

Lanarkshire NHS Board

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Minute of Meeting of the Lanarkshire NHS Board
held on Wednesday 29 April 2020 at 9.30am
by telephone conference

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 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
Dr L Findlay, Medical Director, South Health & Social Care Partnership
Ms H Knox, Director of Acute Services/Deputy Chief Executive
Mr C Lauder, Director of Planning, Property & Performance
Mrs K Sandilands, Director of Human Resources
Mr D Wilson, Director of Information and Digital Technology

APOLOGIES: Mr P Campbell, Non Executive Director

2020/04/78 **WELCOME**

Mrs Mahal welcomed colleagues to the meeting. Mrs Mahal highlighted that since the last Board meeting two staff member colleagues had sadly passed away, Eddie Docherty and Kirsty Jones. The Board observed a minute of silence in commemoration and reflection.

2020/04/79 **DECLARATION OF INTERESTS**

There were no declarations of interest in respect to any items on the agenda for today's meeting.

2020/04/80

MINUTES

The minutes of the meeting of the NHS Board held on 25th March 2020 were submitted for approval.

THE BOARD:

1. Approved the minutes of the meeting held on 25th March 2020.

2020/04/81

MATTERS ARISING

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

2020/04/82

ACTION LOG

The NHS Board considered an updated Action Log and it was agreed that Mrs Mahal and Mr Cannon would update this to separate those items that needed to be put on hold for the foreseeable future, and those where actions were expected to be progressed.

**N Mahal /
P Cannon**

2020/04/83

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the Board.

Mrs Mahal formally recorded her thanks to the Corporate Management Team, and all staff, for their significant efforts in responding the COVID-19 pandemic.

Mr Cannon indicated that the use of MS Teams was now increasingly prevalent within the organisation and that measures, such as guides and an IT training contact point, will be put in place to support the introduction of the use of Microsoft (MS) Teams for Non Executive Board Members. It was hoped to be in a position to use MS Teams for the Non Executive Members briefing on Wednesday 13th May 2020, 3.30pm - 5.00pm.

Mrs Mahal provided a brief update following a recent Chairs meeting and highlighted that Dr Carol Tannahill had been appointed to lead the Scottish Government Health Department efforts around COVID-19 recovery at a population level, not operational level. It was agreed to circulate the feedback from the Chairs meeting to all Board Members for information.

P Cannon

THE BOARD:

1. Noted the update from the Board Chair; and
2. Noted the measures being put in place to support the roll out of MS Teams for Non Executives to use.

P Cannon

2020/04/84

REVISED GOVERNANCE ARRANGEMENTS

The NHS Board received and discussed a paper which provided Board Members with an overview of proposed changes to the corporate governance arrangements during the Covid-19 pandemic, to ensure that the governance arrangements effectively supported the Board's management of

the public health emergency, whilst providing essential scrutiny and assurance.

It was important that NHS Lanarkshire continued to work within the required existing legal framework, whilst addressing the significant challenges faced in responding to Covid-19.

It was also acknowledged that the full impact of Covid-19 on activity and finance was not yet known but Covid-19 was recorded on the Corporate Risk Register as a Very High risk, and there were weekly financial updates made to Scottish Government on Covid-19 related expenditure.

There was a risk that existing Governance arrangements would not provide the Board with the necessary assurance and oversight of the response to Covid-19 and that the Senior Leadership Team would be unnecessarily diverted from directing their efforts and resources in the immediate response to the Coronavirus pandemic if they continued to service existing Governance arrangements and the range of Governance Committees.

This risk was mitigated with the proposals outlined in the paper. However, it was proposed that a further assessment of risks and any other measures which needed to be put in place should be considered by the Audit Committee.

Board Members had been given an opportunity to comment on the proposals electronically prior to the Board meeting, and the Chair had undertaken individual discussions with Governance Committee Chairs.

The Board Secretary had also shared the proposals with the Chief Executive and the Internal and External Auditor(s).

Mrs Mahal encouraged Lead Directors and Non Executive Chairs of the Staff Governance Committee, Audit Committee and Healthcare Quality Assurance & Improvement Committee to review the dates of the next scheduled meetings of their Committees and carefully consider whether their respective Committees needed to meet to discuss key issues and provide assurance in advance of the May Board meeting.

In response to Mr Moore's observation about decision making, it was also agreed to try to better capture, and on a more consistent basis, the risks being managed by Silver Commanders so that the Board could be fully assured with clear audit trails, especially where the decision of Gold and Silver Commanders was divergent from national guidance, or local policy or changes to service provision/modes of operation had been made. Mrs Mahal indicated that retrospective governance was operating across NHS Boards so as not to get in the way of the agility of Command resilience structures and the immediacy of responses required.

P Cannon

In response to Dr Osborne, Mrs Mahal indicated that the Board, in keeping with all other NHS Boards, had decided that in the circumstances it was not possible for the public to attend Board meetings, as these needed to take place virtually, and this was in line with guidance from Scottish Government. In order to address this, Boards were encouraged to publish papers on their web site, as fully as possible, and ensure that draft minutes

were posted to the web site as quickly as possible. Mrs Mahal confirmed that this practice would be adopted fully in NHS Lanarkshire.

THE BOARD:

1. Approved the standing down of the monthly Performance, Planning and Resources Committee and agree to hold virtual monthly Board meetings, which would not be held in public due to restrictions in place to support safety during COVID-19;
2. Noted the options open to revising governance arrangements;
3. Approved option 3;

To continue virtually with the Audit Committee, Staff Governance Committee, and the Healthcare Quality Assurance and Improvement Committee, as and when required, to provide scrutiny, assurance and oversight of key aspects of the COVID 19 Mobilisation Plan and resilience response

It was also acknowledged that these three Governance Committees should review their work plans and, where possible to do so, continue to progress urgent non Covid-19 related business.

4. Agreed to the Audit Committee undertaking a further assessment of risks in relation to the revised governance arrangements;
5. Noted the range of communications put in place to keep Non Executive Board Members up to date; and
6. Agreed to review these revised arrangements at the June 2020 Board meeting.

2020/04/85

NON EXECUTIVE BOARD MEMBER PORTFOLIO CHANGES

The NHS Board received and discussed proposals set out in a paper which outlined recent changes in the Governance Portfolios of Non-Executive Directors from 1 April 2020. This reflected the appointment of Ms Lesley McDonald as a Non Executive Board Member with specific responsibilities as the Board's Whistleblowing Champion in February 2020, and the formal appointment of Mr Ally Boyle from 1 April 2020, who replaced Mr Michael Fuller.

It was also noted that in order to support longer term succession planning, a fuller review of portfolios would be undertaken by the Chair in the summer of 2020.

In addition, and in response to a number of approaches by members of the public to make Covid-19 specific donations, the Endowment Trustees had unanimously agreed (by electronic means) to accept donations for Covid-19 through Just Giving into a specific fund, and to devolve the set up and decision making process for applications against the fund to a Steering Group. Board Members were also asked to note the Non-Executive composition of the Steering Group and that this was reflected in the update of portfolios.

The specific changes were that Mr Ally Boyle would be a Member of the following Governance Committees:-

- Monklands Replacement Oversight Board;
- Healthcare Quality Assurance & Improvement Governance Committee; and
- Population Health, Primary Care and Community Services Governance Committee.

Ms Lesley McDonald would be a Member of the following Governance Committees:-

- Staff Governance Committee;
- Acute Services Governance Committee;
- South Lanarkshire Integration Joint Board; and
- Endowments Sub- Committee

as well as being the Board's Whistleblowing Champion.

Both Non Executive Board Members would also be Endowment Fund Committee Trustees.

In addition, it was noted that Mr Brian Moore, Ms Lesley McDonald, Mrs Lilian Macer and Ms Maureen Lees would be Members of the Steering Group set up by Endowment Trustees to support the decision making around public donations in response to Covid-19.

THE BOARD:

1. Approved the changes summarised in the paper;
2. Noted that a fuller review of portfolios will be undertaken in the summer of 2020 to support succession planning;
3. Noted that all Non-Executive Board Members are members of the Planning, Performance & Resources Committee and are Trustees of the Endowment Fund Committee;
4. Noted that the Endowment Trustee had established a Covid-19 Steering Group; and
5. Noted that a further updated list of portfolios would be circulated to all Board Members.

2020/04/86

COVID-19 - UPDATE

The Board noted a verbal update from Mr G Docherty providing the context to the papers on the agenda, and an overview of current key activity.

It was noted that one of the main issues being currently addressed was the support for Care Homes and Social Care, from a personal protective equipment perspective, and in supporting staff in the Care Home sector in keeping them and their residents safe and well during this period, as well as

providing additional in-reach nursing staff, and a wide range of other professional support.

Mr Docherty stated that these efforts were co-ordinated through a Care Home Sub Group that had been established at the outset of the pandemic and that further guidance had come from Scottish Government on supporting Care Homes by undertaking risk assessments and strengthening engagement. A Strategic Care Home Group chaired by Mr G Docherty had been set up in response. The Board noted that this did not replace the existing accountability structures for Care Homes.

In response to a request for further information about Care Homes, from Dr Osborne, it was agreed to compile a briefing note and send this to all Board Members. Mrs Macer pointed out that while acknowledging that a number of the Care Homes were independently managed it was still important for the Board to play a key role in ensuring that all Care Homes provided personal protective equipment and supported their staff appropriately.

Mr Docherty also referred to his work as Chair of the Directors of Public Health, and the work this group were engaged in with Scottish Government, in describing and planning for the next phases of the Scottish Government's response to the pandemic.

THE BOARD:

1. Noted the update from the Director of Public Health; and
2. Agreed to await further information in relation to the assessment of Care Homes and support provided.

G Docherty

2020/04/87

COVID-19 ETHICAL ADVICE AND SUPPORT ADVISORY GROUP

The NHS Board received and discussed a paper from Dr Burns which set out how the Board should respond to the request to establish a local Ethical Advice Group to support Covid-19 ethical decision making, and work with a National Group established by Scottish Government. Dr Burns highlighted that Scottish Government had issued guidance on an ethical advice and support framework on 3 April 2020.

Board Members were advised that draft Terms of Reference for such a local group had been devised and these were shared with the Board for information, at this stage. Dr Burns highlighted that at the first meeting of the local group they will be asked to formally approve their Terms of Reference, after which these will be formatted to be consistent with the Board's Governance, and other Committees, Terms of Reference, and Board Standing Orders, and brought back to the Board for formal approval.

Dr Burns stressed that this was a stand-alone group which would access existing structures and would report into the Gold Command and, through the Board Chair and Chief Executive, to the Board, as appropriate. It was important to ensure that it could operate with agility to support Gold Command and be reported into the Board as required. To support Covid-19 activity this would be through retrospective reporting, which is how the Board was currently operating.

It was proposed that Margaret Morris, be appointed as Chair, and Ally Boyle, as Vice Chair, of the Group. The proposal and proposed membership with Non-Executive involvement had been discussed with the Board Chair who had in turn spoken with Miss Morris and Mr Boyle.

In response to Mr Moore, Dr Burns explained that the issues to be considered would be referred to the group through the Command structure, and the existing clinical management structures, where appropriate. In response to a question from Dr Thomson, Dr Burns emphasised that the role of the group, at least initially, would be to support decision making around Covid-19 ethical issues, and not wider ethical issues that may arise, or individual patient care issues.

Board Members welcomed the establishment of the Group.

THE BOARD:

1. Approved the establishment of the Ethical Advice and Support Advisory Group in line with Scottish Government Guidance;
2. Approved the appointment of Margaret Morris, as Chair, and Ally Boyle, as Vice Chair of the Group; and
3. Endorsed the proposed Membership and Terms of Reference recognising that this would be discussed at the first meeting of the group and will come back to the Board for approval in due course.

J Burns

2020/04/88

COVID-19 SILVER COMMANDER UPDATES

The Board received a number of Silver Commander reports which were taken in turn.

Silver Command - **Clinical Group** - Dr Findlay highlighted the key risks being managed and the mitigation put in place while referring to the Mobilisation Plan which contained a great deal of detail about how clinical services have had to adapt to Covid-19, and the wide range of changes made. Dr Findlay also referred to the SBAR and highlighted the work around clinical pathways, Intensive Care capacity, renal replacement therapy, the additional beds at Udston Hospital, the development of a Covid-19 hub, and two Community Assessment Centres, the support being provided to Care Homes, which was significant, the provision of guidance around shielded patients, and around resuscitation, and staff testing.

Dr Findlay provided further detail around the resuscitation guidelines, stating that Gold Command had adopted the UK Resuscitation Council Guidance rather than Health Protection Scotland (HPS) Guidance for Cardio Pulmonary Resuscitation (CPR) and Personal Protective Equipment (PPE) in relation to Covid positive or suspected patients. The Resuscitation Council guidance views CPR as an Aerosol Generating Procedure (AGP) and as such requires a higher level of PPE than HPS guidance. The guidance and NHSL's response continue to be kept under review as more evidence becomes available.

Silver Command - **Logistics Group** - the report from the Group set out the key issues and Mr Lauder drew attention to three issues. The provision of piped oxygen, which had been a significant engineering challenge, the provision of Personal Protective Equipment, and supporting clinical services in expanding clinical capacity with the right equipment and necessary support services.

In relation to Personal Protective Equipment (PPE), Mr Lauder reported that it was important to note that the supply chain arrangements had changed radically from pre Covid-19, where this was a just in time supply arrangement, to one where buffer stocks and regular national top up deliveries were now in place. Challenges still existed in the supply chain but where these are highlighted they are addressed immediately. Councillor McGuigan asked for clarification on news of PPE deliveries being made to Prestwick Airport and whether these were for NHS Lanarkshire. Mr Lauder reported that the delivery at Prestwick Airport was for the National Distribution Centre, which is located in NHS Lanarkshire's area, but this was a national service. In addition, the current position on PPE stock in NHS Lanarkshire was stable, but it was noted that there had been intermittent issues related to some items over the past two months.

In response to Councillor McGuigan, it was reported that the water quality issues at Udston Hospital had been addressed robustly, and to provide local assurance the quality of the water supply continued to be subject to very close monitoring. Mr Lauder reassured the Board that the water supply had always been, and remained, safe for patients and staff.

Miss McDonald asked about the implications of limited cleaning in certain areas and received assurance that there were no concerns.

Silver Command - **Communications Group** - the report from the Group set out the key issues. Freedom of Information requests had been subject to emergency legislation and this extended the deadline for responses from 20 working days to 60 working days. Communications staff continued to respond to MP and MSP correspondence. It was noted that in the last month a total of 111 MP/MSP/ Scottish Government enquiries had been received on Covid-19 related issues.

Mr Brown highlighted the very positive feedback from the BBC News article at University Hospital Wishaw, and the filming taking place currently by BBC at University Hospital Monklands to film a documentary, which would be aired next year.

Mrs Lees also highlighted that the video of the Lanarkshire Choir was highlighted on BBC Breakfast News, and in Parliament.

In response to Mr Moore, Mr Brown stressed the proactive approach which was being taken to communicate with key stakeholders, including elected members, at this time.

Silver Command - **Workforce Group** - the report set out the focus of the group which had been to quickly increase workforce support and supply, involving fast track recruitment, training, a staff helpline and a programme of staff testing. In addition, the Directorate had prioritised realigning resources to areas of greatest need.

Mrs Sandilands highlighted that in the last 4 months, 1,638 offers of employment have been made, of which 542 were bank (33%) and 1,096 (67%) were substantive. A very small number of the substantive posts were fixed term appointments over establishment e.g. 3 Biomedical Scientist, 3 Senior Managers, 9 Radiographers, 59 Bank Workers (although to date only 6 have accepted a firm offer).

Over 300 nursing students (3rd and 2yr students) had commenced 6 month fixed term contracts. These staff are over and above the staffed establishment. In addition, 26 medical students have commenced as interim Foundation Year 1 doctors (funded through NNHS Education Scotland).

Occupational Health screening staff were signposting applicants with chronic illness, are pregnant, or over 70 years old, to Scottish Government guidance and following these up as appropriate.

In relation to staff testing, to date 2,203 staff had been tested with 493 positive results. The total estimated days saved was 7,559 days. Dr Osborne sought assurance about testing capacity and Mrs Sandilands highlighted that the capacity was being increased by using both local and national lab facilities.

Silver Command - **Digital & IT Group** - it was noted that the eHealth department had been required to make immediate and rapid decisions which may be in breach of internal policy, procedure or legislation e.g. General Data Protection Regulations / Data Protection Act (2018) for operational reasons. The report from the group detailed all of the key changes that had been necessary to support the organisation.

Mr Wilson reminded the Board that in many instances these decisions were having to be based on assurances from staff, users, services and suppliers over working practices without the usual in-depth analysis, scrutiny, contractual and commercial considerations, agreements, schematics and technical documentation.

Mr Wilson then highlighted the efforts to match newly recruited staff to access rights to various clinical and non clinical systems, extending access to NHS Lanarkshire IT systems to other NHS Boards, and primary care contractors, the roll out of Digital Visiting, the roll out and deployment of over 1,000 laptop devices to facilitate remote working, and wifi and network upgrades to support remote access services. Mr Wilson also added that as part of mutual aid NHS Lanarkshire had loaned out to NHS Boards the following equipment: Highland 550 iPads, Borders 40 iPads, Fife 250 iPads, and Greater Glasgow & Clyde (for the Louisa Jordan Hospital) 8 network stacking units.

Silver Command - **Finance Group** - Mrs Ace stated that the main focus of the Silver Finance Group had been to ensure Covid-19 related expenditure was captured, understood and factored in to an annual forecast and submissions to Scottish Government, to ensure continuity of key financial services, and agree amendments to the annual accounts process in light of the disruption caused by isolation and social distancing.

In addition, Mrs Ace highlighted the disruption caused by isolation and social distancing measures which had delayed the 19/20 annual accounts

process. Nationally an extension of up to 3 months had been agreed by Audit Scotland. NHS Lanarkshire had reached an agreement with Audit Scotland that the main accounts audit will start one month later, on 8th June. Endowment and patients funds accounts would-not be prepared in parallel to the main accounts as in previous years, but in sequence. The implications for Audit Committee meeting dates and final signing dates were being worked through.

Additional expenditure authorised by various groups to prepare for Covid-19 amounted to £1.842m in 19/20 (of which £0.372m was capital). On top of this there was a nationally agreed methodology for calculating increased Prescribing costs as patients stocked up, and for additional cancelled annual leave in March 2020. Mrs Ace emphasised that at Month 11 the Board was on target for breakeven. If there was no funding solution to the additional expenditure in 19/20 the Board would have an in year deficit. Discussions were ongoing with Scottish Government to identify a solution.

It was noted that the forward modelling for 2020/21 was fluid given the evolving understanding of the outbreak and required response. At present the forecast additional costs were considerable but these were being refined on a weekly basis.

THE BOARD:

1. Noted the updates from the Silver Commanders, the areas of risk identified; and
2. Endorsed and supported the range of decisions made, retrospectively.
3. Acknowledged the need to consider new dates for a future Audit Committee and Board meeting in response to changes in the sign off of the annual accounts process.

2020/04/89

COVID-19 GENERAL SURGERY SERVICE CHANGES

The NHS Board received a verbal update from Ms Heather Knox on the recent changes to emergency general surgery which for operational reasons (to consolidate surgical rotas), and to reflect Covid-19 requirements to rationalise the use of theatres across all three sites (by releasing theatre staff capacity to be retrained to work in Intensive Care), it had been decided to centralise emergency general surgery services at University Hospital Wishaw. Ms Knox reported that the changes were urgent in nature in order to protect stretched surgical rotas, and to maintain surgical capacity during the Covid-19 pandemic. This was planned in co-operation with NHS 24 and the Scottish Ambulance Service and was implemented on 6 April 2020.

As part of the planned changes, it had been agreed to review the service at the end of May 2020, and this was being planned. A further update will be provided to the NHS Board in June 2020.

In response to Mrs Lees, Ms Knox reported that the service was reconfigured to release theatre staff to the Covid-19 effort, especially in scaling up Intensive care capacity, and in consolidating rotas, and in that respect the changes had delivered the objectives set. Ms Knox added that in

common with all changes made of this magnitude, and at speed, there were changes being made as staff became familiar with new ways of working, and this would be captured as part of the wider review.

THE BOARD:

1. Noted that the emergency general surgery services had been consolidated on the University Hospital Wishaw site from 6 April 2020 in response to COVID-19;
2. Noted the update and risk assessment which had been undertaken; and
3. Agreed to receive a further update following the review of the changes made, and to add this to the Board workplan for June 2020.

2020/04/90

COVID-19 MOBILISATION PLAN

The NHS Board received and noted an updated Mobilisation Plan (version 6). It was noted that this was not published on the Board's web site in keeping with advice from Scottish Government not to publish every version of the plan, which was updated and submitted each week to Scottish Government.

Ms Knox referred to updated Plan and highlighted the significant changes made in this version, including the beds supported by piped oxygen, releasing the beds at Kilbryde Hospice, Mortuary capacity, the recent focus on Care Home provision and the Reconfiguration and Recovery work being led by Ms Barkby.

In response to Mr Moore's question about delivering urgent cancer services, Mrs Knox agreed to circulate further details on the West of Scotland approach to this.

Mr E Docherty provided information on the transmission of infections and separating COVID and Non-COVID presentations in response to Dr Osborne's question about Infection Control.

Members asked about plans for Recovery and Dr Burns indicated that the focus would be on prioritising a safe environment for urgent scheduled care.

THE BOARD:

1. Noted the updated Mobilisation Plan (version 6); and
2. Requested a further briefing on delivering cancer services.

H Knox

2020/04/91

STRATHCLYDE UNIVERSITY DYNAMIC MODEL

The NHS Board received and noted a paper from colleagues at Strathclyde University who had been working with Corporate Management Team colleagues to devise a model that might be useful in predicting acute hospital Covid-19 related demand generally, and especially intensive care bed capacity. The paper set out graphs showing immediate past activity,

future activity as currently predicted, and comparisons with the emerging Scottish Government model.

It was acknowledged that the modelling work that had been undertaken by Strathclyde University was extremely useful and was proving to be very accurate, and the assumptions and predictions continued to be refined.

Mr Campbell reported that NHS Lanarkshire had entered into a strategic partnership with Strathclyde University, in the absence of national data modelling being shared with the Board, and, further, it was noted that other NHS Boards were now working with Strathclyde University to develop local models. Members were advised that the model was shared with Scottish Government colleagues in a conference call involving the Board, and Strathclyde University, on the Scottish Government colleagues on Friday 10 April 2020. It was noted that the Scottish Government and Strathclyde University models differed in terms of predicting peaks of intensive care activity, and that to date the Strathclyde University model appeared to match actual demand.

It was agreed that it would be helpful to invite Strathclyde University colleagues to brief the Non Executive Board Members in a separate session to be arranged during May 2020.

Miss Morris asked for more narrative to be provided alongside the graphs for the briefing session. Mr G Docherty agreed to this and advised that Dr J Pravinkumar would also support the briefing.

THE BOARD:

1. Noted the report from Strathclyde University; and
2. Agreed to arrange a separate briefing session for Non Executives sometime in May 2020.

P Cannon

2020/04/92

RECONFIGURATION & RECOVERY PLANNING

The NHS Board received and noted a suite of papers which set out how the organisation would approach a Reconfiguration & Recovery phase.

Mrs Barkby reported that in response to the need for significant capacity to be realised across NHS Lanarkshire, to deal with the predicted numbers of Covid-19 patients who were expected to require care, rapid and significant change had been enacted disrupting the delivery of Service Processes and impacting on almost all Clinical Operational Functions within NHS Lanarkshire.

To ensure effective governance was maintained in what was and continued to be a rapidly changing situation, an intelligence gathering/data capture exercise was undertaken, the aim of which was to ensure there was a record of these changes with a view to being better able to identify and mitigate the undoubted risk as the pandemic would adversely impact patients (and front-line staff) as it would be likely to lead to increased morbidity and mortality in the population directly or through unintended consequences.

A critical element of understanding the threats to the delivery of safe and effective clinical services, which was a core function of NHSL, was understanding how it was operating whilst on an emergency footing in response to COVID-19. Therefore it had been essential that the potential impact on outcomes for patients was understood by undertaking a risk analysis aligned to each service.

As part of this programme of work all services delivered by NHS Lanarkshire were reviewed by the Corporate Risk Manager, and been sensed checked and approved by Service Management, acknowledging their individual importance in maintaining a continuum of care across the population of Lanarkshire as we respond to their every health, care and wellbeing need in preventative medicine, conservative management of disease through to emergencies in all care settings, including the home, as a whole system.

In undertaking the risk analysis, some general principles were taken into consideration as listed below:

- the ‘bigger picture’
- proportionality and scale of services
- nature of the disease/condition
- self-managing disease
- impact on patients where delays in diagnosis and treatment were expected
- impact on other essential services
- certainty that risks will occur
- proximity to when the risks might materialise
- what mitigation plans are in place; including level of service sustained; prioritising of urgent cases; new ways of working and new care pathways,
- vulnerability
- known impacts

It was noted that the intention was to establish a Group to manage this process.

The second paper presented a revised Emergency Reconfiguration and Recovery Organisational SWOT, Strategy Map and the associated Strategy Enhancement Plan. A number of key performance indicators were listed on the Strategy Map relating to several strategic imperatives. These will be the main focus of attention for the year ahead whilst the organisation works through the various phases: response, recovery and reconfiguration. Whilst the exact timing for each phase was uncertain there were some indicative timings which the organisation was working to, including the outputs from ongoing work with Strathclyde University on predictive modelling, that will be used to inform the phasing of the Board’s continuity and recovery plans at the earliest opportunity.

THE BOARD:

1. Noted the update from the Interim Director of Reconfiguration & Recovery, the assessment of risks undertaken;

2. Approved the Strategy Map and Strategic Enhancement Plan; and
3. Noted the intention to establish a group to manage and co-ordinate service reconfiguration & recovery and bring back to the Board an update on how this work would be reported to the Board going forward.

I Barkby

2020/04/93

MONKLANDS REPLACEMENT PROJECT – UPDATE

The NHS Board received a verbal update from Mr C Campbell. It was noted that a revised engagement process had been proposed through work with the Consultation Institute and the Electoral Commission and discussions were ongoing with Scottish Government on the timing for the site selection phase of engagement to take place. Members noted that clinical colleagues at University Hospital Monklands had continued to express their significant concerns about any further delays to the process and had written to the Chief Executive to outline these in detail, and their desire to proceed with the site selection process without further delay.

THE BOARD:

1. Noted the update from the Chief Executive; and
2. Noted the frustration expressed by clinical colleagues concerning any further delay to the site selection process.

2020/04/94

ANNUAL OPERATIONAL PLAN 2020/21

The NHS Board received and noted a letter dated 31 March 2020 from Mr John Connaghan, Chief Performance Officer and Director of Delivery and Resilience, NHS Scotland, which indicated that the key focus for the Board would be the Local Mobilisation Plan, in the light of the pandemic, and that the latest draft Annual Operational Plan would be regarded as a baseline which would form the basis of a Recovery Plan when this could be considered.

THE BOARD:

1. Noted the letter from Mr Connaghan about the Annual Operational Plan 2020/21.

2020/04/95

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 (March 2020) including new or closed risks.

Mrs Mahal asked that consideration be given to circulation and as appropriate, fuller discussion of the COVID 19 risk register. Mr Cannon agreed to circulate the summary version of the COVID-19 Risk Register.

Mr Moore noted that the Corporate Risk Register now comprised 7 Very High risks and that the Board needed to keep a close eye on these areas.

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 NHSL;
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; and
7. Noted the Corporate Risk Register, accurate as at 16th April 2020, set out in Appendix 2.
8. Requested that the summary of the COVID 19 Risk register be circulated to Board members

2020/04/96

FORENSIC MEDICAL AND HEALTH CARE SERVICES FOR VICTIMS OF SEXUAL CRIME - UPDATE

The NHS Board received and noted an update on Forensic Medical Service developments from Mr McGuffie.

Board Members were reminded that in March 2017, the Chief Medical Officer for Scotland was tasked by the then Cabinet Secretaries for Health, and for Justice, to chair a new Taskforce to provide national leadership for the improvement of forensic medical and health care services for victims of sexual crime.

Following the creation of the Taskforce, the Chief Medical Officer published a high level work plan in October 2017, which set a clear vision of how the Taskforce and its five sub groups would drive forward improvements over the next five years.

Thereafter, Scottish Government commissioned Health Improvement Scotland to develop new national standards for forensic medical examinations, which were published in 2017. The last progress update against the standards was produced in February 2020.

It was noted that local and regional models were being developed. One of the local developments was the NHS Lanarkshire Sexual Assault Referral

Centre to replace inappropriate accommodation within the Out Patient Department. It was noted that the new facility provided a discrete and private base with one examination suite; a waiting area; an interview room; separate staff and service user toilet and shower facilities; an office; and storage space. The facility was due to open in February 2020, and is close to completion, with only the ‘snagging list’ to conclude, but work is currently on hold due to the Covid-19 restrictions.

In response to an issues raised about financing the new model, Mr Campbell intimated that the West of Scotland Health and Social Care Delivery Plan Board agreed that the future regional model should be seven days per week, which will have a recurring cost of £844,000 per annum once the non-recurrent commitment from the Scottish Government ends in March 2021. The cost to NHS Lanarkshire would be £160,000 per annum.

Further it was noted that the sustainability of the regional model and the key elements of the Forensic Medical Services (Victims of Sexual Offences) Bill would be heavily dependent on the availability of national finance to support this.

THE BOARD:

1. Noted the progress made in developing the new regional model and working towards the five HIS standards;
2. Noted the potential financial risks associated with the new regional model; and
3. Requested further updates on progress and sight of the final model for approval before implementation.

R McGuffie

2020/04/97

ANY OTHER COMPETENT BUSINESS

There were no items raised.

2020/04/98

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

2020/04/99

DATE OF NEXT MEETING

Wednesday 27th May 2020 at 9.30am.

Mrs Mahal also reminded Non Executive Board Members that there would be a Non Executive briefing on Wednesday 13th May 2020, from 3.30pm - 5.00pm.