

**Lanarkshire NHS Board**      **Kirklands Hospital**  
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**Minute of Meeting of the Lanarkshire NHS Board**  
**held on Wednesday 27th May 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 C Campbell, Chief Executive**  
**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**

**IN**

**ATTENDANCE:**        **Mrs I Barkby, Interim Director of Reconfiguration & Recovery**  
**Mr C Brown, Director of Communications**  
**Mr P Cannon, Board Secretary**  
**Ms H Knox, Director of Acute Services/Deputy Chief Executive**  
**Mr C Lauder, Director of Planning, Property & Performance**  
**Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership**  
**Mrs K Sandilands, Director of Human Resources**  
**Mr D Wilson, Director of Information and Digital Technology**  
**Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership**

2020/05/100

**WELCOME**

Mrs Mahal welcomed colleagues to the meeting.

2020/05/101

**DECLARATION OF INTERESTS**

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

*Unconfirmed draft minutes - to be formally adopted at the Board meeting on 24 June 2020*

2020/05/102

**MINUTES**

The minutes of the meeting of the NHS Board held on 29<sup>th</sup> April 2020 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 29<sup>th</sup> April 2020.

2020/05/103

**MATTERS ARISING**

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

2020/05/104

**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.

2020/05/105

**MINUTES OF THE PLANNING, PERFORMANCE AND RESOURCES COMMITTEE HELD ON 26<sup>TH</sup> FEBRUARY 2020**

The NHS Board received and noted the draft Minutes of the Planning, Performance and Resources Committee meeting held on 26<sup>th</sup> February 2020.

**THE BOARD:**

1. Noted the draft Minutes of the Planning, Performance and Resources Committee meeting held on 26<sup>th</sup> February 2020.

2020/05/106

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the Board.

Mrs Mahal reminded Board Members that this would be the last Board meeting attended by Mr C Campbell, before he takes up his secondment with NHS Lothian on 15 June 2020. On behalf of the Board Mrs Mahal wished Calum well in his forthcoming secondment, and thanked him for his dedication and commitment to NHS Lanarkshire over the past five years. Mrs Mahal also congratulated Ms Heather Knox on her appointment as Interim Chief Executive, following an open invitation to apply for the position amongst the Executive Director cohort. In addition, Board Members were also advised that plans would be put in place to recruit to the vacant Acting Director of Acute Services post in due course.

**N Mahal**

Mrs Mahal provided a summary of the key discussion points at the Meeting of Board Chairs and the Cabinet Secretary. It was noted that feedback arising from the meeting had been shared with Board Members.

Mrs Mahal indicated that the revised Governance arrangements will be reviewed at the end of June 2020, and referred to the Non Executive monthly briefings, which will continue, as these were thought to be helpful

**N Mahal**

in keeping Non Executive Board Members up to date. It was noted that as well as the Audit Committee, the Staff Governance Committee and the Healthcare Quality Assurance and Improvement Committee, the Remuneration Committee and the Endowment Trustees had also met since the last Board meeting.

Mrs Mahal also referred to the weekly Board Member Round Ups, which were positively received, and the briefing meeting held on 13 May 2020, involving Professor Van der Meer, from Strathclyde University, on the modelling work being taken forward in conjunction with NHS Lanarkshire.

2020/05/107

### **CODE OF CORPORATE GOVERNANCE (MAY 2020)**

The Board received and discussed a report providing a note of changes that were required to the Code of Corporate Governance. Firstly, it was noted that Section A had been updated to reflect the correct number of Non Executives on the NHS Board, and the second change was to reflect the Strategic Partnership arrangement now in place with the University of the West of Scotland, and with Strathclyde University.

It was noted that the Board's Standing Financial Instructions and Scheme of Delegation were approved by the Board at the meeting in April 2020 and would be incorporated into the refreshed Code.

#### **THE BOARD:**

1. Approved the changes made to the factual information in Section A in relation to the composition of the Board;
2. Approve the updated section in the Code to reflect the Strategic Partnerships with the University of the West of Scotland and Strathclyde University; and
3. Noted that the updated Code of Corporate Governance will be uploaded on to the Board's public facing web site after the meeting.

**P Cannon**

2020/05/108

### **REGISTER OF INTERESTS (MAY 2020)**

The Board received an updated Register of Interests in accordance with Sections 4 and 5 of the Board's Code of Conduct for Board Members. It was noted that gifts and hospitality are recorded on the Board's on line system.

It was noted that Board Members and Directors had already been invited to review their entries, in early May 2020, and any final amendments were invited to be submitted to the Board Secretary in the next few days.

#### **THE BOARD:**

1. Noted and endorsed the Register of Interests (as at 1 May 2020), for inclusion on the NHS Lanarkshire public website.

**P Cannon**

2020/05/109

**GOVERNANCE COMMITTEE ANNUAL REPORTS 2019/20**

The Board received and discussed a paper which set out the Annual Reports from a range of Governance Committee covering Committee Membership and Attendees; Meetings held during the year; the key issues considered by the Committees; Improvements overseen by the Committees; Matters of concern to the Committees.

They also provided assurance statements about the adequacy and effectiveness of Governance arrangements. The Annual Reports confirmed that the Committees had reviewed their Workplans in line with their Terms of Reference, copies of which were also attached for endorsement.

Mrs Ace asked for a copy of the Information Governance Committee Annual Report for the assurance work being taken forward by Auditors.

P Cannon

**THE BOARD:**

1. Endorsed the Annual Reports, which formed a key part of the evidence in support of the Annual Accounts Governance Statement; and
2. Noted that the Annual Reports will be considered by the Audit Committee on 16 June 2020.

2020/05/110

**BLUEPRINT IMPROVEMENT PLAN UPDATE (MAY 2020)**

The NHS Board received and discussed a paper which had been updated to show those items on the Blueprint Improvement Plan still regarded as live actions to progress, actions completed, and those actions paused due to COVID-19.

Members were reminded that the NHS Scotland Corporate Governance Blueprint defined governance as the system by which organisations are directed and controlled and described a three-tiered model that explains the functions of a governance system, the enablers and the support required to effectively deliver those functions.

The Improvement Plan was to have been updated at each Board meeting, and was closely aligned with relevant actions within the Sturrock Report.

This update was last reported to the NHS Board in January 2020.

**THE BOARD:**

1. Approved the updated Improvement Plan.

2020/05/111

**COVID-19 - UPDATE**

The NHS Board received and discussed a paper which provided an overview of Covid-19 related activity across the Command structure and on a range of associated topics.

Mr C Campbell invited Directors to highlight issues that they would wish to bring to the attention of the Board.

Dr Burns highlighted the section on Excess Deaths and the data that was currently available, albeit the full picture was not yet clear. Dr Burns summarised that as at 19 May 2020, NHS Lanarkshire had recorded 230 patients who died in our hospitals following confirmation of Covid-19 status. The first death in NHS Lanarkshire was recorded in the week commencing 23 March 2020 and with great sadness, we noted the death of a member of staff on 20 April 2020. Dr Burns stressed 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.

It was noted that the National Records for Scotland (NRS) had more complete data, as it collated all deaths where Covid-19 was mentioned on the death certificate (although this may not be primary cause of death). However NRS data lags behind local information as it allows for formal registration of deaths to be included.

NRS had provided more in depth analysis of deaths occurring from the period week commencing 23 March (W14) to week commencing 11 May (W20) i.e. from 23 March to 17 May inclusive.

During this period, the number of deaths including all patients who were resident in NHS Lanarkshire where Covid 19 is mentioned anywhere on the death certificate equated to 482, and Members attention was drawn to the table within the report that showed West of Scotland Regional comparisons of the rate of deaths per 10,000 population.

Dr Burns reported that there had been an absolute increase of 4,474 deaths in Scotland over this period, of which 3,296 were related to Covid 19. Of the remainder, the highest increases were classed as deaths due to Dementia/Alzheimer's (425); Circulatory conditions (258) and Cancers (162). Board Members noted that NHS Lanarkshire will work with colleagues in NRS & the Information Services Division to further understand the implications of this data.

In relation to workforce support, Mrs Sandilands reported that two Bronze Command groups had been established to drive wellbeing efforts and focus attention on support for care homes. In addition, Board Members were advised that a home working survey was currently underway.

Mrs Ace reported that the annual accounts deadline has been extended by 3 months. The audit of the main Board accounts will commence one month later than normal on 8 June 2020. The endowments and patients funds accounts would be audited in July. Audit Scotland had indicated a preference for an August date for the NHS Board meeting at which to sign the accounts.

Mr Moore asked for assurances around the clinical waste contract and Mr Lauder reported that the clinical waste contract arrangements that were in place pre Covid-19 were continuing, and that these were not presenting any significant operational issues for the Board.

Mr Wilson reported that the growth of Near Me and MS Teams was welcomed, and there had been very positive feedback on the digital visiting arrangements put in place for patients and their families.

Dr Osborne highlighted the complexity of recovering a range of services in the acute sector, and the impact that social distancing and other Covid-19 measures will have on waiting times and waiting lists, and the knock on impact on secondary care.

Mr C Campbell acknowledged the difficulties that were going to have to be tackled, and highlighted as an example social distancing measures that would need to be out in place in Emergency Department waiting rooms. It was noted that West of Scotland Chief Executives had raised these concerns with Scottish Government and suggested that unscheduled care needed to be scheduled, as far as possible.

In relation to PPE and support to Care Homes, Ms McDonald asked if these arrangements were working well, and Mr C Campbell reported that support was available to Care Homes along with the provision of PPE, where this was requested by the Care Home owner. Mr C Campbell highlighted that the Board had adopted a risk based approach to care home staff testing while encouraging the highest standards of infection prevention and basic hand hygiene.

Mr P Campbell highlighted his concerns about the letter to Nurse Directors, and the accountability issues that this raised. He sought assurance that ultimate accountability for patients in Care Homes still rested with the Care Home provider, and that the responsibilities of the Care Inspectorate remained unchanged. Mr C Campbell provided reassurance that this understanding was shared by Executive Directors, and added that this point had been emphasised in the response to the Cabinet Secretary, in returning the Gap Analysis.

In relation to lessons learned, it was noted that the Resilience Team, on behalf of the Strategic Command Group, had initiated a systematic approach to capturing lessons learned which will complement the essential work of the Recovery and Reconfiguration Group, which would be shared with the Board in due course.

**G Docherty**

Mrs Mahal drew Members attention to the two appendices which were referenced in the Silver Clinical update spelling out the issues in relation to Renal Replacement Therapy, and patient flow / cohorting guidance.

**THE BOARD:**

1. Noted the update;
2. Noted the risks addressed in relation to Patient flow in acute hospitals and the requirement for isolation of shielded patients and the testing requirements for patients stepping down from Covid-19 pathway; and

*Unconfirmed draft minutes - to be formally adopted at the Board meeting on 24 June 2020*

3. Noted the risks addressed in relation to insufficient capacity for Renal Replacement Therapy (RRT) in expanded ITU during Covid 19 emergency.
4. Noted that the Health Board would provide all necessary support to care Homes, but ultimate responsibility for patients in care homes still rests with Care Home provider, and the responsibilities of the Care Inspectorate remained unchanged.

2020/05/112

**HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT GOVERNANCE COMMITTEE**

The Board received and noted an exception report following the meeting of the Healthcare Quality Assurance & Improvement Committee (HQAIC) held on 14 May 2020.

It was noted that the March meeting of the Committee had been cancelled in light of the escalating Covid-19 situation. The terms of reference were therefore noted and approved at the May 2020 meeting. The Information Governance (IG) Committee Annual Report was not available at the meeting but this was circulated after the meeting electronically to Members as part of the Board's assurance framework. No issues were raised about the IG Annual Report.

Three further papers were attached to the HQAIC exception report. Firstly, the HAIRT report covering the period October - December 2019, with the validated data. Secondly, a further paper was noted that provided an updated position in relation to Infection Prevention & Control, in the form of an SBAR. The purpose of the SBAR was to provide the Board with an updated progress report on Infection Prevention and Control for the reporting period January to March 2020, with additional information on the COVID-19 response to date. Both reports were noted.

In relation to an observation from Mrs Lees, about Hand Hygiene compliance, Mr E Docherty reported that he was reviewing the process of auditing Hand Hygiene compliance.

**E Docherty**

The third report was a paper that was discussed at the HQAIC meeting on the 14th of May and it was felt by the Committee Chair, Dr L Thomson, to be a very useful summary of the changes within NHS Lanarkshire to health and care services and clinical pathways in response to the Covid-19 Pandemic. The Board noted this paper also.

**THE BOARD:**

1. Noted the HQAIC exception report of the meeting held on 14 May 2020;
2. Noted the updates in relation to Infection Prevention & Control; and

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3. Noted the paper that had been discussed at the HQAIC meeting on the changes within NHS Lanarkshire to health and care services and clinical pathways in response to the Covid-19 Pandemic.

2020/05/113

**AUDIT COMMITTEE DRAFT MINUTES – MEETING HELD ON 20<sup>TH</sup> MAY 2020**

The Board received and noted the draft Minutes from the Audit Committee meeting held on 20<sup>th</sup> May 2020.

Mr Moore drew attention to the positive statements made by the Auditors about the revised governance arrangements, and our risk management processes.

**THE BOARD:**

1. Noted the draft Minutes from the Audit Committee meeting held on 20<sup>th</sup> May 2020, and the positive comments made by the Auditors in relation to governance and risk management.

2020/05/114

**EXCEPTION REPORT FROM STAFF GOVERNANCE COMMITTEE ON 20<sup>TH</sup> MAY 2020**

The Board received and noted the update from the Staff Governance Committee meeting held on 20 May 2020.

Mrs Macer highlighted that the Committee was reassured that the principles of the Staff Governance Standard had underpinned the work associated with the Covid-19 pandemic, and Committee Members expressed their gratitude for the considerable amount of work carried out in achieving this.

**THE BOARD:**

1. Noted the update from the Staff Governance Committee meeting held on 20 May 2020 and the positive comments made by the Committee in relation to adherence to the Staff Governance Standards.

2020/05/115

**COVID-19- TEST, TRACE, ISOLATE AND SUPPORT – UPDATE**

The Board received and discussed a paper from Mr G Docherty on the contact tracing element (trace and isolate) of the programme for Test, Trace, Isolate and Support in Lanarkshire. It was noted that the local arrangements were as a result of close and rapid collaboration between North and South Lanarkshire Councils, and both Health and Social Care Partnerships, with the Health Board, to put these support mechanisms in place.

Mr G Docherty highlighted that the Lanarkshire contact tracing service went live on Monday 25 May. In addition, NHS Lanarkshire had agreed to pilot the national training, guidance and digital tools, starting from 18 May. Capacity would be increased over subsequent weeks and the appropriate workforce was in place to cover the interim phase (phase 1) until the end of July 2020. Phase 2 will see a greater involvement by the national contact



tracing progress which will take over a significant part of the workload, and local contact tracing service will focus on complex and/or large and/or geographical 'hot spots' of transmission including closed settings.

In response to an observation from Dr Osborne, Mr G Docherty confirmed that all contact tracing was being conducted over the telephone, and that this was being provided from within facilities on the Kirkland campus. However, it was planned to have the technology used by staff working from home, or by recruiting shielded staff who were at home self-isolating.

In relation to the testing prioritisation list that had been discussed at the Non Executive briefing meeting on 13 May 2020, it was agreed that HQAIC and the Ethical Advice and Support Advisory Group will consider this and provide a report back to the June Board meeting with recommendations.

In response to a question raised by Ms Morris, Mr Docherty reported that members of the public who were traced may be asked to isolate without a test.

#### **THE BOARD:**

1. Noted the update on the local pilot of trace and isolate and the roll out plans for phase 1 and 2 of the programme.
2. Noted that a report on the testing prioritisation list would come to the June Board from the Ethical Advice and Support Advisory Group

**J Burns**

2020/05/116

#### **COVID 19 – CARE HOMES UPDATE**

The Board received and discussed a paper which set out the on-going and additional support being provided to care homes in response to COVID-19 by NHS Lanarkshire, and both North and South HSCPs, and the very recent request from the Cabinet Secretary around the changes to the accountability of the Executive Director of Nursing in relation to Care Homes.

The letters from the Cabinet Secretary and the associated guidance were provided to Board Members.

Mr C Campbell reported that on 17 April, the Chief Executive of NHS Scotland requested that Health Boards deliver 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.

A further letter was received on 20 April from the Chief Performance Officer of NHS Scotland to ask Health Boards to undertake an initial assessment of all care homes, followed by a risk-assessed, prioritised programme of engagement with care homes to assess the adequacy of preparedness and response to the prevention and management of COVID-19, and identify areas where further support and guidance may be required. This letter also asked for assurance that a robust pathway was in place for testing of care home staff.

Mr G Docherty reported that both strategic and operational care home groups have been established within the NHSL command structure. These were multiagency groups and include representatives from Public Health, HSCPs (including Nursing and Primary Care), the Care Inspectorate, Infection Prevention and Control, and care home sector representatives. The strategic Care Home Assurance Group is chaired by the Director of Public Health.

Given the impact of COVID-19 on the care home workforce (due to illness, shielding or self-isolation and increasing demands during outbreak situations), a bronze command workforce group has been established to specifically focus on the staffing support required for the care home sector.

On 17th May, a letter was received from the Cabinet Secretary which set out (1) revised guidance for care homes, (2) amendments to the Coronavirus Bill, which gives Scottish Ministers and public bodies the power to intervene if a care home is unable to continue to deliver care, and (3) expected new and additional responsibilities on clinical and professional leads in Health Boards and Local Authorities that provides daily support and oversight of the care provided in care homes in the local area.

Mr C Campbell took Members through the Gap Analysis in detail, and the text that would form the basis of a joint letter from the NHS Board and both Local Authority Chief Executives. The benchmarking return, and the covering letter, emphasised that there are 93 adult care homes in Lanarkshire; 80 providing care for older adults. He emphasised that the guidance related to these 80 Care Homes for Older People, and not Care at Home Services.

Mr C Campbell emphasised that routine governance arrangements for care home provision remained unchanged. Private sector and local authority responsibilities also remain in place, including those which relate to the reporting of adverse events and fulfilling the legislative requirements of Duty of Candour.

Mr P Campbell raised concerns that were shared by all Board Members about the changes in accountability for the Executive Nurse Director. Mr C Campbell stressed that the accountability for the safety and welfare of patients in care homes still rested with the Care Home owners, and the responsibilities of the Care Inspectorate remained unchanged. However, in responding to the Scottish Government request to evidence the support provided, NHS Lanarkshire had referred to the support mechanisms already in place. Board Members remained concerned about the perceived spread of accountability and noted the clarity provided by the Chief Executive and the Director of Nursing.

It was noted that the return to Scottish Government would highlight that the guidance placed additional leadership responsibilities and duties on Health Boards and Health & Social Care Partnerships and their Executive Teams and, as such, required to be assessed and fully costed. It was anticipated that there would be a requirement for additional healthcare professionals, administrative and support staff, facilities and supplies and additional input

from Public Health Teams, and it was noted that this was being prepared for submission to Scottish Government separately.

Ms McDonald asked if the Board had the necessary resources to support care homes as set out by Scottish Government, and Mr E Docherty responded to confirm that this was being provided from within existing resources across the Health Board and the North and South Health & Social Care Partnerships, by redeploying staff and putting measures in place in the short term, but longer term this was being scoped by the Board.

Mrs Macer highlighted her concerns that the Health Board was being asked to support privately run businesses, while acknowledging that the Health Board had a duty to ensure that patients were looked after appropriately, Care Home owners had a key responsibility to ensure that staff were supported, and were in receipt of sick pay if they were absent, and that the appropriate PPE was available to Care Home staff.

Mr Moore asked if the Health Board had transferred / placed more patients in Care Homes from the Acute Hospitals in recent weeks. Mr C Campbell replied that the data from January - April 2020 when compared with the same period in 2019 did not support this assertion.

Mr C Campbell, in acknowledging the significant efforts of a wide range of staff to support Care Homes, also highlighted that staff could not be compelled to work in a care home setting, as this would be in breach of their contract. To emphasise this concern, Mr C Campbell highlighted that the Gap Analysis noted that this may be an issue, and Scottish Government advised that this may limit the Health Board's ability to respond in the short term, and may lead to patients needing to be transferred to the care of the NHS, if any Care Home was unable to operate safely. He also highlighted that the Board's efforts were directed to Care Homes and not Care At Home services, as these were the clear responsibility of Local Authorities to support.

Mr G Docherty assured the Board that all the necessary support arrangements were in place but it was also for care homes to come forward and raise concerns that they had in order to trigger support from the Health Board.

Dr Burns clarified that the Interim Chief Medical Officer had stated that he was not currently asking for any formal input from Medical Directors.

#### **THE BOARD:**

1. Noted the updates and the assurances provided;
2. Supported the Gap Analysis and the text of the letter to accompany the submission, that would be signed by the NHS Board Chief Executive and two Local Authority Chief Executives;
3. Acknowledged the concerns over Nursing accountability, but noted the assurances provided;

4. Noted the advice from the Interim Chief Medical Officer about the role of the Medical Director; and
5. Agreed to await further updates.

2020/05/117

**COVID -19 – MOBILISATION PLAN**

The Board noted the verbal update from Ms Knox on the development of the Mobilisation Plan, and that updated versions were being circulated to Board Members on a weekly basis. Members asked that their thanks go to key staff involved in compiling the Plan on a weekly basis, in particular Ms Barkby and Mrs Rafferty.

**THE BOARD:**

1. Noted the verbal update; and
2. Noted that updated versions were being circulated to Board Members on a weekly basis.

2020/05/118

**COVID 19 MOBILISATION PLAN – NEXT PHASE: RESPONSE, RECOVERY AND RECONFIGURATION**

The Board received and discussed a number of papers in relation to the key activities around the next phase of the Mobilisation Plan.

In a letter from Mr John Connaghan, Interim Chief Executive, NHS Scotland, dated 14 May 2020, it was made clear to all NHS Boards that Mobilisation Plans had to develop to reflect a new phase of the Covid-19 NHS response. This letter signalled that NHS Boards should look to understand what needs to be kept in reserve to deal with existing Covid-19 priorities, while planning for the restoration of services which have, at least in part, been paused due to Covid-19 in a safe and incremental way.

A further letter was received Mr John Connaghan, Interim Chief Executive, NHS Scotland, dated 20 May 2020, which set out Scottish Government expectations around the safe and incremental re-start of some paused activity, whilst maintaining appropriate COVID-19 resilience planning and protecting support for social care.

It was noted that a response has been sought by 25 May 2020, and Board Members would be provided with a copy of the return.

Board Members were also provided with an update on the progress being made by the Response, Recovery and Redesign Oversight Group. As part of the work of the Group, three examples of discussions around service redesign were provided, namely for elective theatre activity, the restarting of a pre-operative assessment service, and the establishment of an Ophthalmology Diagnostic Hub.

The Board was also provided with a short report, sought by Scottish Government, on existing policies for managing mental health service

waiting lists, which described what NHS Lanarkshire was doing during the Covid-19 pandemic emergency period.

Mr Brown highlighted that the revised Plan will be widely disseminated after being submitted to Scottish Government and will be accompanied by a Communications Plan.

**THE BOARD:**

1. Noted the Plan and the updates provided by Officers;
2. Agreed to discuss the plan in greater detail at the Non Executive briefing meeting on 10 June 2020; **P Cannon**
3. Agreed to discuss the updated plan at the 24 June Board meeting, along with the associated Communications Plan; and **C Brown**
4. Noted the NHS Lanarkshire position on the provision of Mental Health services during the Covid-19 pandemic emergency period.

2020/05/119

**FINANCIAL REPORT**

The NHS Board received a paper, which outlined the financial position to 31 March 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 May and June of 2020.

The NHS Board ended the year breakeven from a revenue resource limit of £1,470.586m and matches the Board's planned AOP trajectory. Additional funding was provided to cover costs of preparing for COVID 19 during March 2020. In line with guidance, the year-end position treats the £6.715m surplus on funding delegated to the IJBs as being transferred to IJB reserves.

At £21.511m, the year end efficiency recorded was more than the £17.754m target at the start of the year. The Board's financial plan relied on £17.754m of savings to bridge the gap between predicted cost growth and the allocation uplift and opened with a gap of £2.103m. The gap closed and the target exceeded, largely through identifying national opportunities for cost reduction. A significant element of the savings were delivered on a one off basis and so 2020/21 opens with a recurring gap of £8.853m.

The 2019/20 capital plan was delivered within target. There were a number of minor changes agreed with Scottish Government in March 2020 to reflect the impact of Covid 19 on the capital plan.

**THE BOARD:**

1. Noted that subject to audit, the Board had met all three financial targets for 2019/20.

2020/05/120

**MONKLANDS REPLACEMENT PROJECT – UPDATE**

Mrs Mahal reminded Board Members that a separate briefing session had been arranged for 3 June 2020 to hear proposals put forward by the Consultation Institute on the new site selection consultation and scoring process.

Members also noted that the process would be discussed at the MP/MSP briefing meeting on 12 June 2020, and thereafter by the Monklands Replacement Oversight Board, who would make a recommendation to the Board, at the special meeting arranged for 30 June 2020.

It was agreed to circulate the background papers, along with recent Scottish Government correspondence on the timing of the site selection process, in due course.

**THE BOARD:**

1. Noted the update and the plans in place to discuss the process at the briefing session on 3 June 2020;
2. Noted that the recent correspondence from Scottish Government would be circulated; and
3. Agreed to await a report from the Monklands Replacement Oversight Board, and discuss this at the Special Board meeting on 30 June 2020.

P Cannon

C Lauder

2020/05/121

**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 (April 2020) including new or closed risks. He added that the Covid Risk Register that was reviewed by the Gold Command on a daily basis was included and cross referenced with the Corporate Risk Register.

Mr Moore asked about risk number 1850 on the Monklands Business Continuity Risk Register, and Mr Lauder undertook to update this for the next report.

Mr Moore sought and received assurances around the risk described at HMP Prison Shotts (Substitution Therapy).

Mr Cannon also drew Members attention to Appendix 5 of the Report which was the paper discussed at the Audit Committee on 20 May 2020, on the Review of Assurance on Adequacy of Risk Systems During Emergency Footing and Recovery, which was commented on positively by both Internal and External Audit colleagues.

**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 other changes to the corporate risk register for this reporting period as recorded in Appendix 1;
3. Approved the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance for 5 very high graded risks as at 16th April 2020;
4. Noted the very high graded risks across NHSLS;
5. Noted the COVID-19 incident specific risk profile including the very high graded risks;
6. Noted the clinical service risk profile in the context of the recovery and reconfiguration planning;
7. Noted the Corporate Risk Register, accurate as at 21st May 2020, set out in Appendix 2. Noting the COVID-19 incident specific risk profile, risks by category and the very high graded risks;
8. Noted the summary report prepared for every Strategic Command meeting, appendix 3;
9. Noted the COVID-19 Risk Register, accurate as at 21st May, set out in appendix 4; and
10. Noted that the Audit Committee, through consideration of a paper in appendix 5, confirmed adequacy of the risk management systems in place during the Covid-19 response and the recovery period.

2020/05/122

**ANY OTHER COMPETENT BUSINESS**

Mrs Mahal took the opportunity to remind Board Members of forthcoming dates of briefing meetings, and other planned events. The weekly Friday Round Ups was not compiled for 22 May 2020 in view of the fact that Board papers were distributed that week, and the Board papers covered many of the topics that would have been included in the Round Up.

Mrs Mahal also reiterated her thanks to Mr C Campbell before he takes up his secondment with NHS Lothian on 15 June 2020.

2020/05/123

**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

2020/05/124

**PRIVATE SESSION**

Board Members agreed to invoke Standing Order 19.5 to discuss a paper in private session, due to the commercially sensitive material contained within the paper. The paper set out the need to extend the current Laboratory Managed Service Contract, by 13 months, and sought Board approval to proceed on this basis.

**J Park****THE BOARD:**

1. Agreed that the current Laboratory Managed Service Contract be extended by 13 months.

2020/05/125

**DATE OF NEXT MEETING**

Wednesday 24<sup>th</sup> June 2020 at 9.30am.

DRAFT