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**Minute of Meeting of the Planning,  
 Performance and Resources Committee  
 held on Wednesday 26 February 2020  
 at 9.30am in the Board Room, Kirklands  
 Hospital**

**CHAIR:**                    Mrs N Mahal, Non Executive Director

**PRESENT:**                Mrs L Ace, Director of Finance  
 Mrs I Barkby, Director for Nurses, Midwives and Allied Health  
 Professionals  
 Mr A Boyle, Non Executive Director (Elect)  
 Mr C Campbell, Chief Executive  
 Mr G Docherty, Director of Public Health and Health Policy  
 Mr M Fuller, Non Executive Director  
 Councillor P Kelly, Non Executive Director  
 Mrs M Lees, Chair, Area Clinical Forum  
 Mrs L Macer, Employee Director  
 Mr B Moore, Non Executive Director  
 Ms L McDonald, 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 and Performance  
 Mr E Docherty, Director for Nurses, Midwives and Allied Health  
 Professionals  
 Mr M Gordon, Resilience Manager {Minutes 2020/9 and 2020/10}  
 Ms M Hayward, Head of Health & Social Care, South Lanarkshire Health  
 and Social Care Partnership  
 Dr J Keeney, Medical Director, Acute Services  
 Ms H Knox, Interim Chief Executive  
 Mr C Lauder, Director of Planning, Property and Performance  
 Mr R McGuffie, Chief Officer, North Lanarkshire Health and Social Care  
 Partnership  
 Ms J Park, Acting Director of Acute Services  
 Mrs K Sandilands, Director of Human Resources  
 Mr D Wilson, Director of Information and Digital Technology

**APOLOGIES:**            Mr P Campbell, Non Executive Director  
 Dr J Burns, Medical Director  
 Councillor J McGuigan, Non Executive Director  
 Ms M Morris, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Mrs V de Souza, Director, South Lanarkshire Health and Social Care  
 Partnership

2020/01 **WELCOME**

Mrs Mahal opened the meeting and welcomed colleagues. In particular, she extended a welcome to Ms Lesley McDonald who had joined the NHS Lanarkshire Board as a Non-Executive Board Member, with specific responsibilities around Whistleblowing, as of 1 February 2020. She also welcomed Mr Ally Boyle, as a Non-Executive Board Member (elect), and it was noted that he would be joining the NHS Board formally on 1 April 2020. Lastly, she also welcomed Mr Eddie Docherty, who had taken up post as Director for Nurses, Midwives and Allied Health Professionals, and a handover period with Ms Barkby was in place until Ms Barkby's retiral on 31 March 2020.

2020/02 **DECLARATIONS OF INTEREST**

There were no declarations.

2020/03 **MINUTES**

The minutes of the meeting held on 10 December 2019 were submitted for approval. Some minor amendments were noted to the day of the meeting (Tuesday, not Wednesday), the sederunt to reflect that Ms Knox was present, and at page 9, Ms Hayward presented the Out of Hours paper, not Mrs de Souza.

**THE COMMITTEE:**

1. Approved the minutes, subject to the minor amendments above.

2020/04 **ACTION LOG**

The Committee considered and accepted an Action Log, and noted the progress of actions described therein. The Action Log would be further amended to reflect discussion during the course of the meeting.

**P Cannon**

2020/05 **ACHIEVING EXCELLENCE UPDATE**2020/05a **Progress Reporting Programme - Update**

The Committee received a paper from the Director of Planning, Property and Performance to provide an update on progress made on the Achieving Excellence (AE) Programme. Mr Lauder summarised this for the Committee, and this led to discussion on how progress was measured, timescales set for the completion of deferred items, as well as how an overview of the work achieved was communicated to the public. Further, the Committee wished to ensure that Members were kept updated on projects that were in the pipeline, and a note of an agreed timescale. It was also noted that a refresh of the AE programme was being undertaken in May 2020.

**THE COMMITTEE**

1. Noted the report;
2. Requested further information on deferred items within the report;

3. Noted that the Communications team would be raising awareness of key achievements as part of the refresh; and
4. Requested that the Committee Members be provided with more detail on projects that were referenced in the pipeline.

C Lauder

2020/05b **Mental Health Hospital Based Complex Care**

The Committee received a paper from the Chief Officer of North Lanarkshire Health & Social Care Partnership, and Mr McGuffie led the Committee through the key points, as NHS Lanarkshire's Mental Health Services were hosted within the North Lanarkshire Integration Joint Board.

Mr McGuffie outlined the current provision of Hospital Based Complex Clinical Care (HBCCC) on two sites, with reducing demand, and the proposal was to move to a single site. A business case was being developed to consolidate the service onto the existing Hattonlea site. The Committee was being asked to note the paper and endorse an engagement plan with key stakeholders, with a further update being brought to North Lanarkshire Integration Joint Board (IJB) and the NHS Board in March 2020.

The Committee discussed the process of governance undertaken, and noted that this proposal had already been discussed at the South Lanarkshire Integration Joint Board, at their meeting on 18 February 2020. Mrs Mahal and Mr Campbell noted that concern about the governance/approval process had been expressed, given the sensitivity of the proposal. The Committee acknowledged the difficulties of consulting with different stakeholders involved in this proposal, and Ms Knox stated that lessons could be learned from this experience, especially given the complexity of orchestrating the governance process across the NHS Board and the two Integration Joint Boards.

It was agreed that it was imperative to take this forward, ensuring good engagement with relevant stakeholders. Mr Brown provided assurance that the communications team would take this forward in a sensitive and patient focussed way. The Committee noted that this should be taken forward quickly, especially with patients, and their families.

It was noted that some key work still needed to be taken finalised, particularly on the communication and engagement plan, with a clear timeline to be established which should acknowledge time to consult with those families who were anxious about any moves of loved ones, as well as any other service impacts, especially for patient safety. It was agreed that Officers should set an indicative date for the moves to provide that context.

Mrs Mahal returned to the concerns about the governance process, and noted that ultimately this was a decision for the North Lanarkshire IJB to take. The process had identified a need to carefully map out the order of consultation across all three bodies, if this involved service changes. This would ensure that all proposals would be able to demonstrate having met the appropriate governance requirements of the NHS Board. Mrs Mahal and Mr Campbell agreed that the NHS Board and North & South Lanarkshire IJB should work closely together in managing strategic planning and service change.

**THE COMMITTEE:**

1. Noted the report;
2. Endorsed the proposal to engage with patients and families;
3. Noted that further progress on the communications and engagement plan with key timescale and milestones was required; and
4. Noted that although this would be brought to the NHS Board to endorse in March 2020, it was a decision for North Lanarkshire IJB to take.

2020/06 **ANNUAL OPERATIONAL PLAN 2020 AND BEYOND**

Mr Lauder provided the Committee with a verbal update. The draft Annual Operational Plan had been submitted to Scottish Government on 13 December 2019, and, following feedback, a revised draft was submitted within the past week. Work was continuing to be progressed in conjunction with policy leads in Scottish Government, with a view to bringing the final plan to the NHS Board at its meeting in March 2020, for endorsement.

**THE COMMITTEE:**

1. Noted the verbal update.

2020/07 **NORTH LANARKSHIRE IJB STRATEGIC COMMISSIONING PLAN – UPDATE**

The Committee received a paper from the Chief Officer of North Lanarkshire H&SCP, and Mr McGuffie led Members through a detailed overview of this. The Committee was asked to note the plan and that the final version would be brought to the NHS Board for approval at the meeting in March 2020.

In relation to paediatric services, Mr McGuffie confirmed that this was being progressed and further detail would be included in the final Plan. He added that this would dovetail with the actions from the Achieving Excellence programme on paediatric care.

Mrs Macer reminded colleagues about the significant and positive progress made by NHS Lanarkshire as a Living Wage employer, and Fair Work, and the Committee agreed references to these achievements would enhance the report in a positive way. Mr McGuffie added that indicative funding was known over a three year period, and he confirmed that the plan was based on those indicative figures at this stage.

There was also widespread agreement by the Committee that this process had been very inclusive, as well as noting that there would be further input to the finalised plan from Public Health colleagues on inequalities in health.

Mrs Mahal thanked Mr McGuffie for the very significant engagement work progressed to date, underlining the positive and inclusive nature of the plan.

**THE COMMITTEE:**

1. Noted the report;
2. Noted that the finalised plan would take on board feedback as outlined in discussion on supporting staff, health inequalities and paediatric services;
3. Noted that further reporting should also link to the Achieving Excellence Programme; and
4. Noted that the final Plan would be brought to the NHS Board in March 2020.

**R McGuffie**

2020/08

**CORPORATE RISK REGISTER ASSURANCE REPORT(S)**

The Committee received a paper on the Corporate Risk Register, and was asked to note that since being presented to the Committee on 10 December 2019, the Corporate Risk Register had been reviewed by the Corporate Management Team on a monthly basis to discuss new and emerging risks, very high graded risks across NHS Lanarkshire, mitigation, and risks exceeding the corporate risk appetite.

Mr Cannon presented the update to the Committee, and also advised that the Corporate Register would be refreshed to link to the NHS Board Governance Committee Workplans to support oversight of risk through this structure. Mrs Mahal noted that it would be essential to use the Corporate Risk Register actively throughout discussion of the papers on the agenda.

The Committee discussed individual risks and received updates as follows.

Mr Gordon was in attendance to provide an update on the Safe and Effective Decontamination (Risk 1703) and advised that a Standard Operating Procedure had been developed, including reporting processes, and this was being consulted on presently. Ms Knox added that this would be updated to include Covid-19.

On Delayed Discharges (Risk 1379) it was confirmed that feedback had been received from Scottish Government and that the actions would be updated to reflect this.

On a closed risk (... safe, effective and person centred care...) Risk 1492, the Committee asked for a further detailed review through the Healthcare Quality Assurance & Improvement Committee.

On Risk 1728 (Four Seasons Healthcare), the Committee noted the material change described, and Mr McGuffie provided further background on the mitigating actions in place. It was noted that contingency planning should include consideration of whether there were TUPE considerations for staff. Mr McGuffie agreed to review further.

**R McGuffie**

The Committee noted concerns in relation to Risk 1724, in respect of the Monklands Replacement Project, which remained a high graded risk. It was acknowledged that the Hospital campus was beyond its useful life, and a risk

based approach was being used to manage this, and that this approach was well documented, and had been escalated to Scottish Government. In that regard, the Committee noted the addition of Risks 1850 and 1851 relating to University Hospital Monklands Ward 16 and Care of the Elderly services.

It was noted that Infection Control was not appearing on the Register and Mr Cannon advised that this would be reviewed.

P Cannon

**THE COMMITTEE:**

1. Noted the content of the report and the updated Corporate Risk Register;
2. Noted that the Register would be reviewed and updated in relation to specific risks identified during decisions; and
3. Noted with concern the addition of Risk 1724, in relation to the Monklands Replacement Project, particularly the impact on service delivery and patient care.

2020/09

**RESILIENCE ASSURANCE REPORT 2019**

The Committee received a report which provided an overview of the Resilience challenges that NHS Lanarkshire experienced in the period 18 February 2019 to 10 February 2020, as well as an update on the lessons learned and actions taken. The report also provided an assessment of the major resilience risks faced by NHS Lanarkshire. Mr Docherty provided an overview of the key issues and Mr Gordon was in attendance to provide further background, as required by the Committee.

Members acknowledged the significant progress that had been made through the establishment of the Resilience team, under the leadership of Mr Gordon. Mr Docherty stated that the key focus of the team was on embedding resilience within the organisation.

There was discussion in particular on the circumstances surrounding an incident involving a threat made to a GP which had been managed through the Prevent legislation. Members sought assurance that systems were in place to support Prevent, as well as for lessons learnt, and asked for consideration to be given to Annual Reporting to the Committee and/or the NHS Board in this respect. Further, it was noted that if similar issues arise during the year that consideration should be given to highlighting this with the Board / Committee, by way of exception reporting.

The Committee discussed Clinical Waste Management, and the disruption experienced due to failed contractor arrangements, and noted that this was being managed through national procurement. This would be kept under review through Mr Lauder and Ms Park.

**THE COMMITTEE:**

1. Noted the report and the significant progress made in Resilience planning and capability;

G Docherty

2. Asked that Prevent activity be included in future Annual Reports, as well as in year, by exception; **G Docherty**

3. Noted that Clinical Waste Management would be kept under review through Mr Lauder and Ms Park. **C Lauder/ J Park**

2020/10 **NOVEL CORONAVIRUS OUTBREAK – UPDATE**

Mr Docherty provided a verbal update to the Committee, with focus being on containment. He assured the Committee that all the necessary preparations were being taken forward within NHS Lanarkshire and that this would be kept under close review by the Corporate Management Team. It was acknowledged that this was a fast moving environment, with national guidance being issued regularly by Scottish Government.

A report would be brought to the NHS Board in March 2020, with any urgent updates to be made to the NHS Board in the interim period.

**THE COMMITTEE:**

1. Noted the verbal update;
2. Requested that a further report should be brought to the NHS Board in March 2020. **G Docherty**
3. Requested that urgent updates should be brought to the NHS Board in the interim as appropriate.

2020/11 **EU WITHDRAWAL UPDATE**

The Committee received a verbal update from Mr Docherty, on the UK National position and the plans being put in place by Scottish Government in relation to the transition period ending on 31 December 2020.

**THE COMMITTEE:**

1. Noted the verbal update.

2020/12 **SECURITY POLICY REVIEW – UPDATE**

The Committee received a paper presenting the NHS Lanarkshire draft Security Policy from the Director of Planning, Property and Performance.

Mr Lauder explained the background to this policy as outlined in the paper and described the main elements.

The Committee discussed the draft policy in detail, with agreement that further work should be progressed to support the production of a more coherent and comprehensive policy document.

It was agreed that the feedback from the Committee would be taken on board by the Security Governance Group, and that the draft policy would then be referred

to the Corporate Management Team before coming back to the Committee for endorsement.

**THE COMMITTEE:**

1. Noted the update provided and the first iteration of the draft Policy;
2. Noted the process for further review of the Policy; and
3. Noted that a final draft of the Policy would be brought back to Committee for endorsement.

C Lauder

2020/13 **FINANCE REPORT**

The Committee received and noted a report from Mrs Ace in relation to the financial position for the period ended 31 January 2020.

It was noted that the Board's Financial Plan relied on £17.754m worth of savings to bridge the gap between predicted cost growth and allocation uplift, and opened with a gap of £2.103m. It was noted that there were plans in place to close the gap, although uncertainties remained over drug expenditure forecasts, especially in areas where information was in arrears, but the risk of not achieving the target year-end financial position was assessed as low.

Mrs Ace advised that the focus was now on 2020/21, with planning underway.

**THE COMMITTEE:**

1. Noted the content of the report and the update provided.

2020/14 **PERFORMANCE UPDATE**

The Committee received performance reports from Acute Services as well as the North and South Health and Social Care Partnerships.

**ACUTE SERVICES ACCESS REPORT**

Ms Park provided a summary of the key issues, highlighting the key Scheduled Care Waiting Time Targets at the end of December 2019, and Unscheduled Care standards to the end of January 2020. She highlighted that unscheduled care continued to be an area of significant concern and an ongoing challenge within Acute Division.

**NORTH LANARKSHIRE H&SCP ACCESS REPORT**

Mr McGuffie provide the Committee with an overview focussing on continued efforts to reduce delayed discharge bed days, and to meet the challenging areas of increased demand for unscheduled care. He also summarised performance against national and local AHP, Psychiatry and Paediatric and Young Peoples' Services, waiting time targets and /or standards.

The Committee noted that further reports would be provided to the Committee on the initiatives to improve performance in relation to CAMHS and Psychological Therapy services.

**SOUTH LANARKSHIRE H&SCP ACCESS REPORT**

Ms Haywood provided this update on performance on delayed discharge bed days, as well as on performance against national and local AHP, Psychiatry and Paediatric and Young Peoples' Services, waiting time targets and /or standards.

The Committee noted that the report did not include further detail in relation to MSK services in primary care. In addition, Mrs Mahal observed that the Committee had previously requested that trend reporting should be provided in order to give a clearer view against trajectories set.

**THE COMMITTEE:**

1. Noted performance reporting from the Acute Division as well as North H&SCP and South H&SCP, and the risks outlined within each report;
2. Noted that additional information would be provided in future reports from North Lanarkshire H&SCP in relation to the CAMHS and Psychological Therapy services action plan.
3. Noted that additional information would be provided in future reports from South Lanarkshire H&SCP in relation to MSK services in primary care.

**R McGuffie**

**V de Souza**

2020/15

**UNSCHEDULED CARE ACTION PLAN**

Mr Lauder advised the Committee that the Unscheduled Care Project Board had been established, with Mr Lauder chairing, and had so far met twice in 2020.

The focus was on leadership to identify solutions to the challenges met by the whole system in Lanarkshire, taking a deep dive into the details based on available data and then moving forward to action planning. This was a whole sector approach led through the Corporate Management Team.

Further background was provided by Mr McGuffie, Ms Haywood and Mr Cunningham.

Ms Haywood led ther Committee through an update on improvement activity in key areas including palliative care, redirecting the delivery of front door care including AHP input, and planning in respect to the discharge of patients to the community.

Mr Lauder underlined the whole system nature of the approach taken, with sharing of information, challenges, leading towards solutions.

The Unscheduled Care Project Board reviewed planning as a whole for the first time at its last meeting with the focus on action planning. He provided a note of caution for Committee Members that it was unlikely that the current model would achieve the waiting time target of 95%, and placed this in the context of an aging

population. It was noted that two workshops sessions were planned for April / May 2020 which would involve a wide range of stakeholders. The session on 1 April would focus on lessons and idea forming, and the session on 7 May would move on to the assessment of options and service reconfiguration.

Mr (Calum) Campbell asked the Committee to take cognisance of the full picture for NHS Lanarkshire and for NHS Scotland as a whole. The organisation was facing a position of having three general hospitals which were full, i.e. not just the front door in Emergency Departments. The seriousness of the challenge faced meant that there would need to be honesty and a clear view that the system would need to change. He emphasised that within NHS Lanarkshire the key issue was delayed discharges, and that this pressure must be reduced. At the same time, consideration would need to be given to the possibility of needing an increase in the number of acute beds available overall.

Mrs Barkby noted the staff experience with the increased pressure this brings.

Ms Knox added that the difficulty for all healthcare systems was in trying to move care from the acute setting to the community setting and save costs in doing so.

Mr (Calum) Campbell asked PPRC to consider that the data evidenced that total hospital occupancy was increasing, even though turnaround of care was improving. He underlined the choice faced as being a binary one of either increasing the availability of acute beds, or improving delayed discharge performance.

There was further discussion around whether this was primarily a resourcing issue, as well as in respect to the reliability of data i.e. to enable improvement actions to be clearly identified. It was agreed that this would be a key area of focus for the Unscheduled Care Project Board.

Mrs Mahal summarised the key points of discussion. It would be essential to focus on finding a solution to delayed discharges. This should include a review of how the performance data was being measured, to establish how far off target the organisation / IJBs are. This would help to inform action planning going forward. There should be a full range of recommended actions in the face of this challenge. This was a matter of key priority and action was needed as soon as possible; at the same time it was essential to identify the best course of action going forward which could make the most difference. Therefore, there was a huge amount of work to be progressed, and focus should be on what actions will give most traction in the shortest possible timescale taking patient flow and patient safety as primary considerations.

**THE COMMITTEE:**

1. Noted the content of this update;
2. Noted concern at the risk outlined;
3. Requested timely work be progressed to accurately identify and ensure the scale of the challenge

4. Requested further reporting to this Committee and/or the NHS Board on recommended actions for the way forward to meet this challenge.

2020/16 **WORKFORCE REPORT: OCTOBER – NOVEMBER 2019**

The Committee received a report from the Director of Human Resources, which provided an overview of the NHS Lanarkshire workforce in relation to four key performance indicators: vacancies, supplementary staffing, sickness absence, and staff experience.

Ms Sandilands provided a summary overview of the paper for the Committee, noting the main areas of concern as high vacancy levels in Medical and Support Services and high sickness absence levels. Reporting of staff experience was positive. It was noted that the report had been discussed at the most recent Staff Governance Committee

The Committee sought further assurance on how to reduce staff absence levels, particularly the long-term sickness level. Ms Sandilands advised that although the key reasons for absence in NHS Lanarkshire were of a similar pattern to that experienced across NHS Scotland, work was being progressed within the organisation to focus on key areas and provide support for staff especially on personal resilience.

PPRC noted the difficulties experienced in the recruitment and retention of staff, and any differences experienced throughout the NHS Board, and necessary focus on exit interviews for staff moving post within the organisation, or leaving altogether so that learning could be taken.

Mrs Mahal summed up feeling around the table on the importance of staff care and well-being.

**THE COMMITTEE:**

1. Noted the content of the report and the update provided; and
2. Endorsed the approach being taken forward.

2020/17 **NHSL WEST BOARDS COMBINED PROPERTY AND ASSET MANAGEMENT STRATEGY (PAMS) 2018-2028**

The Committee received a report summarising the West of Scotland NHS Boards' Combined Property and Asset Management Strategy (PAMS for 2018 – 2028), a merged plan that was requested by Scottish Government.

Mr Lauder provided a summary of the report for the Committee.

**THE COMMITTEE:**

1. Noted the content of the report.

2020/18 **SHARING INTELLIGENCE FOR HEALTH AND CARE GROUP**

The Committee received a report which provided an update on the NHS Board's interaction with the Sharing Intelligence for Health and Care Group.

Ms Knox led Committee Members through a summary, noting the Group's aim was to support the quality of care provided by making good use of existing data knowledge and intelligence. Positive areas for NHS Lanarkshire had included effective financial planning and management, cancer waiting times as well as a recent positive Inspection report at University Hospital Monklands. Some challenges were also acknowledged on delayed discharges, and sickness absence rates.

This was a summary report, and the full detailed report containing the data analysed could be requested through Mr Cannon.

**THE COMMITTEE:**

1. Noted the report;
2. Noted the process through which the NHS Board interacted with the Sharing Intelligence for Health and Care Group;
3. Noted that the detail of the report would be discussed and reviewed within the governance of the NHS Board as appropriate; and
4. Noted that Committee Members could obtain the full detailed report if required.

2020/19 **WEST OF SCOTLAND CHAIRS OVERSIGHT GROUP – PROGRAMME UPDATE**

The Committee received a report in relation to the West of Scotland Chairs Oversight Group, and the Programme Update.

**THE COMMITTEE:**

1. Noted the report.

2020/20 **COMMITTEE WORKPLAN 2020**

The Committee considered and approved the updated Workplan 2020. This would be updated further to reflect the consideration of issues during the course of the meeting.

2020/21 **CALENDAR OF MEETINGS 2020**

The Committee noted the updated Calendar of meetings schedule for 2020.

2020/22 **ANY OTHER COMPETENT BUSINESS**

Mr Lauder asked the Committee to note that the planned two month engagement exercise relating to the Monklands Replacement was halfway through at this juncture.

A meeting had taken place with the Scottish Health Council on 25 February 2020, which had been positive in respect of the progress made to date.

Community Engagement meetings had already taken place in Airdrie, Gartcosh and Cumbernauld with a meeting planned in Coatbridge on 27 February. A Peoples Hearing would take place on 2 March 2020, with an online Facebook live session being streamed. The scoring event would take place on 10 March 2020.

Mr Brown asked the Committee to note the generally positive nature of the engagement and submissions received to date.

Mrs Mahal noted that information providing the background for this process and the progress made to date would be circulated to all Board Members, and underlined the importance of each Member ensuring that they were familiar with the detail as well as ensuring that they had visited each of the potential sites. Mr Cannon would coordinate visits for Non Executive Board Members.

P Cannon

Ms Knox asked the Committee to note that NHS Lanarkshire had been asked to make a bid for undergraduate medical education from Glasgow University for 2020/21, and this was being progressed at the moment. Members requested that a further update be provided to the NHS Board in this regard.

H Knox

**THE COMMITTEE:**

1. Noted this verbal update;
2. Noted the timetable for the Options Appraisal process and the planning required to ensure this can be progressed; and
3. Noted that the Committee would be provided with an update on the Glasgow University bid in due course.

2020/23 **RISK**

It was noted that discussion of the Corporate Risk Register would lead to an update of the Register.

**THE COMMITTEE:**

1. Considered that given the risk posed by Covid 19, this should be explicitly highlighted in the Corporate Risk Register; and
2. Noted the review of the Corporate Risk Register which would be taken forward to link very high and high risks into the Workplans of the Board's Governance committees.

2020/24 **DATE OF NEXT MEETING**

Wednesday 29 April 2020 at 9.30am.

2020/25 **INVOKING STANDING ORDER 19.5**

Standing Order 19.5 was invoked, with resolution to take item in private Board session due to the nature of the discussion relating to staff disciplinary and patient sensitive issues.