Lanarkshire NHS Board

Kirklands Hospital Fallside Road Bothwell G71 8BB Telephone: 01698 855500 www.nhslanarkshire.scot.nhs.uk



Note of a discussion held on Friday 13 March 2020 at 12noon by teleconference

CHAIR:	Mrs N Mahal, Non Executive Director
PRESENT:	Mr A Boyle, Non Executive Director (elect)
	Mr C Campbell, Chief Executive
	Mr G Docherty, Director of Public Health
	Mr M Fuller, Non Executive Director
	Councillor P Kelly, Non Executive Director
	Mrs L Macer, Employee Director
	Ms L MacDonald, Non Executive
	Councillor McGuigan, Non Executive Director
	Mr B Moore, Non Executive Director
	Dr A Osborne, Non Executive Director
	Dr L Thomson, Non Executive Director
IN	
ATTENDANCE:	Mr P Cannon, Board Secretary
	Ms H Knox, Acting Chief Executive
APOLOGIES:	Mrs L Ace, Director of Finance
	Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals
	Dr J Burns, Executive Medical Director
	Mr P Campbell, Non Executive Director
	Mr E Docherty, Director for Nursing Midwifery and Allied Health Professionals
	Mrs M Lees, Chair, Area Clinical Forum
	Miss M Morris, Non Executive Director

INTRODUCTORY REMARKS

Mrs Mahal welcomed colleagues to the telephone conference and indicated who was on the line.

Mrs Mahal reported that the call had been arranged to bring Board Members up to date on two specific issues. Before discussion Mrs Mahal outlined the etiquette and ground rules for participating by teleconference. She asked all who were participating to support her so that the telephone conference could be proceed in an orderly and inclusive manner.

MONKLANDS SCORING EVENT

By way of introductory remarks, before inviting the Board Chief Executive to update the Board, Mrs Mahal shared her frustration and disappointment at the situation that the Board now faced in respect of the scoring event.

She, however, highlighted that it was important to recognise that those involved in the scoring event had come forward to raise issues from the scoring event quickly, and transparently, and she was grateful for this.

Mrs Mahal added that it was testament to the healthy culture of the organisation that individuals felt able to raise their concerns about the difficulties that had emerged on the day. However, this did not detract from the seriousness of the issues or the lessons that must be learned. Mr Campbell echoed these remarks and said that he was proud of colleagues who had come forward to raise concerns about the scoring event.

Members were provided with a short report outlining the issues that had emerged, which Mr Campbell summarised as follows.

Technical Issue

There was a significant technical issue with the failure of the electronic voting system to operate as planned. It had been intended that all participants would place their scores via a hand-held electronic device. The technology system failed on the day, therefore a paper-based system was quickly implemented. However, this did lead to confusion amongst scorers and confusion over the collation of the paper based results.

• There were concerns about the number of participants who attended

The scoring event set out to achieve a panel of 100 people, as agreed by the Monklands Oversight Replacement Board, and the NHS Lanarkshire Board, these being comprised of 51 members of the community and 49 staff from NHS Lanarkshire and health service partners. However, only 87 people in total attended the event.

• Representative balance

Because the scoring system failed, and a paper system was used to collect information, it was not possible to fully determine the balance between members of the community and staff, or where they were located, as there was some confusion on the part of participants about the detail to be added to the sheets.

Mr Campbell reported that the Board's independent advisers, the Consultation Institute, and NHS Lanarkshire, had reached the conclusion that they were not content with the robustness of the process as it stood.

The Consultation Institute, in discussion with NHS Lanarkshire, agreed that the solution was to take the following actions:

- Withdraw the results from the scoring exercise as they were neither robust nor representative;
- Produce a press release to this effect and confirm how this would be rectified;
- Undertake an additional scoring process with the 100 designated individuals via a postal submission;
- To build public confidence, the Consultation Institute would manage the whole scoring process from production and issuing of information to scorers through to the collection and collation of scores, and then reporting the outcome to the wider public and NHS Lanarkshire Board.

Members were invited to comment on the briefing provided and the update from the Chair and Chief Executive. All Board Members expressed their disappointment at the situation but were supportive of the approach adopted, and acknowledged that the concerns raised were done so with candour and transparency, which exemplified the culture of openness that existed in NHS Lanarkshire.

There was a wide ranging discussion about the additional scoring event being taken forward by postal ballot, from a practical perspective, and Mr Campbell reassured Members that the views of

the Consultation Institute and the Scottish Health Council about the best way forward would be front and centre of the plans to be put in place. Those detailed discussion were yet to be concluded.

It was also acknowledged that the details around the revised scoring event would have to be discussed and endorsed by the Monklands Replacement Oversight Board, and recommended to the NHS Board for decision, as a revised process.

Dr Thomson stated that she would discuss the revised arrangements with Mr Lauder with a view to taking a proposal to the Monklands Replacement Oversight Board as soon as possible, so that a recommendation could be made to the NHS Board.

Mrs Mahal indicated that she had been approached by elected representatives about their concerns about the scoring event and this was being addressed separately.

Mr Campbell indicated that together with the NHS Board Chair, he had briefed the Director General (who in turn briefed the Cabinet Secretary) on the need to withdraw the scoring results and undertake this process again.

Mrs Mahal indicated that while the NHS Board did not operate within a blame culture, it was still important to learn lessons from the event, in order to ensure that that these lessons were embedded in the revised arrangements. It was agreed that a lessons learned exercise would be undertaken at an appropriate time, through Dr Thomson's oversight, and reported to Board Members thereafter.

Members were asked to support the series of actions that had already been undertaken, and would need to be taken, with a further update to the NHS Board at the end of the month.

- Agree to withdraw the scoring results;
- Inform the public of this decision and the rationale for it;
- Discuss with the Consultation Institute a revised independent scoring exercise managed by the Institute;
- Acknowledge the role of the Monklands Replacement Oversight Board in endorsing the new arrangements and making a recommendation to the NHS Board;
- Acknowledge the slippage in timelines due to the additional work to be undertaken;
- Ask that a lessons learned exercise be undertaken and reported to Board Members in due course; and
- Formally record discussions held as part of the Board meeting on 25 March 2020.

Members supported these actions.

COVID-19 - UPDATE

Mr Campbell provided a brief update on the challenges being faced and the advice and guidance being issued by the UK and Scottish Government. The immediate priorities were ensuring that services could continue to operate, that the ICU capacity was increased, that staff are kept informed and protected, and that staff are redeployed where possible.

Mr Campbell referred to the Mobilisation Plans that Scottish Government had requested be submitted, and this was being revised to add financial details, and being submitted separately. He updated Members on the prioritisation of services and the plans to reduce elective activity.

Members were also provided with a Public Health perspective from Mr Docherty on the emerging threat and the profile of the pandemic globally and nationally. Mr Docherty emphasised the social distancing measures put in place by the UK Government. It was also noted that the Board was working closely with Local Authority Partners and he, together with other Board Directors, would be attending the Local Resilience Partnership meeting later in the afternoon.

It was agreed that in view of the advice from UK Government to ensure that social distancing was enforced the NHS Board meeting on 25 March 2020 would be held by telephone conference.

Other meetings, including Governance Committees, were being reviewed and where they were proceeding, arrangements would be put in place for these to meet virtually. The Chair advised the Board that the Healthcare Quality Assurance & Improvement Committee and the Acute Governance Committee meeting(s) had been stood down, but she was working with the Board Secretary to consider how the Board would continue to exercise oversight and governance under these circumstances in a different way.

Members noted the update and that work was being done to review governance arrangements. They also expressed their support and thanks to all staff who were working to respond to this situation for their efforts.

CLOSING REMARKS

Mrs Mahal thanked everyone for participating, and for adhering to the telephone etiquette guide agreed at the beginning of the conference call.

The called ended at 12.45pm