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Minute of Meeting of the Lanarkshire NHS Board
held on Wednesday 28th October 2020 at 9.30am
by using Microsoft Teams and Teleconferencing

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mr A Boyle, Non Executive Director
Dr J Burns, Medical Director
Mr P Campbell, Non Executive Director
Mr E Docherty, Director of Nursing, Midwifery and Allied Health
Professionals
Councillor P Kelly, Non Executive Director
Ms H Knox, Chief Executive
Mrs M Lees, Chair, Area Clinical Forum
Mrs L Macer, Employee Director
Ms L McDonald, Non Executive Director
Councillor McGuigan, Non Executive Director
Mr B Moore, Non Executive Director
Miss M Morris, Non Executive Director
Dr A Osborne, Non Executive Director
Dr L Thomson, Non Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
Mr P Cannon, Board Secretary
Mrs K Cole, Head of Organisational Development
Mr C Cunningham, Head of Commissioning and Performance, South
Lanarkshire Health & Social Care Partnership
Mr P Graham, Head of Spiritual Care
Mr C Lauder, Director of Planning, Property & Performance
Dr J Logan, Public Health Consultant
Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care
Partnership
Mrs J Park, Acting Director of Acute Services
Mr D Wilson, Director of Information and Digital Technology
Mr D Yuille, Acting Director of Finance

APOLOGIES: Mrs L Ace, Director of Finance
Mr G Docherty, Director of Public Health and Health Policy
Mrs K Sandilands, Director of Human Resources
Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership

2020/10/227 **WELCOME**

Mrs Mahal welcomed colleagues to the meeting.

2020/10/228 **DECLARATION OF INTERESTS**

There were no declarations of interest.

2020/10/229

MINUTES

The minutes of the meeting of the NHS Board held on 30th September 2020 were submitted for approval.

In relation to the fundamental review of hand hygiene compliance monitoring and protocols, Mr. E Docherty was asked to elaborate on the process underpinning this review. He explained that this would be taken forward as a breakthrough collaborate series (an Institute for Healthcare Improvement technique which involved bringing together a large number of teams to seek improvement in a focused topic area). He added that while the output would be presented at the Healthcare Quality Assurance and Improvement Committee (HQAIC) meeting in June 2021, ongoing compliance and monitoring would continue to be reported through HQAIC.

THE BOARD:

1. Approved the minutes of the meeting held on 30th September 2020 subject to the above being reflected in the Minutes and Action Log.

2020/10/230

MATTERS ARISING

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

2020/10/231

ACTION LOG

It was noted that the Action Log had been split into two sections, the first section to show active items, the second listing Covid-19 related items on hold. Members discussed specific items on the Action Log. The Action Log will be updated.

2020/10/232

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

In relation to the recently held Staff Awards, Mrs Mahal paid tribute to the category winners, as well as all those who had been shortlisted and nominated. She also thanked Dr Thomson and Mr McCrossan, for jointly compering the event, and Dr Burns and Ms Knox for participating in the event. Thanks were also paid to colleagues in the Communications and Human Resources Departments who made the event possible, under difficult social distancing restrictions.

Members noted that the Remuneration Committee had met and the recruitment of a Director of Acute Services was underway. It was hoped to be able to hold interviews at the end of November 2020.

Mrs Mahal reported that the National Whistleblowing Officer will be attending the next Staff Governance Committee on 23 November 2020 and an invitation had been extended to all Non Executives to attend if they wished to hear how this initiative was progressing.

Mrs Mahal indicated that in view of the increasing pressures being experienced in responding to Covid-19, and the introduction of Strategic

Command meetings three times per week, it was intended to discuss ongoing governance arrangements at the afternoon Board briefing session. Members were also updated on Active Governance, and reminded that a Board / Corporate Management Team session had been arranged for 3 February 2021 (9.00am – 1.00pm).

It was noted that Brian Moore, Chair of the Audit Committee, was taking forward a summary of the actions arising from the Audit Training session held with On-Board on 20 October 2020.

Mrs Mahal provided an update of the main issues raised at the most recent NHS Chairs meeting, including the Adult Social Care Review, Test & Protect, Learning from the Flu vaccination programme, Covid activity and vaccination programme preparedness.

THE BOARD:

1. Noted the update from the Board Chair.

2020/10/233

CHIEF EXECUTIVE'S UPDATE

Ms Knox provided a verbal report to the NHS Board.

In terms of operational issues, Ms Knox focused her update on the response to the second wave of Covid-19 infections, the standing up of the Strategic Command Meetings (three times per week), winter challenges, the flu vaccination programme and preparing for a Covid vaccination programme.

In terms of strategic issues, it was noted that Officers were heavily engaged with preparing background and briefing material for the Board to review in advance of any decision on site selection for the new University Hospital Monklands. It was also highlighted that it was intended to hold a multi-agency Inequalities Seminar in early 2021. A further update would be provided once the arrangements had been finalised.

THE BOARD:

1. Noted the update from the Board Chief Executive;

2020/10/234

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 (September 2020) including new or closed risks. Mr. Cannon took Members through each of the very high graded risks that had emerged from each of the Risk Registers within the risk management taxonomy, and highlighted where these were linked to other items on the Board agenda.

In relation to the Public Health risks, it was noted that there were three very high rated risks where the mitigation was overlapping and this would be addressed in future updates of the Register. Ms Knox took the opportunity to detail the additional support being deployed in the Public Health Department including the appointment of a Service Manager,

H Knox

ITEM 3

administrative support, additional Test & Protect staff, and secondees from the Local Authorities to assist across a range of Public Health areas of responsibility.

In relation to risk 1669, which had been reduced from High to Medium, Mr Wilson agreed to share a copy of the dashboard that was being used to monitor compliance with GDPR and DPA legislation, as background information.

D Wilson

In relation to financial risks in Health & Social Care Partnership Risk Registers, Mr Yuille agreed to discuss how these are reflected in the Board Corporate Risk Register going forward.

D Yuille

In relation to risk CL/PHSC/18 (community and primary care services ability to stand up services under covid restrictions) it was noted that this was being reviewed and updated.

V de Souza

THE BOARD:

1. Noted the summary of significant material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period, noting there are no other recorded changes;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 14th October 2020;
3. Noted the very high graded corporate risks that are above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making;
4. Noted the very high graded risks through operational units, business critical projects/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register;
5. Noted the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 14th October 2020 and sorted in descending order by the current assessed level of risk from very high to low;
6. Noted the COVID-19 incident specific risk profile with the risks that are graded very high and noted a copy of the most recent CMT report;
7. Noted the Report on EU Withdrawal with one (1) very high graded risk with risk profile as at 14th October 2020;
8. Noted that risks that have the Planning, Performance and Resource Committee as the assurance committee to maintain a level of oversight by the Board;
9. Agreed to arrange a separate development session to review the Monklands Business Continuity Risk Register.

2020/10/235

COVID 19 WHOLE SYSTEM UPDATE

The NHS Board received and discussed an update which provided an overview of Covid 19 related activity. Ms Knox introduced the update and invited Directors to highlight particular issues for Board Members. In relation to the epidemiological position, Mr. G. Docherty indicated the prevalence rates which across NHS Lanarkshire were noted to be 267 per 100,000 patients, with particular concern arising from the levels of disease and positive cases across North and South Lanarkshire.

Dr. Burns provided a shortened version of slides that were reviewed on a weekly basis by the Corporate Management Team, which contained the most recent, but unvalidated data, which highlighted the latest cases, and activity in acute hospitals. In relation to the data presented, which showed Intensive Care demands, Mrs Park asked Board Members to note that new treatment pathways were in place compared with the early presentations in March – July 2020, and patients who may have been admitted to Intensive Care were now being treated on general wards using CPAP (Continuous Positive Airway Pressure), so the data presented needed to be treated with some caution, as it did not capture these patients at the present time. Mrs Park also described the surge capacity that was in place.

In relation to Contact Tracing, Dr Burns highlighted that the Board had exceeded the recruitment targets set by Scottish Government, and was going beyond those set in anticipation of further pressures.

Mr Boyle asked if the collaboration on modelling work with Strathclyde University could be updated and shared with Non Executives. Mrs Mahal indicated that it was hoped to be able to set aside some time soon to go through the modelling work in some detail.

P Cannon

Mrs Macer highlighted the impact on staff of all the competing demands being made, with Covid pressures, services standing back up, the flu vaccination programme, supporting Care Homes and the planned Covid vaccination programme. It was compounded by staff being absent through shielding, self-isolation, or being Covid positive themselves. Mrs Macer welcomed the measures put in place already by the Board to support staff but it was a pressure that needed to be monitored continually. Ms Knox acknowledged the pressures on all staff and set out some of the mitigation in place and restated her commitment to work with staff side representatives to ensure that the Board was listening to these concerns and acting to address these.

Ms McDonald asked for clarification around the regular testing Hospital in patients who were over 70 years old. Dr Burns explained that recent guidance asked that Boards stopped retesting over 70 year olds every four days, and the Board was adhering to this, but was mindful that Care Homes require two negative test results prior to discharge to a Care Home, and that while this general surveillance screening was no longer required, a regime of testing prior to discharge to a Care Home was still being carried out to ensure that there were no delays in this process.

Dr Burns added that there were signs that the peak of demand was being experienced at this time, but because there was at least an 8 day time lag between infections being detected and Hospital admission this trend needed to be monitored closely over the coming weeks, and she reassured the Board that that the Corporate Management Team and the Strategic Command meetings were tracking daily trends very carefully.

In relation to Halloween, and a question from Dr Osborne around communications and messaging, Mr Brown indicated that robust messaging will be co-ordinated by the Health Board and the two Local Authorities so that there was a common approach to the advice provided to stay indoors and not socially mix with other households.

Mr E. Docherty referred Members to the HAIRT report covering the period August to September 2020 and the SBAR which set out in greater detail the Infection Prevention and Control Team responses to Covid-19 challenges. Mr E. Docherty highlighted that the Team had been extended to meet increasing demands, particularly in supporting Care Homes, and was working across 7 days per week.

In relation to the HAIRT report, Mr E. Docherty highlighted that performance across SABS prevention was encouraging and that Health Improvement Scotland had been very positive about the Board's Infection Prevention and Control standards at Udston Hospital following an unannounced inspection on 29 & 30 September 2020. However, there was more to do in relation to CDiff and Escherichia coli bacteria (ECB), which was a new standard.

Mr E. Docherty also highlighted that there were 7 children who attend school who either require ventilator assistance or have a temporary or permanent tracheostomy. The Infection Prevention & Control Team (IPCT) were asked to undertake individual situational reviews and provide guidance to colleagues in education to support and enable children who require additional respiratory support back into education in the absence of national or 4 Nations IPC COVID-19 guidance to support children returning to school who either require ventilator assistance or have a temporary or permanent tracheostomy.

Following a collaborative approach including health, health and safety, IPC and education staff, 3 children had safely returned to education. The review process was underway for a 4th child to resume education. This work had emphasised the importance of parent and child involvement in decision making and cross sector collaboration. By way of recognition, it was noted that Linda Thomas, Senior Nurse IPC, had been nominated for the Scottish Health Awards for bringing children with complex needs back to education, and to their friends.

In relation to Hand Hygiene, Mr E Docherty indicated that the detail would be picked up at the Healthcare Quality Assurance & Improvement Committee.

THE BOARD:

1. Noted the Covid-19 update.

2020/10/236

STAFF TESTING AND STAFF ABSENCE UPDATE

The NHS Board received and noted a report which provided Board Members with an update on staff testing and staff absences due to COVID-19.

Board Members were asked to refer to two appendices attached to the report, the first provided an update on Staff Testing as requested at the last Board meeting. The second appendix provided the Board with an update on COVID-related workforce absence with comparison to the first wave in March 2020. It was noted that overall, absence levels remain lower than experienced in March 2020, however these were being actively monitored on a daily basis.

Mrs Cole took Members through the report highlighting the data on symptomatic testing of NHS staff, and routine asymptomatic testing of care home staff.

Mrs Cole also highlighted that the testing of staff was not mandatory but all steps were taken to encourage staff to take up the offer of testing.

In relation to absences, it was noted that separate codes had been introduced in the early stage of the pandemic, and the overall absence rate of 5%-6% was consistent across a number of months.

Mrs Macer noted that not all Care Home staff were taking up the offer of weekly testing, and acknowledged that this was not a mandatory test, but she was supportive of the encouragement being provided by the Board to Care Homes to take this up.

Dr Burns referred to lessons being learned in other NHS Boards, and specifically in NHS Ayrshire & Arran, and it was agreed to explore with colleagues how uptake could be improved in NHS Lanarkshire.

K Sandilands**THE BOARD:**

1. Noted the Staff Testing Report and the work undertaken in relation to Covid testing in NHSL staff and the wider social care setting;
2. Noted the actions being taken to maximise testing capacity; and
3. Noted the COVID-related workforce absence report.

2020/10/237

FLU PLAN

The NHS Board received and noted a paper from Dr Russell which provided a progress report in relation to the Flu Vaccination Programme for 2020/21.

Mr Cunningham took Members through the paper in detail.

Mr Cunningham referred to the workforce challenges that were being addressed and that over 100 vaccinators would be required, along with additional support staff. There were also location challenges which were being resolved with Council colleagues, and scheduling difficulties had been experienced.

In terms of scheduling, the Scottish Immunisation Recall System (SIRS) was being used to invite patients to specially arrange clinics in their localities, but this had not always worked as intended. This had led to a significant number of calls to the Board to assist patients with their appointments.

In order to be able to answer calls from patients, who had either received no appointment although they were in the highest category to be called in, or been invited to a clinic that had already taken place, additional staff had been deployed to the Referral Management Centre (up from 4 call handlers to 20 call handlers).

Despite these issues, it was reported that the plan was progressing well and it was hoped that the programme would be completed in November 2020 as planned. Board Members sought further assurance that issues about capacity on the helpline were being addressed. Mr Boyle also asked for experiences and learning to be fed into national learning in relation to how the Covid Vaccination programme would be implemented.

Val de Souza

Mrs Mahal asked for future reports to include progress on staff vaccination uptake against targets. It was agreed to provide a further update at the November NHS Board meeting.

THE BOARD:

1. Noted the update and the assurance around the mitigation in place to address the challenges faced to date.
2. Agreed to receive a further update at the November Board meeting.

2020/10/238

CARE HOMES UPDATE

The NHS Board received and noted a paper from Mr E Docherty which provided an update on Care Homes in NHS Lanarkshire.

Mr Docherty highlighted that there were 93 care homes registered with the Care Inspectorate to provide adult care in Lanarkshire. During the first wave of the pandemic there were significant outbreaks and deaths across care homes in Lanarkshire. As community prevalence was increasing we were again experiencing a risk in the number of outbreaks across Lanarkshire. The update provided an overview of the current situation and support being provided.

Board Members were reminded that following communication from the Cabinet Secretary on 17th May 2020, which outlined the additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care, there was a significant work undertaken to map our current provision of support and ongoing workforce and resource requirements to deliver this new request.

The request for additional resource on 2nd June 2020 was approved and had allowed the development of a resource to support fulfilling these requirements. An integrated team was therefore developed to allow ther

Board to provide additional nursing leadership support and specialist infection prevention and control (IPC) advice.

In relation to support visits and ratings, every adult care home in Lanarkshire had now had a face to face review by an IPC Specialist nurse. A RAG rating system had been developed based on Standard Infection Prevention and Control measures (SIPC). At present we have 15 care homes RAG rated red and 78 rated amber. All care homes have been provided with improvement plans and return visits are prioritised to those that have been RAG rated red. Mr E. Docherty emphasised that even if only one issue was still unresolved the rating that had to be applied was amber.

Members noted that there were currently 15 outbreaks being managed in Care Homes and that there were 84 covid positive patients, and there had been 6 deaths to date. Of concerns was the rising number of staff testing positive, the rising number of asymptomatic patients testing positive, and the increasing need to provide leadership support to Care Home Managers.

In response to a question from Dr Osborne, Mr Docherty assured Board Members that any concerns that needed to be escalated were being reported to the Care Inspectorate, and a number of referrals had been made recently in relating to adult support and protection (ASP). Mr Docherty added that there had been fluctuations in ASP numbers throughout the period. However over the past few weeks there had been some concern about the quality of care across a number of care homes, with the Care Inspectorate also submitting a number of concerns to the Chief Social Worker, who was monitoring this situation closely. The Care Homes Support Team continued to support them with specialist clinical and professional advice where required.

It was noted that detailed discussions were on the agenda for the next Healthcare Quality Assurance & Improvement Committee.

THE BOARD:

Noted that the following actions were being progressed;

1. Develop the model and support required to extend additional support to care homes to June 2021;
2. Continue to focus support on care homes in early stages of outbreak;
3. Continue planned face to face visits to support delivery of outstanding action plans;
4. Continue to review indoor visiting on a weekly basis with the Director of Public Health; and
5. Support the Chief Social Work Officer to monitor and investigate Adult Support & Protection concerns.

2020/10/239

STAFF WELLBEING AND RESILIENCE UPDATE

The NHS Board received a paper, from Paul Graham, Head of Spiritual Care and Wellbeing which set out the support arrangements that had been put in place during Covid-19 crisis (February to July 2020), the training that had been / will be delivered in future, and a summary of the services and support that was continuing to be provided. It also highlighted the specific support being put in place for Winter 2020/21, and the future challenges for the service, particularly around accommodation, funding and governance.

Mr Graham highlighted to Board Members the excellent support that had been provided across the Health Board, including extending into Health & Social Care Partnerships, and that the 36,000 contacts had been made through the service by staff over the first 5 months of the pandemic. Mr Graham emphasised that the foundations laid would allow the Board to build a Trauma Informed Workforce, which would be more robust and resilient in the future, not just in response to the pandemic.

Mr Graham highlighted three issues in particular.

In relation to accommodation, he acknowledged the demands on space in all NHS premises, but it was also emphasised that hubs needed to be established permanently in various locations, and the temporary locations used to date were under pressure as services resumed. He sought to reassure Board Members that this was being progressed positively by colleagues, but it was challenging. Mrs Park added that every effort was being made to find suitable accommodation on all three Acute Hospital sites.

In relation to funding, Mr Yuille confirmed that medium term funding was secure in relation to continuing the work of the Staff Wellbeing Strategy over the next two winters, and that further funding sources such as Endowment Funds were being explored to enhance the funding available through winter planning and Covid allocations.

In relation to Governance, it was noted that a Staff Health and Wellbeing Group, co-chaired by Exec Director of NMAHP, Employee Director and the Director of Public Health was to be established, reporting to the Staff Governance Committee of the Board. The remit of the group would include the development of a Staff Health and Wellbeing Strategy and accompanying action plan incorporating clear goals and outcome measures. It would also provide governance oversight for its sustainable resourcing, funding and delivery. This strategy will encompass all Health and Social Care staff in Lanarkshire.

Mrs Mahal acknowledged the depth and breadth of the work that the report summarised, which was significant, and asked Mr Graham to pass on the Boards thanks to all those involved in supporting staff.

Mr Boyle echoed this sentiment and remarked that the support provided was highlighted at each Leadership Walk round he had participated in, and was very positively welcomed by staff.

Mr Cunningham, in acknowledging the coverage to Health & Social Care staff, highlighted the need to also support Care Home staff. Board Members supported as wide a coverage as funding would allow to reach all staff

involved in caring for patients in Lanarkshire. Board Members also noted that Endowment funding may be sought to enhance services provided.

THE BOARD:

1. Noted the report and continued to support staff wellbeing initiatives;
2. Recognised and supported solutions to the accommodation challenge in the reconfiguration of the Staff Care and Rest Centres (Wellbeing Hubs) within the acute sites as a priority;
3. Approved the resource funding for the next 18 months to cover two winter periods, the ongoing Covid-19 crisis and the development of the longer term strategy;
4. Supported the establishment of a Staff Health and Wellbeing Group co-chaired by Exec Director of NMAHP, Employee Director and the Director of Public Health reporting to the Staff Governance Committee of the Board;
5. Noted that an application for further support may be made to the Endowment Funds; and
6. Noted that the initial findings of the Black, Asian and Minority Ethnic staff questionnaire highlighted the need to provide support to this group of staff, which should be addressed within the context of this overarching staff support strategy.

2020/10/240

FINANCIAL REPORT

The NHS Board received a paper, from Mr Yuille, which outlined the financial position to 30th September 2020.

Mr Yuille provided a detailed overview of the paper.

The quarter 2 return, submitted in mid-September, was used to inform the release of a tranche of national Covid-19 funding. Following the Cabinet Secretary's recent announcement to Parliament of £1.089 billion to support health and social care costs across Scotland NHS Lanarkshire received a further £62.267m in the September allocation letter to supplement the £10.251m funding already received taking our total to £72.518m for quarters 1-4 in response to Covid-19.

For consistency of reporting across NHS Boards, the funding provided is excluded from our reported position at month 6 to recognise that NHS Boards were working through their Covid-19 allocations and may not all be in a position to have allocated budget prior to the ledger closing for month 6.

Prior to any Covid -19 impact, the Board's financial plan relied on £29.828m of savings to bridge the gap between predicted cost growth and the allocation uplift. An estimated £10.030m of savings had still to be identified at the time of submitting the financial plan. A number of agreed savings plans, particularly those relating to productivity and additional

staffing in the acute were almost certain not to be achieved due to the Covid-19 response. With the financial sustainability programme suspended due to Covid-19, insufficient progress has been made in closing the gap which is currently estimated at £9.423m.

If expenditure directly related to the Covid-19 response is excluded, at the end of September 2020 the Board is reporting an underlying £5.065m over spend which is £0.050m worse than the financial plan year to date trajectory mainly due to under delivery of savings. The net health financial impact of the Covid-19 response to date is estimated at £36.114m of which £15.288m relates to acute and corporate and the health and social care partnerships NHS services £20.826m.

The main financial pressures faced by the Board are the very significant additional Covid-19 costs and the CRES target likely to be undelivered due to Covid-19.

The capital plan remains overcommitted. Due to its risk profile the Monklands Business Continuity work is proceeding, costs are being finalised for Trauma and Orthopaedics phase 1a and the regional vascular centralisation and the risk of exceeding our Capital Resource limit is being managed by prioritising medical equipment replacements.

THE BOARD:

1. Noted the current Month 6 position was based on reasonable assumptions but that a degree of estimation meant a high level of caution was required;
2. Noted the allocation provided by Scottish Government to meet Covid-19 related expenditure in 2020/21; and
3. Reiterated its intention to have a development session in relation to Finance for 2020/21 and beyond.

2020/10/241

PERFORMANCE UPDATE

The NHS Board was provided with a presentation containing unvalidated data to provide an up to date position on a range of key performance indicators.

Mrs Park highlighted that unvalidated data was showing that the 62 day cancer performance was still not meeting the 95% target, but that performance against the 31 day target continued to be met. She also indicated that A&E attendances were returning to pre-Covid levels.

Mr McGuffie highlighted the increase in delayed discharges in North Lanarkshire and the planned date of discharge model that was being rolled out in University Hospital Monklands was having a positive impact.

Mrs de Souza highlighted that South Lanarkshire was continuing to see an improving picture and reductions in patients who were delayed.

Mrs Mahal commended colleagues to continuing to report on these key performance indicators, albeit with unvalidated data.

THE BOARD:

1. Noted the verbal reports based on the most recent management data in relation to key performance indicators and the updates provided by key Directors.

2020/10/242

WINTER PLANNING

The NHS Board received and noted a report from Mr Cunningham which provided an update of, and sought approval for, the planning arrangements being put in place to ensure services are prepared for the coming winter months, with particular recognition of planning alongside the impact of Covid 19 and the other strategic priorities operating this year.

Mr Cunningham highlighted that Planning for Winter 2020/21 had commenced and, as in previous years, was a multi-agency approach across NHS Lanarkshire, North and South Lanarkshire Councils together with the respective supports, e.g. SAS, NHS 24 etc. Whilst the 'plan was in a relatively completed state, the level of unpredictability in the wider NHS system was such that this should be seen as a dynamic plan and highly likely to be subject to change over the coming months.

Board Members were taken through the paper which highlighted the work being taken forward in relation to the Flu Vaccine Programme, the COVID Hub and Assessment Centre, Re-designing Unscheduled Care, the Urgent Care Flow Hub, GP and Pharmacy Opening, planning for COVID, planning for additional deaths, staffing, surge/bed capacity, supporting patient flow, adverse weather, overall resilience planning and communications.

In relation to funding to support winter planning activities, the winter plan and associated costs were to be included as part of the wider Remobilisation Plan.

The funding to support the £6,010k required will come from NHS Lanarkshire's financial plan, the Scottish Government's financial plan and funding related to the local Remobilisation Plan.

THE BOARD:

1. Approved the planning arrangements being put in place to ensure services are prepared for the coming winter months, with particular recognition of planning alongside the impact of Covid 19 and the other strategic priorities operating this year;
2. Noted the associated costs associated; and
3. Noted that work was ongoing with Scottish Government to confirm the financial arrangements.

2020/10/243

REMOBILISATION PLAN

The NHS Board received and noted a report from Mr Lauder which sought approval of the draft NHS Lanarkshire Remobilisation Plan, and provided an update on the recovery process.

Mrs Mahal welcomed the opportunity to formally approve the Remobilisation Plan, which had been discussed by Board Members at a number of briefing sessions held since July 2020.

THE BOARD:

1. Approved the draft Remobilisation Plan;
2. Noted that the Remobilisation Plan will be considered by the Area Clinical Forum in November 2020; **C Lauder**
3. Noted that Scottish Government will regularly review the NHS Lanarkshire Remobilisation Plan and that any significant changes will be brought to the Board for consideration; and
4. Noted that the Response, Remobilisation & Redesign Oversight Group (RRROG) had now been stood down and the Corporate Management Team would consider any further service recovery proposals.

2020/10/244

UNIVERSITY OF STRATHCLYDE – AWARD OF UNIVERSITY STATUS

The NHS Board received and noted a report from Ms Knox which sought approval of the decision by Strathclyde University to award University status to NHS Lanarkshire. It was noted that this was the first time that Strathclyde University has granted University status on any Health Board.

Board Members were reminded that, in June 2020, the interim Chief Executive of NHS Lanarkshire was asked to request that University Status be agreed with the University, and this had now been granted by the Court of the University.

NHS Lanarkshire currently has University Status with both Glasgow Caledonian University and the University of the West of Scotland, based primarily around teaching and research relationships and on partnering in e.g. nursing and midwifery between departments of the university and clinical departments of the Health Board.

University Status with Strathclyde will encompass similar service/vocational collaborations (e.g. in pharmacy, and speech and language therapy), but goes further in forming a deeper strategic research relationship related to key research capabilities of the university.

Ms Knox highlighted that this now complements the decision made by the University of the West of Scotland and Caledonian University to confer University Status on the Health Board and that a mechanism to keep Board Members updated with the progress of all three partnerships was being planned and would be added to the Board workplan.. **P Cannon**

Mr Campbell commended the initiative and raised the issue of ensuring that the partnership was maximised and was ambitious in its intent.

Board Members extended their congratulations to all involved in this achievement and acknowledged that this was a significant accolade for NHS Lanarkshire.

THE BOARD:

1. Approved the decision of Strathclyde University to offer to award University status to NHS Lanarkshire;
2. Agreed the Chair would write formally to the University to accept this recognition;
3. Agreed that further reports on the Strathclyde University Partnership should include more information on governance reporting arrangements, including membership of the Strategic partnership and key risks;
4. Agreed that the Board should be kept apprised of any communications/publicity in relation to the partnership; and
5. Noted that a regular report would be provided to the Board on the progress being made across all three University Partnerships.

2020/10/245

FORENSIC MEDICAL SERVICES - UPDATE

The NHS Board received and noted a report from Mr McGuffie which provided an update on the development of forensic medical services across the West region.

It was highlighted that all NHS Boards had received 3 years of funding from the Scottish Government over the period from 2018 - 2021 to support the development of services with an aim to work towards new HIS standards and associated quality indicators. However, from April 2021 Boards will continue funding the developed services to meet the expected standards.

In addition, Mr McGuffie reported that the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, which will place direct, statutory functions on NHS Boards to provide these services to victims, was currently at stage 1 and was expected to come into law by Spring 2021.

Board Members were reminded that in February 2020, the Programme Board meeting secured endorsement for a hub and spoke model for a regional sexual assault and rape service across West of Scotland (involving NHS Greater Glasgow & Clyde; NHS Ayrshire & Arran; NHS Dumfries & Galloway and NHS Lanarkshire). Work on implementing the model continued. A Regional Service Manager was recruited, and at the request of Scottish Government colleagues, a detailed process to validate the options appraisal process and outcomes, particularly given the funding requirements for the preferred model for the region, was completed.

Mr Boyle sought clarity on the location of the facilities at University Hospital Wishaw and was assured that the service would be based at Netherton House which was located within the hospital grounds.

Mr Yuille confirmed that the potential shortfall identified in 2021/22 and beyond had been identified, and would be addressed in the Financial Plan.

THE BOARD:

1. Noted the progress made in creating the local Forensic Examination facility;
2. Noted the potential financial risks associated with the new regional model and asked for further consideration to be given as to whether any risks needed to be added to the risk register on these proposals;
3. Approved the new regional model as set out within the paper;
4. Approved the proposed cost model based on a three year rolling average of percentage service activity for each respective Board area; and
5. Approved a recurring spend of circa £190k per annum from 21/22 onwards to support the model.

2020/10/246

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD SCHEME – LIGHT TOUCH REVIEW

The NHS Board received and noted a paper from Mrs de Souza, which was introduced by Mr Cannon.

The purpose of the paper was to provide an update on the South Lanarkshire Integration Scheme and the recent light touch review of this in line with the statutory requirement to review the Scheme every five years.

The paper was prepared following discussion with the South Lanarkshire Strategic Commissioning Group and Scottish Government. It had also been subject to comments and suggested amendments from both the Council and the NHS Lanarkshire Board Members, and Corporate Management Team members, and had also been shared with South Lanarkshire Integration Joint Board Members.

A copy of the Integration Scheme was attached as an Appendix. Comments highlighted in yellow were from Council colleagues, comments highlighted in green from NHS Lanarkshire colleagues.

Mr Cannon intimated that some comments from Board Members would be carried over to the fuller, more formal review which was to be undertaken within the next 12 months.

THE BOARD:

1. Approved the outcome of the light touch review of the South Lanarkshire Integration Scheme (as identified the Appendix);
2. Noted that it will be presented to a future IJB meeting for noting; and

3. Noted that a more detailed review of the South Lanarkshire Integration Scheme be undertaken within 12 months (or sooner if the global pandemic allows for this to be prioritised.

V de Souza

2020/10/247

LANARKSHIRE GLOBAL CITIZENSHIP PROGRAMME - UPDATE

The NHS Board received and noted a paper from Dr Logan. The purpose of the report was to provide an update on development and implementation of the Lanarkshire Global Citizenship Programme, highlight current challenges, risks and issues, provide the NHS Board Members an opportunity to provide a recommendation on the proposed approach to develop the next phase of work, and to agree that the timing of the next phase be adjusted to reflect the demands imposed by delaying with the global pandemic.

Board Members expressed the support for this important initiative and acknowledged that with the pressures brought about because of Covid-19 it was appropriate to adjust timescales for delivery in light of the pandemic.

It was suggested that a further update be brought back to a future meeting in early 2021.

THE BOARD:

1. Noted the progress made to date;
2. Noted that a period of meaningful engagement with key stakeholders has been undertaken over a 14 weeks period from 1st July until 16th October 2020;
3. Noted the challenges in relation to the current capacity of the co-leads to lead the programme work and provide direction to the project manager in this work;
4. Approved an adjustment to our timing for the next phase and agreed to scale down programme activities until the extraordinary demands of the COVID-19 pandemic have receded and the co-leads have capacity to lead the programme work effectively and fully support the project manager; and
5. Agreed to review this further in January 2021.

J Logan

2020/10/248

MONKLANDS REPLACEMENT PROJECT – DECISION MAKING FRAMEWORK

The NHS Board received and noted a paper from Mr Lauder which provided an update on the next phase of the development of the Outline Business Case.

The paper also provide Board Members with an update on the development of a Decision Making Framework that is intended to guide the deliberations of the Board in relation to the selection of a site for the new University Hospital Monklands;

- b) invite the Board to endorse the Framework; and
- c) invite the Board to note that this is an iterative process and as required, the Board may request additional information to support its deliberations.

THE BOARD:

2020/10/249

1. Endorsed the MRP Decision Making Framework; and
2. Agreed that if further refinement was required to the Framework that this will be reported back to the Board in November 2020, as this was an iterative process, and the Board may require additional information in its deliberations.

QUALITY UPDATE

The NHS Board received a report from Dr Burns which provided an update on the Lanarkshire Quality Approach and on progress with quality initiatives across NHS Lanarkshire

Dr Burns highlighted that the Executive Leadership Walk Rounds had been stood down for the time being, because of rising Covid cases in Hospital, and it was noted that this lack of senior manager visibility was being addressed by the Corporate Management Team.

THE BOARD:

1. Noted the range of work throughout NHS Lanarkshire to improve the quality and safety of care and services;
2. Endorsed the governance approach to this work and in particular the assurance being provided by the Healthcare Quality Assurance and Improvement Committee; and
3. Supported the ongoing development of the Lanarkshire Quality Approach.

2020/10/250

COMMUNITY IT PROGRAMME UPDATE (MORSE)

The NHS Board received a report from Mr Wilson which provided Board Members with an update on the Community IT Programme.

Members were reminded that a local business case was approved in November 2018 to replace MiDIS with a modern, mobile community IT system known as Morse.

Mr Wilson reported that the feedback thus far was very positive and the roll out should be complete in the next 9 – 12 months.

THE BOARD:

1. Noted the update on the roll out programme;
2. Noted the key milestone being achieved with successful go-live (Wave 1a); and

3. Agreed to receive further updates at future milestones.

2020/10/251

CALENDAR OF DATES

The NHS Board received and noted an updated Calendar of Committee dates for 2020 and 2021.

THE BOARD:

1. Noted the updated Calendar of Committee dates for 2020 and 2021.

2020/10/252

ANY OTHER COMPETENT BUSINESS

No items were raised.

2020/10/253

RISK

The NHS Board did not consider that any new emerging risks should be added to the Corporate Risk Register, or that any existing risks needed to be re-assessed following discussion at this meeting.

2020/10/254

DATE OF NEXT MEETING

Wednesday 25th November 2020 at 9.30am