

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



Minute of Meeting of the Lanarkshire NHS Board  
 held on Wednesday 30<sup>th</sup> September 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 (deputising for Chief Executive)  
 Mr P Campbell, Non Executive Director  
 Mr E Docherty, Director for Nurses, Midwives and Allied Health Professionals  
 Mr G Docherty, Director of Public Health and Health Policy  
 Councillor P Kelly, Non Executive Director  
 Mrs M Lees, Chair, Area Clinical Forum  
 Mrs L Macer, Employee Director  
 Ms L McDonald, Non Executive Director  
 Councillor McGuigan, Non Executive Director  
 Mr B Moore, Non Executive Director  
 Miss M Morris, Non Executive Director  
 Dr A Osborne, Non Executive Director  
 Dr L Thomson, Non Executive Director

**IN ATTENDANCE:**      Mr C Brown, Director of Communications  
 Mr P Cannon, Board Secretary  
 Mr C Cunningham, Head of Commissioning and Performance, South Lanarkshire Health & Social Care Partnership  
 Mr C Lauder, Director of Planning, Property & Performance  
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership  
 Mrs J Park, Acting Director of Acute Services  
 Mrs K Sandilands, Director of Human Resources  
 Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership  
 Ms L Thomson, Nurse Director, South Lanarkshire Health & Social Care Partnership  
 Mr D Wilson, Director of Information and Digital Technology  
 Mr D Yuille, Acting Director of Finance

**APOLOGIES:**            Mrs L Ace, Director of Finance  
 Ms H Knox, Chief Executive

2020/09/200                **WELCOME**

Mrs Mahal welcomed colleagues to the meeting.

2020/09/201                **DECLARATION OF INTERESTS**

There were no declarations of interest.

2020/09/202

**MINUTES**

The minutes of the meeting of the NHS Board held on 26<sup>th</sup> August 2020 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 26<sup>th</sup> August 2020.

2020/09/203

**MATTERS ARISING**

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

2020/09/204

**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 noted the Action Log.

In relation to the Staff Wellbeing and Resilience paper, it was noted that the paper was being discussed further by the Corporate Management Team, and a revised and updated paper would be presented to the NHS Board meeting in October 2020.

**K Sandilands**

In relation to hand hygiene Mr. E Docherty confirmed that a new approach was being discussed at the Healthcare Quality Assurance and Improvement Committee meeting in June 2021.

**E Docherty**

In relation to the Staff Awards item, Mrs. Mahal indicated that she would update members under the Chairs report item on the agenda.

In relation to the innovation update, Mr Lauder indicated that the local group had met and an update would be provided to the November Board meeting.

**C Lauder**

2020/09/205

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

Mrs. Mahal formally announced the appointment of Ms Heather Knox as NHS Lanarkshire Chief Executive, and was joined by Board Members in congratulating Ms. Knox on her appointment.

In relation to the Terms of Office of two Non Executive Members (Mr Campbell and Ms Morris), who were due to step down in May 2021, at the end of their second terms, it was noted that their Terms of Office had been extended by three months, until the end of August 2021, and that both individuals had accepted this offer. Mrs. Mahal was pleased that both Members were able to accommodate this extension to their Terms of Office which would help greatly in relation to continuity, their ongoing expertise and succession planning overall.

In relation to the Staff Awards, it was noted that invitations had been sent to Board Members and others to view the Staff Awards Ceremony which will take place on Tuesday 27<sup>th</sup> October 2020, and in view of the Covid

restrictions in place the event was being pre-recorded and would be accessible to all who had been nominated on the 27<sup>th</sup> October. Mr. Brown agreed to work with Ms Cole to ensure that the recording is streamed on appropriate social media channels so that this is as accessible as possible to any member of staff, or members of the public who wished to view the Staff Awards.

C Brown

**THE BOARD:**

1. Noted the update from the Board Chair.

2020/09/206

**CHIEF EXECUTIVE'S UPDATE**

This was provided by Dr. Jane Burns who was deputising for the Chief Executive.

In relation to Covid 19 generally, Dr. Burns indicated that the focus of the Corporate Management Team was to ensure that risks were understood, as it was a very fluid situation at present. Dr. Burns referred to a number of papers on the agenda in relation to Covid, and it was agreed to discuss each in turn, in detail.

In relation to the South Lanarkshire IJB Integration Scheme, Mrs de Souza reported that a light touch review had been undertaken by Council colleagues and the Strategic Commissioning Group, and while there were no material changes to be highlighted or recommended by Council colleagues, it was still important that the Health Board and Corporate Management Team had an opportunity to review the Scheme and agree that the material changes to be made were appropriate and that there were no other changes to be recommended. She intimated the intention to carry out a fuller review within the next 12 months. It was therefore agreed that a paper would be presented to the October Board which would highlight the changes being recommended by Council colleagues, and incorporate any additional views from the Corporate Management Team and Health Board Members.

P Cannon

Dr. Osborne asked if there was any update in relation to the National Modelling work that was being undertaken in collaboration with Strathclyde University, and it was agreed that further information would be provided to Board Members in relation to the updated modelling work for information.

G Docherty

Dr. Osborne also asked if there was any indication that nationally the modelling work was pointing towards a second spike, or wave, as described in the media. Mr. G. Docherty indicated that a second spike, or wave, was being predicted for November 2020, and the potential for a third wave was also being discussed nationally, in early 2021.

Councillor McGuigan indicated that the further spikes or waves that were predicted were concerning, but he was of the view that the Board was better prepared now than at the beginning of the pandemic, when so little was known about the disease profile.

Dr. Burns indicated that the modelling work with Strathclyde University had always indicated that there was likely to be a first wave in the summer,

however the magnitude and timing at that point was uncertain. She also cautioned that many of the predictions being made for second and third waves were based on worst case scenario data, and she sought to assure the Board that the control mechanisms in place in NHS Lanarkshire to mitigate against the impact of such further Covid rises were in place and the Board would be kept informed closely.

**THE BOARD:**

1. Noted the update from Dr. Jane Burns, Medical Director;
2. Agreed to receive for approval a report at the October meeting of the Board in relation to revisions as a result of the light touch review of the South Lanarkshire Integration Scheme; and
3. Agreed to receive a further update on the National Modelling work for information.

2020/09/207

**CORPORATE RISK**

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

Dr Burns provided assurance to the Board that support was being provided to the Public Health Department in relation to the new Very High risk identified

In relation to risk appetite, and a number of risks being above the Board's own stated appetite, Dr. Lesley Thomson asked if this was similar in terms of risk appetite with other Boards, and also asked if it was possible to benchmark the risk management profile against that being reported by other Boards. Mr. Cannon stated that there was no national repository of risk management or Risk Register material, however he undertook to seek information from a number of neighbouring Boards in order to provide some further benchmarking assurance to Board Members, in due course.

**P Cannon**

Mr. Moore asked in relation to the Monklands Business Continuity risks whether there was appropriate decant or relocation mitigation in place in the event that services were no longer sustainable on the current site. Mr. Moore also asked about Risk 1599 Community Paediatrics – Trakcare. In relation to the Monklands Continuity Risks, Mr. Lauder provided a number of examples where there were well established contingency plans in place should any of the risks emerge that impacted on the short or medium term provision of services within the existing site. In relation to Trakcare Mr. McGuffie indicated that the roll out of Trakcare to the Community Paediatric Service was in progress and a Programme Board had been established to drive this forward. It was noted that at the moment manual systems were in place, but it was hoped to be able to use the Trakcare functionality for these services, as soon as possible.

Mrs Mahal also noted that a number of risks were due to be reviewed, that new risks had emerged as very high risks from divisional risk registers and asked that mitigating actions in place, needed to be made clearer in future reporting to the Board.

N Mahal

In relation to the Monklands Business Continuity Risk Register, Dr. Thomson observed that although the Board had an opportunity to review the risk profile on a couple of occasions in the last 18 months it was suggested that it would be useful for the Board to undertake that review again over the coming months to look at the current risks and mitigation in place, and Mr Lauder agreed to seek to arrange such an update in the near future.

C Lauder

#### **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 (page 3 & 4);
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact accurate as at 16<sup>th</sup> September 2020 (page 4);
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 (page 5 to 9);
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 (pages 10 & 14);
5. Noted the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 16<sup>th</sup> September 2020 and sorted in descending order by the current assessed level of risk from very high to low, as seen in appendix 1;
6. Noted the COVID-19 incident specific risk profile with the risks that are graded very high (pages 15 to 17) and provide a copy of the most recent CMT report, see appendix 2;
7. Noted the Report on EU Withdrawal with one (1) very high graded risk with risk profile as at 16<sup>th</sup> September 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 as set out in appendix 1;
9. Agreed to arrange a separate development session to review the Monklands Business Continuity Risk Register; and
10. Asked that benchmarking be undertaken to see how are our risk register profile compared to other Boards.

2020/09/208

**COVID CLUSTERS IN NHS LANARKSHIRE**

Dr Burns and Mr G Docherty provided an overview in relation to recent Covid clusters across NHS Lanarkshire within the schools and workplace environments.

**THE BOARD:**

1. Noted the support being provided by Public Health colleagues in relation to investigating Covid clusters as these emerged;
2. Agreed that Board Members should continue to receive an epidemiology report as part of their weekly briefings. **P Cannon**

2020/09/209

**COVID 19 WHOLE SYSTEM UPDATE**

The NHS Board received and discussed an update which provided an overview of Covid 19 related activity. Dr. Burns 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 74.6 per 100,000 patients, with particular concern arising from the levels of disease and positive cases in North Lanarkshire. Mr. G Docherty praised the efforts of Local Authority and Environmental Health colleagues across Lanarkshire for the very positive manner in which they had responded and were working with NHS Lanarkshire Public Health, and National Public Health, colleagues which was exemplary.

Mr. G. Docherty also indicated that the World Health Organisation had indicated that a positivity rate of 5 would lead to some concerns, and that the positivity to date within NHS Lanarkshire was currently 9.3. It was noted that there were around 25 clusters that had been identified through Test and Protect Contact Tracing.

Dr. Burns indicated that there was a great deal of data being looked at by the Corporate Management Team, and the Strategic Command Group had begun meeting to review the data that was being presented nationally and locally in order to determine one suite of regular reports that can be provided to the Corporate Management Team and Strategic Command Group on a daily basis.

In relation to Care Homes, Mr. E. Docherty provided an update in relation to outbreak management, and it was noted that concerns about one Care Home had been escalated and reported to the Care Inspectorate, specifically around the use of PPE and hygiene within the Care Home. Mr. E. Docherty reminded Board Members that the accountability of Directors of Nursing in relation to Care Home professional nursing standards had been extended from November 2020 until June 2021. In view of this the staffing within the Unit established to support the Board's monitoring and overview was being reviewed to ensure that support could be provided to Care Homes beyond the original deadline of November 2020.

In relation to Test and Protect, and staff testing, it was agreed that information in relation to staff testing should be included in the wider reports received by the Strategic Command Group, and thereafter for

**K Sandilands**

assurance to the Board. Mrs Mahal indicated that it would be helpful to know what lessons could be learned from the buddying work which was taking place with NHS Ayrshire and Arran on staff testing.

In relation to Communications, Mr. Brown indicated that the Board was engaged in extensive communication campaigns across a range of channels, building on Scottish Government communications as well as bespoke local communication.

In relation to the Remobilisation Plan, it was noted that the revision of Urgent Care Plan had been submitted to the Scottish Government.

Ms. McDonald asked if any of the clusters were linked and Mr. G. Docherty indicated that further analytical support was being sought which would ensure that clusters could be analysed further and linked intelligence brought to the decision making process. He also indicated that the return of the student population to University campuses, which was being highlighted as a growing concern in a number of surrounding NHS Boards, were not being identified across NHS Lanarkshire, and, for instance, he indicated that the University of the West of Scotland had not opened up their Halls of Residence and students were working online.

In relation to evidence of the restrictions being of benefit Mr. G. Docherty indicated that there was evidence that the number of contacts subsequent from a positive case being reported to Test and Protect was reducing from seven to around three or two, and that the restrictions in place over the last few weeks may be having an influence, however in relation to a question from Councillor Kelly about the instance of the disease transferring from the younger age group to an older profile, Mr. Docherty indicated that the impact of the disease may be changing in this way and this was of concern and was being monitored very closely within the Board.

Mr. G Docherty sought to reassure Board Members that the availability of testing through the local systems to support hospitals, staff and care homes was working well and he was aware that Scottish Government was working closely with UK counterparts to ensure that the UK system worked as efficiently as possible. In relation to the figures as of today, Ms Park indicated that there were 33 positive patients in NHS Lanarkshire spread evenly across the three Acute Hospital sites, with 4 Covid positive patients in the Intensive Care Unit at University Hospital Hairmyres. It was also stressed that green and red pathways were in place to ensure that elective and outpatient work could continue, while at the same time responding to the increasing demand from Covid patients.

Ms. McDonald asked for clarification around the 100,000 tests quoted in the latest Surveillance report in Lanarkshire, and Mr. G Docherty stated that these related to individual residents, not numbers of tests undertaken.

**THE BOARD:**

1. Noted the Covid-19 update;
2. Asked that details on performance in relation to staff testing were reported to the Board.

2020/09/210

**GOVERNANCE COMMITTEE UPDATES**

The NHS Board received and noted updates from the Staff Governance Committee meeting held on 31<sup>st</sup> August 2020, the Acute Governance Committee meeting held on 3<sup>rd</sup> September 2020 and a verbal update from the Chair of the Population Health and Community Services Committee held on 3<sup>rd</sup> September 2020.

In relation to the Staff Governance Committee meeting, Mrs. Macer highlighted the work being undertaken and taken forward in relation to engaging with Black Asian Minority Ethnic staff and the significant input by the Board Chair and the Organisation Development staff and the Diversity Lead in establishing a series of online discussions which is leading to a survey which can be targeted at BAME staff to gain further information on their experiences. Mrs. Macer indicated that there was a great deal of very positive feedback and also areas where improvements could be made which will be targeted in the questionnaire going forward with one of the key questions to be raised is the prospect of having a regular forum for BAME staff to come together and discuss issues of mutual concern or support.

Mrs. Mahal thanked Mrs. Macer for her helpful overview and indicated that a formal Board report would be provided and presented to the Board in due course.

**K Sandilands**

Dr. Osborne raised an issue of potential risk which had been discussed at the Acute Governance Committee, and was also appended to the Exception Report in relation to Interventional Radiology, and the steps being taken to create a robust Interventional Radiology Service for patients across the West of Scotland, which would cover a number of Health Boards including Greater Glasgow and Clyde, Lanarkshire, Forth Valley, Ayrshire and Arran and Dumfries and Galloway. It was noted that the issue was being discussed within the Acute Directorate Management Team and the risks and benefits in establishing a West of Scotland Service would be highlighted to the Board in due course.

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

1. Noted the updates from the Staff Governance Committee meeting held on 31<sup>st</sup> August 2020, the Acute Governance Committee meeting held on 3<sup>rd</sup> September 2020 and the verbal update from the Chair of the Population Health and Community Services Committee meeting held on 3<sup>rd</sup> September 2020;
2. Agreed to await a further formal report in relation to work with - BAME staff being taken forward through the Staff Governance Committee; and
3. Agreed to await a further update on the risks and benefits in establishing a West of Scotland Interventional Radiology Service in due course.



2020/09/211

**TEST & PROTECT UPDATE**

The NHS Board received and noted an update on the Test and Protect Programme from Mr G Docherty, which in particular described the progress being made to augment the Test and Protect Programme in line with the requirements set out by Scottish Government. Ms. Sandilands indicated that Scottish Government had set out a clear requirement for Boards to provide Test and Protect Workforce which met the requirements to deliver a sustainable model over the next 18 to 24 months in relation both to a core service and a surge capacity.

It was highlighted that the structure of the Test and Protect Team fell into two groups, one of which was contact tracing, the other the investigation and clinical side. In addition to the core team there were additional support roles including general administrative support, logistic support and data analysis capacity, as well as service leads and Public Health Consultant input. Board Members noted the funding that had been set out by Mr. John Connaghan in his letter of 19<sup>th</sup> September, and it was noted that the workforce to enable a pool of 100 WTE contact tracers to be available would be completed within the next two weeks. It was anticipated that around 60 contact tracers would be available per day from week commencing 5<sup>th</sup> October 2020, which was in excess of the Scottish Government requirement on a daily rota. It was also noted that surge capacity had been factored into the recruitment of mostly part time contact tracers who were willing to provide additional hours if this was required.

Board Members expressed their gratitude to Ms Sandilands and her HR team, who had recruited over 100 WTE staff in a relatively short space of time, and also paid tribute to the training and peer supervision put in place by Public Health colleagues in order to meet the requirements set out by the Scottish Government.

**THE BOARD:**

1. Noted, and were assured by, the progress being made to recruit to the Test and Protect Programme at the levels required by the Scottish Government.

2020/09/212

**FLU VACCINATION PROGRAMME**

The NHS Board received and noted a paper from Mrs de Souza which informed the Board of the main features and plans for the Flu Vaccination Programme for 2020/21. It was noted that the traditional seasonal flu campaign had already begun and it was being rolled out in a tapered approach to achieve full daily clinic capacity from 12<sup>th</sup> October until the end of November 2020. The extended Programme for 55 to 64 year olds will then take place in December, depending on sufficient vaccine stocks remaining available.

It was noted that the Scottish Immunisation Recall System (SIRS) would be used to invite patients to especially arrange clinics in their localities, as it was not feasible to use GP practices, and the Vaccination Programme was being managed entirely by the Health Board, and not GPs this year.

Both Mrs de Souza and Mr. McGuffie intimated that it was a very dynamic environment that staff were dealing with, and troubleshooting issues as these arose, along with Health and Council staff. It was noted that there were many examples of good whole system working and that the two Local Authorities had responded very positively to the need to secure locations, other than GP practices to undertake the Programme, with sufficient social distancing in place.

Dr. Osborne enquired about the availability of the vaccine and Mr. G. Docherty indicated that Boards had been assured that vaccine supplies would be sufficient to ensure that the Programme could be met, and if vaccines became available to undertake a further cohort of patients, the age band 55 years old down to 50 years old would also be covered.

In relation to shielding and housebound patients, Mr. McGuffie indicated that if these patients could not be brought into mass vaccination clinics, the District Nursing Service will endeavour to see those patients who could not attend, in their own homes.

It was agreed that the Board in October would be provided with a further update on the progress of the Flu Vaccination Programme, and would include any risks and challenges being faced at that point.

In relation to staff vaccination, Mr. G. Docherty indicated that the peer vaccination approach was the best one to apply, and he was expecting a higher uptake from staff than in previous years. In addition, Ms. Sandilands reported that the Occupational Health Service (SALUS) was maximising the number of peer vaccinators so that as large a group of staff could be covered and a number of peer immunisers were dropping into Wards and Departments on an ongoing basis to offer the vaccination.

Mr Boyle asked about messaging and how this could be aligned nationally to preventative messaging. Mr Brown undertook to discuss this further with Scottish Government communications.

Board Members were assured by the early progress in relation to the planning elements for the Flu Vaccination Programme, and noted that there were a number of challenges addressed as the Programme was being rolled out, nevertheless they asked that the Board's thanks be recorded and relayed to those involved from the South Health & Social Care Partnership, Public Health and the wider group of staff who were involved in Peer Immunisation through SALUS, as well as Council colleagues via the Council Chief Executives.

**THE BOARD:**

1. Noted the update in relation to the Flu Vaccination Plan; and
2. Asked for future reports to identify how risks and challenges were being addressed.

V de Souza

Mrs. Mahal indicated that this item was being deferred until the October Board as further discussions were required at Corporate Management Team level before the paper could be presented with a series of recommendations.

**THE BOARD:**

**K Sandilands**

1. Agreed to defer the Staff Wellbeing and Resilience Update to the October Board meeting.

2020/09/214

**FINANCIAL REPORT**

The NHS Board received a paper, from Mr Yuille, which outlined the financial position to 30<sup>th</sup> August 2020.

Mr. Yuille gave a comprehensive report on the issues around Covid costs and it was noted that a Quarter 1 bid had been submitted to Scottish Government to be used to inform the release of a tranche of National Covid-19 funding, with notification expected in the latter part of September 2020.

Mr. Yuille reported that if expenditure directly related to Covid 19 response was excluded at the end of August 2020, the Board would be reporting an underlying £4.406m overspend, which was £0.227m worse than the Financial Plan year to date trajectory, mainly due to under delivery of savings.

Mr. Yuille highlighted that the main financial pressures faced by the Board were the very significant additional Covid 19 costs and the CRES target likely to be undelivered due to Covid in 2020/21.

In relation to the Capital Plan, Mr. Yuille confirmed that this remained over committed, however due to the risk profile of the Monklands Business Continuity work this was proceeding and costs were being finalised by the Trauma and Orthopaedics Phase 1A and the Regional Vascular Centralisation Programme. The risk of exceeding the Capital Resource Limit was being managed by holding back on less urgent medical equipment replacement stock. In relation to an Invest to Save Scheme which involved a combined heat and power plant at the University Hospital Hairmyres, Mr. Yuille was pleased to report that this had been agreed by Scottish Government.

Mrs Mahal reminded Board members that they had agreed to a Finance development session once further allocations were received and the Board understood its ongoing position in relation to risks and gaps.

**THE BOARD:**

1. Noted the current Month 5 position was based on reasonable assumptions but that a degree of estimation meant a high level of caution was required;
2. Noted that the return was made to Scottish Government to identify all Covid-19 related expenditure in 2020/21 and feedback was awaited; and

3. Reiterated its intention to have a development session in relation to Finance once further details were known around allocations and any ongoing risks.

2020/09/215

**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 had improved, but was still just short of the 95% target, but that performance against the 31 day target had met the target. She also indicated that A&E attendances were beginning to return 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 which would address these delays.

Mrs de Souza highlighted that South Lanarkshire was continuing to see an improving picture and reductions in patients who were delayed. In response to a question from a Board Member, Mrs De Souza explained that code 9 patients were those with complex care needs, and/or where a legal process had to be followed, for example in cases where the patient was an Adult with Incapacity.

Mrs Mahal commended colleagues to continuing to report on these key performance indicators, albeit with unvalidated data, however she asked that the range of indicators being reported on be reviewed to ensure that they captured the other key services, such as CAMHS and other AHP services, or others by exceptions, where performance was below trajectory, or giving rise to concerns.

**R McGuffie /  
V De Souza /  
J Park**

**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; and
2. Noted that the range of data being presented will be reviewed.

2020/09/216

**Out Of Hours (OOH) UPDATE**

The NHS Board received and noted a report from Mrs de Souza which provided an update of the Out of Hours workforce plan and the updated project plan. The paper also described the challenges being managed by the service in ensuring that the appropriate workforce was in place across 2 centres, and a detailed description of the trigger points that were in place to ensure that the service operated safely, which was reviewed on a shift by shift basis.

Mrs Mahal welcomed Ms Thomson to her first NHS Board meeting and invited her to take Board Members through the paper in detail.

It was noted that the current model of 70% (doctor) / 30% (nurse) was being adjusted by the recruitment of additional nurses to reflect a more sustainable workforce of 50% (doctor) / 50% (nurse). The Project Plan set out in detail how that was to be achieved over the course of the next two years.

Ms Thomson reiterated the intention to maintain 2 OOHs centres but asked the Board to acknowledge that sustainability issues were a concern due to a lack of staffing .

From a professional nursing perspective, Mr E Docherty stated that he was fully supportive of the direction of travel which matched the aspirations of other OOH services across Scotland.

In relation to the recruitment of GPs, in response to Dr Osborne, Mrs De Souza reported that there was no interest expressed in a recent round of recruitment.

Mrs Mahal welcomed the refresh of the workforce plan and asked that key milestones be added to the plan so that progress can be reported to the Population Health, Primary Care & Community Services Committee, and in terms of the clinical model the Healthcare Quality Assurance & Improvement Committee. She also asked that the Project Team consider any lessons learned from the support Sir Lewis Ritchie had provided to other Boards where sustainability of services was also an issue.

**THE BOARD:**

1. Noted the update and refresh of the Out of Hours workforce project plan, and the trigger points which would be used to determine the safe staffing levels in Out of Hours Centres;
2. Requested that future reports should contain clear milestones, measures for success and how risks were being addressed; and
3. Asked that the Population Health, Primary Care and Community Services Committee consider further the Plan and key milestones.

Val de Souza

2020/09/217

**RECOVERY, REMOBILISATION & REDESIGN UPDATE**

The NHS Board received and noted a report from Mr Lauder which provided an update of the Recovery, Remobilisation & Redesign work underway in Lanarkshire. This paper followed on from the briefing considered by the July Board.

The paper highlighted that the Response, Remobilisation & Redesign Oversight Group had been stood down and that a regular standing item at the Corporate Management Team would be used to discuss these issues going forward.

The paper also provided details of the 296 services registered on the database made up of 232 (78%) clinical services and 64 (22%) non-clinical services.

Mr Lauder reported that the database had been shared with the Healthcare Improvement Scotland - Community Engagement colleagues who were

highly complimentary about the detail that had been captured by the Board on the database, and also indicated that they did not regard any of the changes described in the database to be major service changes requiring further public engagement or consultation.

The paper also provided an update on the Remobilisation Plan which had been submitted on 31st July 2020. Scottish Government representatives had met with the NHS Lanarkshire Team (31st August 2020) to provide initial feedback. On 10th September 2020, a letter was received from John Connaghan commending NHS Boards for the extensive work undertaken to develop the Remobilisation Plans, indicating that the Scottish Government feedback process would be completed with any actions signed off by the end of September 2020.

Thereafter, it was anticipated that a final draft Remobilisation Plan would be prepared for consideration by the NHS Board in October 2020.

Going forward, the Scottish Government had indicated that Remobilisation Plans will be reviewed every four weeks as part of the iterative integrated planning process.

The paper also highlighted the early feedback following a Corporate Management Team Development Workshop held on 28th August 2020 to consider how best to progress with a refresh of the healthcare strategy, Achieving Excellence.

Following detailed discussions, which reflected on the success of Achieving Excellence, a number “next steps” actions were agreed which will be discussed at a Board seminar to be held in the next few months to consider the Vision, Goals and Governance aspects of a new healthcare strategy.

It was further agreed that progress towards these aims and the implementation of a new healthcare strategy would continue to be coordinated by the Strategic Delivery Team and reported to the NHS Board, and the Planning, Performance & Resources Committee, on a regular basis.

**THE BOARD:**

1. Noted the continued work of the Response, Remobilisation and Redesign Oversight Group (RRROG);
2. Noted that the CMT has approved a delegated approval process for certain service recovery decision-making responsibilities to operational recovery groups. Furthermore, CMT has agreed to stand down the RRROG and create a standing item on the CMT agenda for consideration of any remaining service recovery proposals;
3. Noted that a draft Remobilisation Plan was developed and submitted to the Scottish Government on 31st July 2020 and that formal feedback is awaited;
4. Agreed to consider, for approval, a final draft of the Remobilisation Plan at a future meeting of the NHS Board;

5. Noted that a CMT/Strategic Delivery Team (SDT) development workshop took place on 28th August 2020, the outcomes of which will be used to inform the development of a new healthcare strategy; and
6. Agreed to participate in a Board development session for consideration of the Vision, Goals and Governance aspects of a new healthcare strategy.

2020/09/218

**HUMAN RESOURCES DIRECTORATE QUARTERLY REPORT (Q1 - APRIL – JUNE 2020)**

The NHS Board received and noted a report from Ms Sandilands which provided an update of the Human Resources Directorate key performance indicators for the first quarter (April – June 2020).

Mrs Mahal sought assurance that future reports would be accompanied by a narrative report to draw out the salient points and actions being taken to address any issues, and Ms Sandilands reported that this would be the case, highlighting that the report was being reformatted. The paper provided an update for the NHS Board on some key workforce aspects since January 2020 and set out the roadmap to increasing the availability of workforce data and analytics for NHS Lanarkshire over the next 3-6 months.

**THE BOARD:**

1. Noted the quarterly report; and
2. Noted the commitment to accompany future reports with a narrative report to provide assurance to the Board on how issues were being addressed.

2020/09/219

**ANNUAL OPERATIONAL PLAN PROGRESS REPORT (Q1 - APRIL – JUNE 2020)**

The NHS Board received and noted the Quarter 1 Performance Report from Mr Lauder, which described progress against the 2020/21 draft Annual Operational Plan (AOP) Targets and Locally Agreed Standards. In addition, the Board was also asked to note the local and national work underway in relation to the review of Key Performance Indicators (KPIs).

Mrs Mahal asked Committee Chairs to reflect on the content of the Appendix to the report, to ensure that key performance indicators were being reviewed on a regular basis by Governance Committees, as appropriate.

**THE BOARD:**

1. Noted the quarterly report, and the request that Committee Chairs reflect on the content of the Appendix to the report, to ensure that key performance indicators were being reviewed on a regular basis by Governance Committees, as appropriate.

2020/09/220

### **MONKLANDS REPLACEMENT PROJECT – OPTION APPRAISAL REPORT**

The NHS Board received and noted a paper from Mr Lauder which provided an update on the next phase of public engagement in relation to the Monklands Replacement Project.

The NHS Board was invited to note that the Option Appraisal Report, part of the site selection process, had been completed, and to note that this would be shared with a wide range of members of the public, and key stakeholders, as part of the next phase, a 2 week period of public engagement.

Mrs Mahal stressed that the site scores did not represent a decision by the Board of NHS Lanarkshire on the location of the new University Hospital Monklands and that this report would form one part of the range of information which would be considered by the Board in its decision making process.

#### **THE BOARD:**

1. Noted that the Option Appraisal Report had been completed, and would be circulated widely as part of the next phase of the process, a 2 week public engagement period.

2020/09/221

### **WINTER PLANNING**

The NHS Board received a report from Mr Cunningham which described the planning arrangements being put in place to ensure services were prepared for the coming winter months – with particular recognition of planning alongside the impact of Covid 19.

Mr Cunningham added that further guidance was still awaited from Scottish Government on the planning and self-assessment for preparedness for winter. Similarly, discussion was still ongoing at national and local level as to how Covid Hub(s) and Covid Assessment Centres are going to be organised and managed across the peak winter months, recognising the difficulties in differentiating between Covid and other commonly occurring winter viral diseases and respiratory conditions.

Councillor McGuigan sought assurance about the capacity to manage winter respiratory conditions with the resurgence of Covid and was advised that work was still underway.

The initial meeting with Scottish Government officials in relation to winter planning to date as part of the wider understanding of Health Board mobilisation plans was well received.

Mr Cunningham took Board Members through the various aspects of planning that will be drawn together as part of describing all of the actions being taken forward within the remit of the Winter Plan. This included the public flu vaccination programme, the staff flu vaccination programme, the provision of COVID assessment centres, the redesign of urgent care, GP and Pharmacy extended opening times, surge capacity, adverse weather, resilience planning and communications.



**THE BOARD:**

1. Noted the planning arrangements being put in place to ensure services are prepared for the coming winter months;
2. Noted that the major components of the plan were submitted to Scottish Government by 31 July 2020, and subsequently discussed with them at the meeting of 31 August 2020; and
3. Noted that the finalised Winter Plan will be submitted to the NHS Board, North and South Lanarkshire Integrated Joint Boards by 31 October 2020, albeit given the changing nature of Covid and associated guidance, it may be subject to change throughout the period.

2020/09/222

**PRIMARY CARE IMPROVEMENT PLAN**

The NHS Board received a report which set out the impact of the Covid Pandemic and response on the Primary Care Improvement Plan (PCIP), the measures in place to aid recovery of the actions within the Plan and that the PCIP3 return for Scottish Government was for noting.

Mrs de Souza and Mr Cunningham took Board Members through the report.

Mrs Mahal asked if further detail could be provided in future reports to set out risks and mitigation, so that assurance can be provided to the Board around the progress of the Plan.

Mrs de Souza agreed to do so, and added that there was a detailed Risk Register that underpinned the Plan, and that the Register had been presented to the Population Health, Primary Care and Community Services Governance Committee. It was agreed that this would be circulated to all Board Members for information and that the Population Health Governance Committee would have oversight of key milestones against progress of the plan.

**V De Souza****THE BOARD:**

1. Noted the ongoing work around the Primary Care Improvement Plan;
2. Noted that the impact of the pandemic will delay final delivery of the Plan;
3. Noted that the draft PCIP3 was subject to further discussion at the GP Sub Committee;
4. Requested further assurances around risks and the mitigation of risks and that the risk register be shared with all Board Members; and
5. Asked that the Population Health, Primary Care and Community Services Committee have oversight of assurances around the plan and progress against key milestones.

2020/09/223

**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.

2020/09/224

**ANY OTHER COMPETENT BUSINESS**

No items were raised.

2020/09/225

**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.

2020/09/226

**DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> October 2020 at 9.30am