in relation to the lessons learned in Appendix 1 and that these would be updated and presented to the Planning Performance and Resources Committee as part of their workplan;
5. Agreed to receive a copy of the Action Plan; and
6. Noted that Mr Boyle would link with Mr Gordon to offer his experience of conducting similar large scale reviews in the Scottish Fire & Rescue Service.

2020/07/162

COVID-19 MENTAL HEALTH & LEARNING DISABILITY

The NHS Board received and noted a paper from Mr McGuffie which provided a copy of a detailed report which was provided to the Minister for Mental Health, Scottish Government, at the end of June 2020 as a baseline audit of services.

Mr McGuffie reminded Board Members that Mental Health and Learning Disabilities in NHS Lanarkshire began to review how it was operating at the onset of Covid -19. Since then, clinical focus had been mainly on those patients with higher and more immediate needs, and those who were at risk of developing a greater level of need if not seen.

During this process people who have had their appointment deferred had been contacted initially by letter and then by phone, to enquire into their current wellbeing and to ensure that they could access the service. As a result of this, services had organically redistributed staff to meet the needs of the local population and the needs which were arising, with additional resources begin used to keep in touch with those involved with the service and waiting to be seen.

It was noted that the report would be discussed in detail at the next Population Health, Primary Care and Community Services Governance Committee and Board Members who had any comments on the very detailed report should provide these to Mr McGuffie separately.

R McGuffie

THE BOARD:

1. Noted the baseline audit and the steps being taken to restart a range of services; and
2. Noted that the report would be discussed in full at the Population Health, Primary Care and Community Services Committee

2020/07/163

COVID 19 RESPONSE, RECOVERY AND RECONFIGURATION OVERSIGHT GROUP UPDATE

The Board received and noted a paper which provided NHS Lanarkshire Board Members with an update of the work of the Response, Recovery and Reconfiguration Oversight Group. Members were reminded that this Group

had been established and led by Mrs Barkby, who had extended her retirement by 3 months to assist in responding to Covid-19. This Group and the work associated with Recovery and Reconfiguration was now led by Mr Lauder.

In relation to the Response, Recovery and Redesign Plan, Board Members had previously been provided with a copy of the latest Plan, which was being updated and was re-submitted to the Scottish Government at the end of June 2020.

In discussion, Board Members noted that to date there had been no significant changes made which would need Board approval and that the Plan was an iterative process. The Board also discussed the importance of communicating the recovery of services with patients/carers and Mr Brown agreed that he would share the associated Communication Plan with Board Members in due course.

C Brown

Mr Lauder added that a further update, renamed the Remobilisation Plan, would be submitted to Scottish Government at the end of July 2020, and following consultation with the Area Clinical Forum and the Area Partnership Forum, this would be brought back to the Board at the August 2020 meeting for formal approval. It was also noted that there was an intention to refresh the Achieving Excellence strategy and this was commencing with a Corporate management Team development session in August 2020 with the intention to hold a Board development session thereafter.

Board Members commended the work being taken forward to describe the sum of activity being undertaken in the recovery phase and the detail contained within the draft document already shared with the Board Members. It was acknowledged that there was a significant degree of uncertainty which made making any forecasts of activity beyond the short term very difficult to predict. Board members also reiterated the importance of maximising opportunities for redesign through recovery to improve services for patients.

In relation to unscheduled care, and the need to ensure that social distancing was preserved within Hospital departments, Mr Moore asked if the scheduling of this demand was being considered, and Ms Knox reported that this was being taken forward nationally.

Ms Morris highlighted that remote and home working was a very positive development which had been accelerated by the pandemic, but there was a significant proportion of the population who did not have access to technology to enable them to engage with remote health care, such as Near Me, and this may exacerbate health inequalities. Mr Docherty echoed these remarks and said that the Board should be alert to this unintended consequence.

In relation to cancer services, Mrs Park reported that all patients on the waiting list had been reviewed individually, and prioritised using the national agreed clinical priority categories (treat > 4 weeks, treat within 4 - 8 weeks, and treat beyond 8 weeks). Further it was noted that a Clinical

Reference Group had been established to assist and guide managers in matching activity and demand.

Ms Knox indicated that nationally there were discussions ongoing about service recovery and the need to be sensitive to population health in setting clinical priorities, and this was ongoing.

It was agreed to circulate the Remobilisation Plan to Board Members once this had been submitted as a draft document to Scottish Government.

THE BOARD:

1. Noted the update;
2. Noted that a further update of the Response, Recovery and Redesign Plan (renamed the Remobilisation Plan) would be shared with Board Members in due course;
3. Noted that the Plan would be uploaded on to the Board's public web site for public access, once this has been submitted to Scottish Government, at the end of June 2020;
4. Noted that a Communications Plan to sit with the Recovery Plan would be shared with Board Members in due course; and
5. Noted that following consultation with the Area Clinical Forum and the Area Partnership Forum, the Remobilisation Plan would be brought back to the Board at the August 2020 meeting for formal approval.

2020/07/164

ENGAGING WITH AND SUPPORTING BLACK, ASIAN AND MINORITY ETHNIC STAFF

The Board received and noted a paper which provided an update on actions and progress relating to letters received from John Connaghan, Interim Chief Executive, NHS Scotland on 23rd June 2020 and more recently Gillian Russell, Director, Health Workforce, Leadership & Service Reform Directorate (Scottish Government), dated 13th July 2020. Ms Sandilands took Board Members through the paper in detail and sought Board support for virtual engagement sessions to be held initially with Black, Asian and Minority Ethnic (BAME) staff.

Board Members were advised that in a letter received from John Connaghan (Interim Chief Executive, NHS Scotland) on 23rd June 2020, NHS Boards were asked to address two immediate issues in relation to ethnicity data for patients and risk assessments for our Black, Asian and Minority Ethnic (BAME) staff.

An SBAR was presented at the Corporate Management Team on 29th June 2020 which provided details of the actions identified to address these issues. Ms Sandilands emphasised that this work builds on the existing Equality Outcomes identified and developed through the use of local and national evidence by the Equality and Diversity Steering Group.

Ms Sandilands set out a two phase approach for supporting BAME staff. Further actions were identified for better capturing staff and patient data

It was noted that the further letter from Gillian Russell, Director, Health Workforce, Leadership & Service Reform Directorate (Scottish Government) highlighted the need for staff networks to be established, and whilst the initial focus will be to engage BAME staff there was a recognition that Boards should ‘...establish a network of champions, including at senior and executive team levels on race, disability and LBGTQ with the involvement of staff networks, trade unions and professional organisations’.

Mrs Mahal stated that as the Board developed further networks, these would need to be aligned to our existing engagement and governance structures, such as our Staff Governance Committee, to ensure continuous learning and mainstreaming throughout the organisation. She also noted the importance of engaging and including staff to shape and influence any actions which needed to be taken to support their experiences and health and wellbeing, as staff of NHS Lanarkshire.

Board members also acknowledged the health inequalities impact of Covid-19 on different staff groups and the wider population and that the potential risk for some staff groups was higher. Mrs Sandilands gave an assurance about the Risk Assessment processes which had been put in place to support staff.

Further details of the processes and measures that would be applied in relation to engaging with diverse staff groups would be provided in a separate SBAR by September 2020. This paper would be presented at the Equality and Diversity Steering Group meeting on 14th September before being distributed more widely.

The Board agreed that this work would be monitored and progressed through the Staff Governance Committee, the Population Health Primary Care and Community Services Committee and the Healthcare Quality Assurance and Improvement Committee, and clear lines of accountability established for each workstream.

Ms Morris highlighted that the Population Health, Primary Care and Community Services Governance Committee was to have discussed a draft Integrated Population Health Plan (IPHP) in March 2020, however this meeting was cancelled due to the Covid-19 restrictions applied by Scottish Government. This plan was devised in order to address the widening inequalities as a result of the direct and indirect impacts of COVID-19. The Committee will discuss this at their next scheduled meeting. Dr Osborne welcomed the suggestion that a wider group of networks should be established and integrated into the governance structure, but asked that the focus should be on building on the existing networks rather than creating new ones. This was endorsed by colleagues.

THE BOARD:

1. Noted the information and approved the actions described in the paper;

2. Agreed the format and timescales of the engagement forums which would initially focus on BAME staff to be hosted by the Board Chair, Employee Director, Equality and Diversity Lead supported by the Head of Organisational Development;
3. Acknowledged the requirement for further resources to develop and support further networks;
4. Confirmed their support to develop this engagement work with other staff groups with protected characteristics;
5. Reaffirmed their commitment to undertake Equalities training and development as a Board which was being planned pre- Covid; and
6. Confirmed that reporting routes should be through existing governance committees by working with the Staff Governance Committee, the Population Health Primary Care and Community Services Committee and the Healthcare Quality Assurance and Improvement Committee, with clear lines of accountability established for each workstream.

2020/07/165

KEY PRIORITIES – HEALTH INEQUALITIES

The NHS Board received and discussed a short presentation delivered by Ms Heather Knox, Interim Chief Executive, which set out the key priorities for the Interim Chief Executive over the coming few months.

Of increasing focus, and highlighted in the presentation, was the desire to align the NHS Lanarkshire Corporate Objectives with those of Community Planning Partners, the 2 Local Authorities and other statutory partners (such as the Police, and the Fire & Rescue Service) to bring a renewed focus on reducing health inequalities in Lanarkshire. It was acknowledged that this would build upon the Black, Asian and Ethnic Minorities work that the Board will take forward, extending this approach to other marginalised groups in our community.

Board Members were reminded that a desire to bring partners together was part of plan to host a conference in Lanarkshire, which was being arranged for June 2020, but with the impact of Covid-19 these plans were put on hold.

However, Ms Knox highlighted that the impact of Covid-19 on our poorest citizens and most vulnerable communities now brought a greater emphasis to this initiative, and together with the Director of Public Health outlined the plans being discussed with community planning partners to host a virtual event in the next few months to establish a renewed focus to this work. Board Members noted that the Interim Chief Executive had been working closely with statutory partners to agree a new approach.

Board Members were reminded that the Board wished to adopt a ‘place based approach’ to regenerate what will be the vacant Monklands Hospital site, and the work the Board was taking forward with Strathclyde University and Professor Sir Harry Burns, would form part of a wider strategic approach to tackling health inequalities in Lanarkshire.

In discussion, Mr Brown referred to the work being undertaken by GCU taking a Health Economics approach and how this would influence community engagement. Mrs Macer stressed the importance of linking the Health Inequalities work to Fair Work and Green recovery.

Board Members also acknowledged that the revised Integrated Population Health Plan overseen by the Population Health Committee would need revised and refreshed in light of covid and exacerbated priorities. They also agreed that this priority area of work needed more discussion through a development session.

THE BOARD:

1. Reaffirmed its commitment to taking forward reducing Health Inequalities as a key priority in the coming months;
2. Agreed to the proposal made to jointly engage with partners to agree a shared approach;
3. Noted the progress made to date in working with partners to establish a common purpose in tackling and reducing health inequalities in Lanarkshire; and
4. Reaffirmed their commitment to discuss health inequalities at a future Board Development Session and review the Integrated Population Health Plan.

**Heather Knox
Gabe Docherty**

2020/07/166

UNSCHEDULED CARE – REGIONAL UPDATE

The NHS Board received a paper, and a presentation from Dr Burns, which had been shared with West of Scotland Medical Directors as a discussion document to stimulate and inform service redesign. The aim of the presentation was to discuss how best to 'lock in' successful Covid-19 pathway changes. Dr Burns took Board Members through the presentation in detail.

Dr Burns explained that the presentation had not been formally endorsed by the West of Scotland Medical Directors, but had been commended as a starting point for local discussions. Dr Burns highlighted that the key components of the presentation would be used to inform the development of the Board's own strategy for Out of Hours Primary Care Services and the future provision of Community Assessment Centres.

In order to fully discuss the way forward for Unscheduled Care, Out of Hours Services, and the Community Assessment Centres, it was noted that time would be allocated to discuss this in greater detail at the next Non Executive briefing session on 12 August 2020, which in turn would assist in the development of a series of proposals to be presented to the Board at the August 2020 Board meeting setting out the way forward.

Mrs de Souza highlighted that the Community Assessment Centre model had fulfilled a crucial role in responding to the demands placed upon primary care and secondary care services at the height of the pandemic, but the sustainability of the service was proving to be a challenge, as there were

significant workforce issues. It was noted that the workforce had been solely from primary care both with respect to administration (sourced from OOH), management (Primary Care Improvement Plan (PCIP) and Locality), nursing staff (hosted services), Advanced Nurse Practitioners (ANPs) from PCIP and General Practitioners (GPs).

It was also noted that the Airdrie Community Assessment Centre had already been stood down on 30 June 2020 and patients referred from the Triage Hub were being seen in the Hamilton Community Assessment Centre since that time.

Mrs de Souza highlighted that the staffing position had become more difficult as GP practices had returned to more normal working, and availability of OOH medical staff had reduced. In addition, nursing staff had been drawn from other duties within NHS Lanarkshire and needed to return to their substantive posts to assist in service recovery. In particular, a cohort of Advanced Nurse Practitioners in Training (ANPs) had been pivotal in maintaining the clinical service both in hours and in the OOH period, including weekends. These staff require support and supervision and there was a need to return them to training so that they can complete their ANP qualification in September 2020. The decreased incidence of Covid 19 cases allowed a window of opportunity for this to occur.

The service also relies on a number of administrative and managerial staff who have been seconded from other duties. As the NHS Lanarkshire recovery plan progresses, there was increasing demand for these staff to return to their core functions. There is thus an increasing burden on the staff who remain to maintain a clinically effective and safe service.

Mrs Mahal acknowledged the important role that the Triage Hub and the two Community Assessment Centres had played and noted that the demands were such that there was only a need for one Community Assessment Centre at the end of June 2020. However, any decision to redeploy resources and stand down the remaining Community Assessment Centre was a decision for the South Lanarkshire Integrated Joint Board and not NHS Lanarkshire.

Mrs de Souza acknowledged this, and in turn reassured the Board that everything possible was being done to maintain the remaining Community Assessment Centre in the short term with the active participation of the primary care community. It was also noted that should these Centres need to be redeployed in the event of a Covid-19 surge these will be stood up again.

THE BOARD:

1. Noted the presentation;
2. Endorsed the suggestion that this is discussed in greater detail at the next Non Executive briefing session on 12 August 2020;
3. Endorsed the proposal that a paper will be presented to the Board at the August 2020 Board meeting, setting out the way forward; and

4. Noted the workforce issues being addressed by the South Lanarkshire Integrated Joint Board in sustaining the Community Assessment Centre at Hamilton.

2020/07/167

REGIONAL SERVICE DEVELOPMENTS – VASCULAR HUB AND SPOKE MODEL AND ELECTIVE CAPACITY EXPANSION AT THE GOLDEN JUBILEE NATIONAL HOSPITAL

The NHS Board received and discussed a paper from Mrs Ace which provided an update on two regional developments moving to Full Business Case stage: the regionalisation of Vascular Services and the expansion of elective capacity at the Golden Jubilee National Hospital (GJNH).

Mrs Ace reminded Board Members that the regionalisation of Vascular Services had been recognised as essential to provide a critical mass that can sustain the necessary expertise and quality over a 24 hour period, especially in the face of workforce shortages.

In October 2018, the West of Scotland Boards endorsed a 2 centre model. The QEUH, supporting NHS Greater Glasgow & Clyde and NHS Forth Valley, had been operational since February 2019. The hub at University Hospital Hairmyres will support NHS Lanarkshire, NHS Ayrshire & Arran and NHS Dumfries & Galloway from April 2021 although workforce shortages in the outlying Boards have necessitated a partial transfer of service in advance of that date.

The Outline Business Case for the expansion of elective activity at the Golden Jubilee National Hospital had already been approved by the Board. It plans to meet the future growth in a range of ophthalmic, orthopaedic and surgical procedures for the West of Scotland Boards.

Mr Lauder reminded Board Members that these two developments were part of the Board's Achieving Excellence Strategy.

THE BOARD:

1. Noted that both business cases were approaching the Full Business Case Stage and were likely to proceed in 2020/21;
2. Noted the increased cost of the Elective centre expansion and the likelihood of an as yet fully quantified modest increase in the cost of the vascular regionalisation.

2020/07/168

FINANCIAL REPORT

The NHS Board received a paper, which outlined the financial position to 30 June 2020. The Board was reporting that all 3 financial targets were met in 2019/20. Mrs Ace stressed that these results are subject to Audit during June and July of 2020.

It was noted that at the end of June 2020 the Board was reporting an underlying £2.876m over spend which was £0.468m worse than the

financial plan year to date trajectory mainly due to under delivery of savings.

Mrs Ace however underscored the impact of Covid-19 on 2020/21 budgets, adding that the scale of the response meant that expenditure patterns were not aligned to historic budgets. Processes were in place to track additional expenditure due to Covid-19 but the exercise was complex and time consuming and the earlier cut-off date meant the figures reported at the June position should be regarded as provisional.

In response to Dr Osborne's question on the financing of additional measures during Covid-19, Mrs Ace intimated that work was ongoing to assess the full expenditure impact of Covid-19 and a revised return would be submitted to the Scottish Government Health and Social Care Department in mid-August.

In addition, there were still some key uncertainties over income, and in several areas of expenditure, most notably out of area drugs. Reasonable assumptions had been used in preparing the month 3 figures but the degree of estimation meant a high level of caution was required.

Mrs Ace highlighted that the capital plan remained overcommitted. Due to its risk profile the Monklands Business Continuity work was proceeding, costs were being finalised for Trauma and Orthopaedics phase 1a, and regional vascular centralisation, and the risk of exceeding our Capital Resource Limit was being actively managed.

THE BOARD:

1. Noted that subject to audit, the Board had met all three financial targets for 2019/20;
2. Noted the current Month 3 position was based on reasonable assumptions but that a degree of estimation meant a high level of caution was required; and
3. Noted that a return was being prepared to be submitted to Scottish Government to identify all Covid-19 related expenditure in 2020/21.

2020/07/169

PERFORMANCE UPDATE

The NHS Board received and noted a verbal report from Mrs Park, Mr McGuffie, and Mrs de Souza on current performance challenges, and it was noted that further information will be circulated to Members separately.

Mrs Park highlighted that unvalidated data was showing that cancer performance had missed the 95% target in April 2020, which was anticipated due to the impact of Covid-19 and the significant reduction in diagnostic and outpatient capacity.

Mrs Park also highlighted the impact of shielding Hospital in-patients on the flow of other patients throughout the Hospitals.

Mr McGuffie highlighted the increase in delayed discharges in North Lanarkshire and the long waits in Child & Adolescent Mental Health services across the county, as a direct result of the restrictions imposed by Covid-19. Mr McGuffie reassured the Board that robust recovery plans were in place to address these challenges.

Mrs de Souza highlighted that South Lanarkshire was experiencing similar challenges in relation to patients being delayed in Hospital, but there were plans in place to reduce these delays.

THE BOARD:

1. Noted the verbal reports based on the most recent management data in relation to key performance indicators and the updates provided by key Directors; and
2. Noted that the data presentation would be circulated separately, as this contained unvalidated data which should not be published by the Board.

2020/07/170

MONKLANDS REPLACEMENT PROJECT – UPDATE

The NHS Board received and noted a verbal update from Mr Lauder and Dr Thomson on the progress being made in the site selection engagement and scoring process which was underway. It was noted that dates for a briefing session for the Board were being identified for mid-August 2020, and the details would be confirmed as soon as possible.

P Cannon

THE BOARD:

1. Noted the update; and
2. Agreed to await confirmation of the date of the briefing session to be arranged for mid-August 2020.

2020/07/171

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 2020) including new or closed risks. He added that the Covid-19 Risk Register was reviewed regularly by the Corporate Management Team.

Mrs Mahal highlighted the new risk added in relation to the Flu vaccination programme (Risk ID 1924) and asked that an update be provided on the mitigation in place so that this can be delivered.

G Docherty

In relation to the Monklands Business Continuity Risk Register. Mr Moore noted that the register was reviewed in some detail in April 2019, and it would be timely to review this again, and it was agreed that this will be added to the programme for the Monklands Replacement Project briefings session being arranged for mid-August 2020.

THE BOARD:

1. Noted the summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period, with a record of other changes set out in Appendix 1 (page 3 & 4);
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 16th July 2020 (page 4);
3. Noted the very high graded corporate risks that were above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making (page 6 to 9);
4. Noted the very high graded risks through operational units, business critical projects/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register (pages 9 & 10);
5. Noted the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 16th July 2020 and sorted in descending order by the current assessed level of risk from very high to low, as seen in appendix 2;
6. Noted the COVID-19 incident specific risk profile with the risks that are graded very high (pages 11 to 13), provide a copy of the most recent weekly CMT report referenced to the detailed COVID-19 risk register and a report on the review of Covid-19 risks resulting from the changes to the command and control structure, ensuring continuous review and oversight, see appendices 3 & 4;
7. Noted the Report on EU Withdrawal the one (1) very high graded risk with risk profile as at 16th July 2020; and
8. Noted the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care Committee as the assurance committees to maintain a level of oversight by the Board as set out in appendix 1.
9. Asked for a further update on the Flu Vaccination Programme risk and mitigating actions at the next Board meeting and an update on the Monklands Business Continuity Risk Register at the Monklands Development session

2020/06/173

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 needed to be re-assessed following discussion at this meeting.

2020/06/174

DATE OF NEXT MEETING

Wednesday 26th August 2020 at 9.30am.

DRAFT