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**Minute of Meeting of the Lanarkshire NHS Board
 held on Tuesday 30th June 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 P Campbell, Non Executive Director
 Mr E Docherty, Director for Nurses, Midwives and Allied Health Professionals
 Mr G Docherty, Director of Public Health and Health Policy
 Councillor P Kelly, 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
 Ms H Knox, Interim Chief Executive

IN ATTENDANCE: Mr C Brown, Director of Communications
 Mr P Cannon, Board Secretary
 Mr C Lauder, Director of Planning, Property & Performance
 Mr N Duffin, Associate, the Consultation Institute
 Mrs R Rafferty, Strategy and Performance Manager
 Ms J Park, Interim Director of Acute
 Mr G Johnston, Head of Planning and Development
 Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership

APOLOGIES: Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs K Sandilands, Director of Human Resources

2020/06/148 **WELCOME**

Mrs Mahal welcomed colleagues to the meeting.

2020/06/149 **DECLARATION OF INTERESTS**

There were no declarations of interest in respect to any items on the agenda.

2020/06/150

GOVERNANCE COMMITTEE MINUTES

The NHS Board received and noted the draft minutes of the Monklands Project Oversight Board (MROB) meeting held on 22 June 2020 which had been convened to specifically look at the postal scoring exercise to be undertaken. Dr Thomson provided a further verbal update and was grateful for the further expert input of Mr Duffin from the Consultation Institute, who took MROB Members through the detail of the processes that were being recommended, in key stages.

It was noted that MROB Members agreed to endorse the proposals for the completion of the options appraisal site selection scoring process, and agreed to recommend to the NHS Board that this be undertaken as early as practicable.

THE BOARD:

1. Noted the draft Minutes of the Monklands Project Oversight Board meeting held on 22 June 2020; and
2. Noted that the papers on the agenda at item 5 had been endorsed by the Monklands Project Oversight Board.

2020/06/151

MONKLANDS REPLACEMENT PROJECT – CONCLUSION OF SITE OPTIONS APPRAISAL PROCESS

The NHS Board received and discussed a detailed paper (with 14 appendices) which set out how the Monklands Replacement Project site selection scoring process was to be managed, along with indicative timelines. Mr Lauder provided the background to the process and the current stage.

Mr Lauder also highlighted that the detailed proposals and documentation had been subject to a significant degree of scrutiny by Healthcare Improvement Scotland - Community Engagement (HIS-CE), formerly known as the Scottish Health Council, over the course of April and May and their comments and suggestions had been reflected in the final suite of documents. HIS-CE had formally approved the principles and timeline.

Additionally, the complete suite of documentation had been independently sense checked for clarity, transparency and bias by members of the Stakeholder Engagement Group, a sub-group of MROB comprising public and staff side representatives, on an individual basis, and their comments had also been reflected in the final version of the documentation.

Mr Duffin then highlighted that the principles of the proposed process were shared with local MSPs and MPs in advance of a formal Board briefing session held on 12th June 2020. Following a detailed explanation of the process by Mr Duffin there was broad support to take the process forward.

It was noted however that there were a number of comments on the proportions of scoring participants raised, particularly in relation to overrepresentation of nurturing and medical staff, and an assurance sought that the documentation used would be objective and unbiased. It was agreed that the Consultation Institute would review the rationale and proportions

of scorers and carefully consider all points raised. Additionally it was agreed that the Consultation Institute would undertake an assessment of the key information to be issued to scoring participants to ensure that it was presented in an objective and impartial manner.

Their conclusion on scoring proportions was attached at Document 10 of the pack considered by the NHS Board and this recommended an adjustment to the staff scoring proportions for 'others' at University Hospital Monklands and South Health & Social Care Partnership.

It was noted that, in addition, the Consultation Institute had completed their review of key information for objectivity and impartiality - this was attached at Document 11. The review was conducted by the Founding Director of the Consultation Institute who had not been involved in any aspect of the process and was sufficiently independent to provide an objective view of the process and the key documents to be sent to scoring members. The conclusion reached was that there was no bias or lack of objectivity in the key documents which related to the three site options.

However, the reviewer went on to look through all of the documentation and made further suggestions for improvement to enhance understanding and clarity.

Board Members noted that these further comments had been provided after the papers had been issued to MROB, and the NHS Board, but, nevertheless, these were very welcome, and appreciated, in making sure that the paperwork being used by the scoring members was as clear and easy to follow as possible, and demonstrated the Board's commitment to being responsive to any and all comments on the documentation to be used.

It was agreed that these further refinements should be incorporated into the documentation and the documents re-issued to Monklands Replacement Oversight Board Members, and in turn to NHS Lanarkshire Board Members, to sign off the final version of the suite of documents to be used in the process. It was also agreed that feedback should be provided to MSPs and MPs advising them that the Board had taken on board their comments, and changes had been made where these had been validated by the Consultation Institute.

Mr Lauder indicated that the revised documents will be clearly marked and shared with MROB Members first. Once they had an opportunity to see and endorse these changes, the papers would then be shared with the NHS Lanarkshire Board Members electronically, and their approval sought for the changes to be incorporated by close of play on Friday 3 July 2020.

In response to a question from Mr Moore about the role of Healthcare Improvement Scotland - Community Engagement, Mr Lauder stated that going forward there will be fortnightly meetings with the Healthcare Improvement Scotland - Community Engagement (HIS-CE), so that they were well briefed on the processes being followed. This will also assist them in compiling a report quickly on their evaluation of the engagement process.

Mr Lauder added that CEL 4 (2010) (informing, engaging and consulting people in developing health and community care services) was still being

followed, and that a report would be provided by HIS-CE to the Cabinet Secretary as part of the assurance framework surrounding the process.

Board Members acknowledged that they were assured by the robustness of the approach adopted to date.

Ms McDonald also asked about the inclusion of site contamination in the weighting and scoring papers to be used by scoring members, and Mr Lauder reported that this had been suggested by members of the public as one of the criteria to be used.

THE BOARD:

1. Approved the Consultation Institute recommendation to alter the staff scoring proportions for 'others' at University Hospital Monklands and South Lanarkshire Health and Social Care Partnership;
2. Acknowledged the further amendments made by the Consultation Institute as a result of the discussion with MPs and MSPs on 12 June 2020;
3. Noted that the further review of potential bias in key documents to be presented to scoring members had been undertaken independently, and that the conclusion reached was that there was no bias or lack of objectivity in the key documents which related to the three site options;
4. Approved in principle the proposals for the completion of the options appraisal scoring process, notwithstanding the further changes suggested by the independent reviewer;
5. Noted that the suggested further improvements to the documentation, outlined by the Consultation Institute in Document 11, would be considered by MROB and received by the NHS Board electronically for approval thereafter; and
6. Agreed to receive further reports on the options appraisal process.

2020/06/152

RESPONSE, RECOVERY AND REDESIGN PLAN

The NHS Board received a copy of version 2.1 of the Response, Recovery and Redesign (RRR) Plan for approval, and were provided with an update on the development of the Response, Recovery and Redesign work underway in Lanarkshire.

It was noted that the RRR Plan (version 1.0) was submitted to the Scottish Government (SG) on 25th May 2020 and has previously been shared with Board Members. In response to Scottish Government (SG) feedback and guidance, the RRR Plan (version 2.1) was developed and submitted to SG on 4th June 2020. Mr Lauder reported that this will be added to the Board's web site to facilitate public access, as confirmed by the Acting Chief Executive of the NHS in Scotland. This was noted to be a dynamic process and elements of the service had moved on from the position detailed in RRR Plan of 4th June and these would be captured in future plans.

It was anticipated that a further update of the Plan would be sought by Scottish Government for submission at the end of July 2020, and it was also understood that the SG will provide NHS Boards with a set of planning assumptions encompassing performance systems, resources available and the scope of paused Annual Operational Plans (AOPs).

It was also noted that a further update will be provided at the July 2020 NHS Board meeting on the development of a structured process to report on recovery.

It was noted that the further version of the Plan would not only incorporate those elements prescribed by Scottish Government but also reflect the Board's commitment to health inequalities, and identifying risk.

In response to a question from Mr Moore about service accommodation, Mr McGuffie highlighted that recovering services within the confines of the current estate was a significant challenge and all services, across both Health & Social Care Partnerships and the Acute Division, were facing the difficulties imposed by social distancing and post Covid-19 service delivery.

In relation to urgent care specifically, Mrs de Souza highlighted the difficulties in maintaining high quality out of hours services, and at the same time maintaining additional Community Assessment Centres. There were competing site pressures as services were being re-established, and staff were returning to previous roles. It was noted that this was being discussed in the context of the wider unscheduled care service in NHS Lanarkshire and regionally also. It was noted that this was being taken forward by the Corporate Management Team, and a further report will be provided to the August NHS Board meeting.

V de Souza

THE BOARD:

1. Noted the update;
2. Approved version 2.1 of the Response, Recovery and Redesign Plan (RRR Plan) which has been submitted to Scottish Government;
3. Noted that the RRR Plan will be uploaded on to the Board's public web site for public access;
4. Noted that a further update of the Response, Recovery and Redesign Plan will be prepared in response to expected SG guidance and shared with Board Members in due course;
5. Noted that a further update will be provided at the July Board meeting on the development of a structured process to report on recovery; and
6. Noted that a further update will be provided at the August Board meeting on unscheduled care services.

C Lauder

**V de Souza /
J Park /
R McGuffie**

2020/06/153

CARE HOME TESTING PLAN

The NHS Board received and discussed the Board's Care Home Testing Plan and the latest testing data. It was noted that Scottish Government had asked all NHS Boards to submit their care home testing plans by 30 June 2020. Thereafter, Boards would be asked to arrange for local plans to be published on each respective health board's public-facing website.

Mr G Docherty reminded Board Members that following the First Minister's announcement on 1st May 2020, testing in newly identified care home outbreaks commenced, involving testing of all asymptomatic residents and staff (subject to consent). As part of this approach, residents and staff in linked homes where staff members may still be working across homes, had been offered screening.

Mr E Docherty added that a care home testing team had been established to deliver a rolling programme of sample surveillance across care homes in Lanarkshire. This involved screening a sample of residents and staff (subject to consent) who were asymptomatic. Since the introduction of weekly asymptomatic care home staff testing, week commencing 8th June, sample surveillance of care home staff has ceased. Sampling of residents continues.

Weekly testing of asymptomatic care home staff commenced in Lanarkshire from 11 June. There are approximately 5,700 staff across 93 adult care homes in Lanarkshire. Care homes have been allocated to one of two sampling streams: the UK government social care portal (Glasgow Lighthouse lab) and SALUS occupational health (NHS labs); 4,500 samples and 1,200 samples respectively.

THE BOARD:

1. Approved the Care Home Testing Plan.

2020/06/154

NON EXECUTIVE LEADERSHIP WALKROUNDS

The NHS Board received and discussed the revised arrangements for Non Executive Board Member Leadership walkrounds.

Ms Cormack highlighted that the paper was being presented to the Board as there was a desire within the Board to reinstate the leadership walkround process, recognising at this time it may also be an opportunity to ask staff regarding their experience managing during the pandemic, and to offer thanks, as well as checking if there are any patient safety issues that the Board should be aware of. The access and distancing restrictions due to Covid 19 called for a new blended approach to walkrounds that would reduce footfall in the clinical areas where required and protect the visiting party from harm.

The paper presented to the NHS Board provided an overview of the concept and process as well as proposing a different way of arranging the visiting team.

It was also noted that most Health Boards had stopped walkrounds since March 2020, and Ms Cormack added that she was not aware of any Health

Boards having restarted, although one Board reported that they have completed some informal walkrounds without Non-Executive involvement.

In response to question from Mr P Campbell on options to visit staff and services outwith Monday to Friday, 9.00am to 5.00pm. Mrs Mahal indicated that she had already discussed this with Executive Directors and it was noted that a separate process / protocol was required to cover these arrangements and this would be brought back to the NHS Board for separate consideration in August 2020. Ms Cormack emphasised that the immediate priority was for the standard walkrounds to be reinstated with an alternative 'back to the floor' type visit planned for later in the year when restrictions are released.

In terms of the approach, Ms Cormack emphasised that this would be a blended approach with at least one member of the walkround team physically on site, who would then relay back to the others on a virtual platform (at the meeting stage) what they had seen and noticed. The intention was to create a video, if appropriate, of the area (without patients) and any aspects the staff particularly would like to show, and that video would be viewed by the virtual team members.

It was further noted that a review was built into the process after 3 walkrounds to incorporate any learning, and at the 6 month point. It was hoped to be able to schedule one outwith Monday to Friday 9.00am to 5.00pm visit per team in the first three visits to test out that protocol also.

Ms Cormack also highlighted the suggestion that there should be an Annual Report from Leadership Walkrounds for the Healthcare Quality Improvement & Assurance Committee and the NHS Board, which was endorsed by Board Members.

In discussion Board Members reiterated their commitment to including visits to staff and services outwith Monday to Friday, 9.00am to 5.00pm, and Dr Burns and Mr E Docherty agreed to discuss how best to manage these visits.

Mrs Macer asked that flexibility be included to be able to consider asking questions outwith the current scope of quality and patient safety, and this was acknowledged.

Mr P Campbell stressed that it was important to develop the use of the correct terminology in describing visits outwith Monday to Friday 9.00am to 5.00pm (rather than described as out of hours) and to ensure that the documentation reflected this.

THE BOARD:

1. Approved the new approach to Leadership Walkrounds in light of COVID-19;
2. Agreed to the revised process for coordinating Walkrounds;
3. Agreed that a separate protocol was required for outwith Monday to Friday 9.00am to 5.00pm walkrounds and noted that this will come back to the August Board, for approval;

J Burns

4. Noted that initial feedback on the new approach will be sought after 3 walkrounds (one of which we will aim to be outwith Monday to Friday 9.00am to 5.00pm) and that this blended initiative will be piloted for 6 months and evaluated over this period;
5. Noted that the governance of the walkrounds and follow up actions will be reported to the Healthcare Quality Improvement & Assurance Committee for assurance, and that an Annual Report will be produced for the NHS Board; and
6. Agreed that the documentation should reflect these additional visits as outwith Monday to Friday 9.00am to 5.00pm (rather than described as out of hours).

2020/06/155

ANY OTHER COMPETENT BUSINESS

There were no items raised.

2020/06/156

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

2020/06/157

DATE OF NEXT MEETING

Wednesday 29th July 2020 at 9.30am.