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Minute of Meeting of the Lanarkshire NHS Board
 Held on Wednesday 24th 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
 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 Cunningham, Head of Commissioning & Performance, South Lanarkshire Health & Social Care Partnership
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs J Park, Acting Director of Acute Services
 Mrs K Sandilands, Director of Human Resources
 Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership

WELCOME

2020/06/126

Mrs Mahal welcomed colleagues to the meeting.

2020/06/127

DECLARATION OF INTERESTS

Mrs Mahal and Dr Thomson both raised declarations of interest in respect of item 15 on the agenda. The agenda item was in relation to the development of the University of Strathclyde Partnership, possibly leading to University status being conferred on the Health Board. Both Mrs Mahal

and Dr Thomson reminded Board Members that they were Lay Governors on the Court of Glasgow Caledonian University, which was mentioned in the report but was not the focus of the proposal to be discussed by the NHS Board today.

In view of this declaration, Mr P Campbell, Vice Chairman of the NHS Board, sought Board Members views on how to take forward discussing this item.

It was agreed that the declarations made by both Board Members had no bearing or impact on the deliberations of the NHS Board, which was solely focussed on the development of a Partnership with Strathclyde University, which was similar to that which already existed with Glasgow Caledonian University.

It was therefore agreed that Mrs Mahal and Dr Thomson could contribute to the debate, and that Mrs Mahal should continue to chair the meeting when this item was discussed.

2020/06/128

MINUTES

The minutes of the meeting of the NHS Board held on 27th May 2020 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 27th May 2020.

2020/06/129

MATTERS ARISING

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

2020/06/130

ACTION LOG

It was noted that the Action Log has 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 the Ethical Advice & Support Advisory Group, it was noted that draft Terms of Reference were attached to the Action Log Update, and that these were being finalised by the Group. The updated agreed Terms of Reference would be brought back to the Board for approval in due course.

J Burns

In relation to Patient Safety Walk Rounds, it was noted that a paper would be presented to the Board at the meeting to be held on 30 June 2020 for discussion.

J Burns

2020/06/131

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal welcomed Ms Knox to her first NHS Board meeting as Interim Chief Executive, and to Mrs Park, as Acting Director of Acute Services.

Mrs Mahal provided a summary of the key discussion points at the most recent meetings of Board Chairs, and the meeting of Board Chairs with the Cabinet Secretary, both held this week.

Mrs Mahal indicated that the demand and modelling work being taken forward by Public Health Scotland, based on the model developed by Strathclyde University, was commended to all NHS Boards, not just in relation to Covid-19, but in a variety of other planning activities.

Mrs Mahal also highlighted that Active Governance had been discussed and as more information became available about how that was being developed, this would be shared with Board Members. Mrs Mahal also reported that this was also being discussed by the National Corporate Governance Steering Group.

There were also a number of very informative and helpful presentations on Innovation, Test & Protect, and Care Homes, that would be shared with Board Members out with the meeting for information.

In relation to Care Homes, in particular, Mrs Mahal sought assurance that the Care Homes in Lanarkshire were adhering to the Scottish Government policy on staff testing and being closely monitored to ensure a high uptake of staff being put forward for testing on a weekly basis. Mr Docherty assured the Board that these systems and process were in place and NHS staff were working closely with Care Homes to ensure that all Care Home staff were offered the opportunity to have a weekly test, while he emphasised that the management of Care Homes was independent of the NHS Board.

Mrs Mahal reported that there had been a wide ranging discussion around Unscheduled Care in relation to recovery planning and how to mobilise whole system resources to ensure that unscheduled care can respond to the likely demands to be placed upon these services in the light of Covid-19 social distancing restrictions.

In relation to Black, Asian and Minority Ethnic staff and patients and recognition of the disproportionate impact of Covid-19, it was noted that interim guidance had been issued on supporting staff and ensuring patient recording data was accurate and fulsome and that a further report would be brought to the Board at the July meeting to update the Board on the impact of the guidance and how the Board was responding to this.

K Sandilands

2020/06/132

CORPORATE COMMITTEE UPDATES

The NHS Board received and noted the draft Minutes of the meeting of the Healthcare Quality Assurance & Improvement Governance Committee(HQAIC) held on 14 May 2020, and a verbal update in relation to the most recent meeting of the Committee held on 17 June 2020.

Dr Thomson reported that the most recent meeting of the Committee was focussed on Care Homes Support and Testing, and the work of the Ethical Advice & Support Advisory Group around testing prioritisation.

In response to questions raised by Board Members, Dr Thomson reported that HQAIC had asked for work to take place to ensure that there was clarity on the timelines and decisions made in relation to Care Homes and the basis on which these decision had been made and were continuing to be made, to provide assurance and determine any lessons to be learned.

The NHS Board also received and noted the draft Minutes of the meeting of the Audit Committee held on 16 June 2020. Mr Moore highlighted that the Audit Committee had been alerted to the fact that there were a number of Internal Audit Reports that would have been provided to the Planning, Performance and Resources Committee (PPRC). Mrs Mahal observed that with the PPRC not meeting during the Covid-19 period a number of reports that may have gone there would need an alternative disposition. Whilst some reports could wait till later in the year, some may require a more immediate review. She asked Mr Cannon to write to lead Directors on this, and to agree a route for each of these reports to be discussed by the most appropriate Governance Committee.

THE BOARD:

1. Noted the draft Minutes of the meeting of the Healthcare Quality Assurance & Improvement Governance Committee held on 14 May 2020;
2. Noted the verbal update in relation to the most recent meeting of the Healthcare Quality Assurance & Improvement Governance Committee held on 17 June 2020 and the issues discussed;
3. Noted the draft Minutes of the meeting of the Audit Committee held on 16 June 2020; and
4. Noted that Internal Audit Reports that would have been submitted to the Planning, Performance and Resources Committee will be raised with Lead Directors to agree a route for each of these reports to be discussed by the most appropriate Governance Committee.

P Cannon

2020/06/133

COVID-19 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 Personal Protective Equipment (PPE), Mr Lauder provided reassurance that there were no issues with PPE, and that a national review was being take forward by National Services Scotland. Mrs Macer sought assurance that the Board would contribute fully to the review.

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 we continue to review local information on crude and in-hospital mortality which were both showing a rise, as expected, but it was difficult to interpret as the denominators for both

indicators are altered considerably by the change in both elective work and the volume of inpatient admissions. Dr Burns reassured Board Members that this had been escalated to Health Improvement Scotland and the Information & Statistics Division to consider future reporting narratives. As these indicators form a part of the Board's usual assurance on quality of care, alternative indicators were being devised to provide this assurance to the Board via the Healthcare Quality Assurance & Improvement Governance Committee.

Mr Wilson highlighted that while the e-health response had been largely focussed on short term developments to enable home working, digital patient visiting, and significant infrastructure and software developments, as part of the response and recovery phase, the eHealth Programme was restarting and governance arrangements were in place to continue the delivery of key strategic projects that had been paused.

In relation to lessons learned and a question from Mr Moore on timelines for bringing this to the Board for their consideration, it was noted that a further report would be provided to the Board at the July meeting. Dr Osborne also noted that lessons learned should be used to test resilience and preparedness going forward.

G Docherty

It was also agreed that the epidemiology section that provided a data overview should specifically highlight the sad death of the member of staff.

G Docherty

THE BOARD:

1. Noted the Covid-19 update.
2. Agreed that a report on Lessons Learned would be brought to the July board meeting for consideration

2020/06/134

COVID-19 CARE HOMES 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 reminded Board Members that the Chief Executive of NHS Scotland requested that Health Boards delivered an enhanced system of assurance in relation to the safety and wellbeing of care home residents and staff in response to COVID-19, led by Directors of Public Health.

On 17th May, a further letter was received from the Cabinet Secretary which set out expected new and additional responsibilities on clinical and professional leads in Health Boards and Local Authorities that provided daily support and oversight of the care provided in care homes in the local area.

Mr G Docherty described the service model that had been developed to respond to these additional professional and clinical oversight responsibilities in relation to care homes, which was approved by the Corporate Management Team (CMT) on 8th June.

It was noted that strategic and operational care home groups continued to meet to deliver the strategic care home plan objectives. The tactical care home assurance group will remain in place and report directly to the CMT, now that command structures have been stepped back.

Mr Docherty in closing assured the Board that we continued to work in partnership with the Care Inspectorate and supported the programme of unannounced inspections in care homes by providing infection prevention and control expertise during inspection visits.

Mr E Docherty highlighted that senior nursing staff had been recruited to support the Boards efforts to, in turn, support Care Homes.

Mrs Macer highlighted concerns that had been reported through Trades Union representatives which indicated that staff in some Care Homes were unwilling to come forward for tests in case these proved to be positive and they were unable to continue to work as they had no access to sick pay. Mr McGuffie responded to highlight that the Local Authorities were standing by to financially support Care Homes to ensure that staff who would not be at work were not financially penalised, and Mrs Macer agreed to address these specific concerns with Mr McGuffie out with the meeting. Mr McGuffie added that the Board were in regular dialogue with Care Homes and he would ensure that they were all reminded of their obligations to support staff, and should contact their Local Authority to access this funding. Mrs Lees asked for clarity on the use of the Social Care Portal for staff to be tested and was assured that initial glitches in the system were being resolved.

THE BOARD:

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

2020/06/135

COVID-19 TESTING PRORITISATION

The NHS Board received and discussed a paper which provided NHS Lanarkshire Board Members with an update of the scrutiny of the testing prioritisation list that was commissioned by Gold Command before this was stood down.

It was noted that the Ethical Advice and Support Advisory Group met on 17 June 2020 to consider the testing prioritising guidelines, and these were in turn recommended to and endorsed by the Healthcare Quality Assurance & Improvement Committee on 18 June 2020. In discussion, Members noted that this prioritisation list identified the clinical testing approach to be used where demand for testing exceeded supply. However, currently there were no issues as testing capacity had been extended.

The prioritised list was attached to the report provided to the Board.

THE BOARD:

1. Noted that the testing prioritised list was discussed and endorsed by the Ethical Advice and Support Advisory Group on 17 June 2020;
2. Noted that the list was subsequently endorsed by the Healthcare Quality Assurance and Improvement Committee on 18 June 2020;
3. Agreed that the list be adopted by the Board; and
4. Noted that the list will be reviewed at regular intervals by the Corporate Management Team.

2020/06/136

COVID-19 – TEST & PROTECT UPDATE

The NHS Board received and noted a paper which provided a summary of the progress of work in delivering an effective contact tracing service for NHS Lanarkshire, as well as setting out the next stages of this work.

It was noted that Phase 2 was in line with directly related to developments with regards the national contact tracing centres, as part of a Scottish contact tracing programme.

The paper set out the background to the development of local capacity to undertake contact tracing, and the steps being taken nationally to complement these local services. The paper also set out the staffing put in place locally and the activity from 28 May until 17 June 2020.

Mr Docherty highlighted in particular the financial implications of the recruitment of staff to put this service in place rapidly. It was noted that these costs would be included in the financial returns to Scottish Government in relation to Covid-19 costs incurred by the Board.

Board Members noted the potential risk around ensuring that appropriate funding was clarified nationally.

THE BOARD:

1. Noted the update.

2020/06/137

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 would now be led by Mr Lauder.

Mr Lauder highlighted that to date a total of 81 Operational Functions had been captured accounting for 239+ Service Processes, all of which had been considered on the basis of their respective risk profiles.

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 would be re-submitted to the Scottish Government at the end of June 2020. Mr Lauder agreed to share this with Board Members in due course, and have this added to the Board's web site to facilitate public access, as confirmed by Mr. John Connaghan, Acting Chief Executive of the NHS in Scotland.

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 Communication Plan with Board Members in due course.

THE BOARD:

1. Noted the update;
2. Noted that a further update of the Response, Recovery and Redesign Plan will be shared with Board Members in due course;
3. Noted that the Plan will 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; and
4. Noted that a further update will be provided at the July Board meeting along with a description of reporting and governance arrangements to be put in place to assure the Board around the activities of the Response, Recovery and Redesign Oversight Group.
5. Noted that a Communications Plan to sit with the Recovery plan would be shared with Board Members in due course.

C Brown

2020/06/138

BOARD GOVERNANCE ARRANGEMENTS - REVIEW

The Board received and noted a paper which summarised the views of the Non Executive Board Members, Executive Board Members and Corporate Directors on the revised governance arrangements put in place in April 2020 in response to the COVID 19 pandemic.

The views expressed were based on discussions at the Non Executive Briefing session held on 10 June 2020, and at the Corporate Management Team meeting on 15 June 2020. Board Members had indicated that the revised governance arrangements had worked well, the weekly Board round up and Non-Executive Director meetings had provided ample opportunities for Board members to be kept briefed and raise any questions.

Mr Cannon highlighted that the paper was in the context of the letter from Mr. John Connaghan, Acting Chief Executive of the NHS in Scotland, setting out that the health service will remain on an emergency footing for a further 100 days, effective from 4 June 2020.

Mrs Mahal reminded Board Members that the Board put revised governance arrangements in place in April 2020, which saw some of the Governance Committees standing down (Acute and Population Health) and others asked to meet as and when required, on a virtual basis. The revised governance arrangements were to be reviewed at the Board meeting in June 2020. Members had indicated in their discussions with the Chair that although it was appropriate to consider bringing back up the Governance Committees which had been stood down, the Board should also take the opportunity to reflect on all of its Governance arrangements, maximising on good practice and lessons learned during Covid-19. In particular, consideration needed to be given to Board Governance in resilience planning arrangements and having an appropriate assurance framework in place.

Mr G Docherty advised that he would ensure Governance arrangements would also be considered as part of resilience planning and lessons learned going forward.

The paper set out a series of next steps based on the discussions held, all of which were endorsed by the Board.

THE BOARD:

Agreed with the recommendations made in the paper that:-

P Cannon

1. the Board Chair should convene a meeting of all Governance Committee Chairs to determine a common framework to guide Governance Committees to begin meeting;
2. this meeting should identify the performance issues in scope and take account of each Governance Committee's Terms of Reference and workplan, and involve Lead Directors after the initial scoping work;
3. the framework should identify what, as a minimum, Governance Committees need to cover from a Covid-19 assurance, and performance, point of view, in addition to Business As Usual items which need to continue despite Covid-19;
4. this meeting should take place in early July 2020 and lead to a set of recommendations to the July Board on the best way forward;
5. the Response, Recovery and Redesign Oversight Group will also map out a reporting structure to the Board;
6. a July Board meeting should be arranged, it was proposed for 29th July 2020;
7. the next Non Executive Briefing session would be on 15 July, and a separate session may be arranged before the 15th of July, if required; and

8. post emergency there should be a further review of the Governance Committee structure – “zero based governance” to review how best the Board gets assurance and enacts “active governance”.

2020/06/139

FINANCIAL REPORT

The NHS Board received a paper, which outlined the financial position to 31 May 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.

The Board’s financial plan relied on £29.828m of savings to bridge the gap between predicted cost growth and the allocation uplift. An estimated £10.030m of savings had still to be identified at the time of submitting the financial plan and a number of agreed savings plans would not take effect until part way through the year meaning the trajectory for the year started off with costs exceeding income, starting to turn round in October 2020 to end the year at break-even. The gap however had increased to £13.076m as it was expected the Acute Division would be unable to achieve the target savings identified in the Annual Operating Plan.

On 2 March 2020, the Board invoked its emergency response protocol in light of the growing Covid-19 threat and rapidly mobilised to create additional bed and intensive care space, community assessment centres and large scale remote working. The on-going additional costs for this were being logged and submitted to SGHSCD through an agreed national process. Additional funding was expected and costs of £9.698m net of savings had been incurred to the 31st May 2020.

At the end of May 2020 the Board was reporting an underlying £1.889m over spend which is £0.367m worse than the financial plan year to date trajectory. This included a reported over spend within the Acute Division of £0.685m.

There were still some key uncertainties over income and in several areas of expenditure, most notably on drugs.

It was stressed that reasonable assumptions had been used in preparing the month 2 figures but the degree of estimation meant a high level of caution is required.

THE BOARD:

1. Noted that subject to audit, the Board had met all three financial targets for 2019/20; and
2. Noted the current Month 2 position was based on reasonable assumptions but that a degree of estimation meant a high level of caution was required.

2020/06/140

AOP QUARTER 4 & UPDATE ON CURRENT PERFORMANCE

The NHS Board received and discussed the Quarterly Performance Report for Quarter 4, which described progress against the Annual Operational Plan Targets for 2019/20, and Locally Agreed Standards.

Mr Lauder highlighted the impact on Governance Committee roles/focus as a result of the previously agreed changes to corporate governance arrangements, put in place to enable the focus of Lead Directors on the response to Covid-19.

Mr Lauder, however, introduced a PowerPoint presentation which took Members through key performance indicators, to ensure that the most up to date performance information was shared with the NHS Board, albeit unvalidated data. It was stressed that this data was not being published by the Board and was for management information purposes only.

Mr Lauder invited Director colleagues to take Board Members through each section and highlight key trends and mitigation.

Mrs Park took colleagues through recent cancer performance data and it was noted that the recent performance had deteriorated as a direct result of reduced diagnostic capacity and that plans were being put in place to support recovery.

Mr McGuffie and Mr Cunningham both provided an overview of North and South Health & Social Care Partnership delayed discharge data respectively which were noted to be returning to March 2020 levels. The process of discharging patients to Care Homes was impacted by recent Covid-19 guidelines and it was highlighted that some Care Homes were closed to admissions also.

Mr McGuffie went on to provide an update on the Child & Adolescent Mental Health Service and outlined the very positive measures that were in place to use digital technology to continue to maintain contact with patients and provide triage facilities. It was also noted that a number of service specific recovery plans were being taken through the Response, Recovery and Reconfiguration Oversight Group. Mr McGuffie added that the service was anticipating a higher demand than pre Covid-19 levels, as a direct result of the pandemic, and service managers and clinicians were discussing how best to meet this increased demand.

In response to a question from Ms McDonald about waiting times for treatment, Mrs Park described the detailed monitoring that takes place on a tumour group and individual patient basis, and indicated that that this information is shared with Scottish Government on a regular basis. Mrs Park highlighted that access to diagnostic investigations was key to returning to previous very high performance levels.

Mr Boyle asked if any consideration had been given to setting up rapid diagnostic centres, and Mrs Park indicated that she was aware that the Scottish Government were actively considering this issue, as well as the future use of the Louisa Jordan Hospital, and other Regional solutions.

THE BOARD:

1. Noted the impact on Governance Committee roles/focus as a result of the previously agreed changes to corporate governance arrangements, and to enable the focus of Lead Directors on the response to Covid-19;
2. Noted the Quarterly Performance Report (Q4) and that reports from the Governance Committees were not available to provide assurance about progress in the delivery of the 2019/20 AOP Targets and Locally Agreed Standards;
3. Noted the most recent management data in relation to key performance indicators; and
4. Noted that the 2020/21 Quarterly Performance Report (Q1) report will be considered by the NHS Board/PP&RC in September 2020.

2020/06/141

UNIVERSITY OF STRATHCLYDE PARTNERSHIP - UPDATE

The NHS Board received and discussed a paper from the Interim Chief Executive which proposed that the Interim Chief Executive progressed discussions with Strathclyde University with a view to having University status conferred upon the Health Board.

Board Members were reminded that Mrs Mahal and Dr Thomson had declared interests in this matter as Lay Governors on the Court of Glasgow Caledonian University, and in keeping with the decision reached at the beginning of the meeting, Board Members were satisfied that Mrs Mahal and Dr Thomson could remain to contribute to the discussion, and that Mrs Mahal should continue to chair the meeting for this item.

The paper reminded Board Members that the attainment of University Health Board status had been a strategic aspiration at the University Strategic Partnerships Working Group. This status had now been attained with two of our current University partners, Glasgow Caledonian University (GCU) and the University of the West of Scotland (UWS).

It was noted that in September 2019 a strategic partnership agreement was signed between the NHS Board and the University of Strathclyde and the Principal of Strathclyde, Professor Sir Jim McDonald, had now intimated that in view of the progress that had been made, and successes achieved since then, the University would be willing to consider offering NHS Lanarkshire University Status.

The paper detailed the extensive range of areas of mutual interest that had been identified, the potential for the further development of formal academic and educational links, and the associated expansion of the Board's teaching and research portfolio and interests which would follow achieving University status.

THE BOARD:

1. Endorsed the intention of the Interim Chief Executive to seek University Health Board status from the University of Strathclyde.

2020/06/142

MONKLANDS REPLACEMENT PROJECT – UPDATE

The NHS Board received and noted an update on key developments around the Monklands Replacement Project site scoring engagement plans.

Board Members were reminded that a separate briefing session was held on 3 June 2020, to hear the proposals put forward by the Consultation Institute on the new site selection engagement and scoring process.

The process was also discussed at the MP/MSP briefing meeting on 12 June 2020, and Mrs Mahal provided a verbal update on the discussion with local elected representatives, which had been largely positive. In particular issues raised about the number, and composition, of staff scoring panel members were accepted by the Consultation Institute and amendments were being made to the process.

The proposals were then discussed by the Monklands Replacement Oversight Board (MROB) on 22 June 2020. Dr Thomson, Chair of the Oversight Board, provided a verbal update and it was noted that the MROB had noted that comments made by the MPs and MSPs had been considered by the Consultation Institute and further changes made to the composition of the scoring panel, and would be recommending that the process, with some further refinement to improve the readability of the documentation, should be presented to the NHS Board for discussion at the meeting arranged for 30 June 2020.

THE BOARD:

1. Noted the feedback following the meeting with local MPs and MSPs on 12 June 2020;
2. Noted that the proposals were discussed by the Monklands Replacement Oversight Board on 22 June 2020;
3. Noted the verbal update from Dr Thomson, as chair of Monklands Replacement Oversight Board; and
4. Agreed to await a report from the Monklands Replacement Oversight Board, and to discuss this at the Special Board meeting on 30 June 2020.

C Launder

2020/06/143

RISK MANAGEMENT ANNUAL REPORT 2019/2020

The NHS Board considered the Risk Management Annual Report 2019/20.

The Risk Management Annual Report set out the intention to provide assurance to Board Members about the way and the extent to which the management of risk remains a key focus for the Board and the wider organisation.

The Annual Report set out the risk management reports that were relied upon by the Corporate Management Team in agreeing with the assurance statement:

‘From the work undertaken during the year, the agreed evaluation through the Key Lines of Enquiry and the Internal Control Evaluation 19/20 Report, the CMT confirmed that there were adequate and effective risk management arrangements in place throughout 2019 -2020.’

The NHS Board was content that that the Annual Report 2019/20 accurately reflected the management of risk.

THE BOARD:

1. Approved the updated Risk Management Annual Report 2019/20.

2020/06/144

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

Mr Moore sought and received assurances around risk 1850 (Monklands Business Continuity Risk – Ward 16 – ventilation compliance) and Mr Lauder reported that works were underway and the risk register would be updated accordingly.

THE BOARD:

1. Noted the summary of significant material changes to the Corporate Risk Register, aligned to the impact from COVID-19, and new and/or closed risks since the last reporting period;
2. Noted the scheduled review currently being undertaken of all very high and high graded corporate risks;
3. Endorsed the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
4. Noted the very high graded risks across NHSL;
5. Noted the Corporate Risk Register, accurate as at 11th June, set out in appendix 1;
6. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks;

7. Noted the Covid-19 risk register summary report prepared for CMT meeting on a weekly basis effective from 8th June 2020, appendix 2;
8. Noted the COVID-19 Risk Register, accurate as at 11th June, (appendix 3) with the current risk review commensurate with the change to the current command and control status and receive a report on the output at a future meeting;
9. Noted the EU Withdrawal risk profile with one (1) very high graded risk; and
10. Provided oversight for the risks that have either Planning, Performance and Resource Committee and the Population Health and Primary Care Committee identified as the assurance committee until a Board decision has been taken to re-enact the committees.

2020/06/145

ANY OTHER COMPETENT BUSINESS

Mr Cunningham highlighted that while the Covid Assessment Centres that were established rapidly at the beginning of the pandemic had provided to be very useful and worked well, the demands in terms of patient numbers were now sufficiently low to warrant a review of the need to continue with two centres in future, coupled with the pressures on space, and the need to release specialised nursing staff to their previous roles, as services begin to recover.

It was noted that this was a hosted South Lanarkshire Integrated Joint Board service and discussions were being taken forward this afternoon with staff and elected representatives to begin a debate about the best option to adopt in the short to medium term. Mr Cunningham added that any change on the configuration of services would have no adverse impact on the Out of Hours Service, and that across the country these centres were being stood down.

Mrs Mahal sought comments from Board Members on a proposal to return to the normal timings for Board meetings (9.30am - 1.00pm), with appropriate comfort breaks, while still using a blend of physically distanced attendance in the Boardroom by Directors, and others by MS Teams, and it was agreed to plan the July Board meeting on this basis.

2020/06/146

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.

2020/06/147

DATE OF NEXT MEETING

Tuesday 30th June 2020 at 9.30am.