

**Lanarkshire NHS Board**      **Kirklands Hospital**  
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**Minute of Meeting of the Lanarkshire NHS Board**  
**held on Wednesday 26<sup>th</sup> August 2020 at 9.45am**  
**by using Microsoft Teams and Teleconferencing**

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

**PRESENT:**                    **Mrs L Ace, Director of Finance**  
**Mr A Boyle, Non Executive Director**  
**Dr J Burns, Medical Director**  
**Mr 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**  
**Ms H Knox, Interim Chief Executive**  
**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**  
**Mrs M Haywood, Head of Health, 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**  
**Mr D Wilson, Director of Information and Digital Technology**

**APOLOGIES:**                **Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership**

**WELCOME**

2020/08/175

Mrs Mahal welcomed colleagues to the meeting.

2020/08/176

**DECLARATION OF INTERESTS**

There were no declarations of interest.

2020/08/177

**MINUTES**

The minutes of the meeting of the NHS Board held on 29<sup>th</sup> July 2020 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 29<sup>th</sup> July 2020.

2020/08/178

**MATTERS ARISING**

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

2020/08/179

**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 and Mrs Mahal suggested a number of additional items needed to be added to reflect the actions agreed at the last meeting.

In relation to the Staff Awards, Mrs Mahal reported that a blended (physical and virtual) approach was being adopted to hosting the 2020 Staff Awards, which would be held in October 2020. Further details will be provided to Board Members once final arrangements have been made.

It was noted that mutual aid agreements had been reached with neighbouring NHS Boards in securing independent reviewers for suicide reviews and this would be formally reported to the Healthcare Quality Assurance and Improvement Committee and thereafter assurance provided to the NHS Board.

E Docherty

2020/08/180

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

In relation to having a primary care representative at NHS Boards, it was noted that discussions were ongoing with Scottish Government on a consistent approach to this request. It was noted that Boards had a variety of mechanisms for ensuring oversight of Primary Care and that Mrs de Souza led this responsibility on behalf of the NHS Lanarkshire Board, supported by other colleagues.

Mrs Mahal reported that together with the Interim Chief Executive she had visited the Louisa Jordan Hospital in Glasgow to see first-hand how facilities were being deployed to assist Boards in seeing outpatients. She commended colleagues as NHS Lanarkshire had been the first Board to use the Louisa Jordan for seeing patients and feedback from patients and clinicians had been very positive. It was also noted that Mrs Mahal and Ms Knox had also visited University Hospitals Hairmyres and Wishaw in recent days and the feedback from staff was overwhelmingly positive in terms of the Board's response to the pandemic and the priority that the Board attached to staff wellbeing.

It was also noted that the Cabinet Secretary, along with the National Clinical Director, Professor Jason Leitch, had visited University Hospital Hairmyres earlier in the week, and that the visit had been very well received by local staff.

Mrs Mahal also gave an update on national work being taken forward in relation to Improving Diversity on Boards and Active Governance.

**THE BOARD:**

1. Noted the update from the Board Chair.

2020/08/181

**INTERIM CHIEF EXECUTIVE'S UPDATE**

Ms Knox highlighted that it was anticipated that the Scottish Government's Programme for Government would be published soon and would focus on health inequalities and public health.

Ms Knox and Mr G Docherty provided a detailed overview of current clusters that were being managed by Incident Management Teams. It was highlighted that in view of the need to convene multiple Incident Management Teams in recent days agreement had been reached with Local Authority partners that any Incident Management Team required to manage clusters and outbreaks in workplaces or work based premises would be led by the Environmental Health experts in Local Authorities, and those linked to schools would be led by Public Health, with commensurate input by all agencies into both Incident Management structures.

In relation to Urgent Care, Ms Knox stated that there was a significant review of how to manage unscheduled care in a Covid-19 environment and that the timescales for implementing supporting infrastructure necessary to manage services safely was extremely challenging.

**THE BOARD:**

1. Noted the update from the Board Interim Chief Executive.

2020/08/182

**CORPORATE RISK & MAJOR INCIDENT RISK REGISTERS**

The NHS Board considered the Corporate Risk Register(s).

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. He added that the Covid-19 Risk Register was reviewed regularly by the Corporate Management Team.

In response to an observation by Mrs Mahal, Mr Cannon indicated that risk 1450 (Ability to Maintain Existing GM Services in Current Format Across NHSL Specifically Since Placed on Emergency Footing) and risk 1793 (PCIP - Ability to maintain existing GM Services across NHS Lanarkshire) would be reviewed to avoid any potential duplication.

In relation to the Monklands Business Continuity Risk Register, Mr Moore asked if risk 1565 (Failure to deliver a workforce model which supports

NHS Lanarkshire's clinical model aspirations and longer term strategy) was being taken forward, and Mr Lauder responded that this was being taken forward in parallel with the development of the Outline Business case for the new Hospital and was actively being discussed.

Board Members welcomed the discussion of risks at the beginning of the meeting to help inform discussions of forthcoming agenda items

**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, with a record of other changes set out in Appendix 1 (pages 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 12<sup>th</sup> August 2020 (page 4);
3. Noted the very high graded corporate risks that were above the corporate risk appetite, including very high graded risks across NHSL as enablers for corporate consideration and decision-making (pages 6 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 9 & 10);
5. Noted the 33 risks set out in the NHSL Corporate Risk Register, accurate as at 12<sup>th</sup> August 2020 and sorted in descending order by the current assessed level of risk from very high to low, as seen in appendix 2;
6. Noted the COVID-19 incident specific risk profile with the risks that are graded very high (pages 11 to 13), with a copy of the most recent weekly CMT report referenced to the detailed COVID-19 risk register see appendix 3;
7. Noted the Report on EU Withdrawal the one (1) very high graded risk with risk profile as at 12<sup>th</sup> August 2020;
8. Noted the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care Committee as the assurance committees to maintain a level of oversight by the Board as set out in appendix 1.

2020/08/183

**COVID CLUSTERS IN LANARKSHIRE**

Mr G Docherty provided a verbal update on the recent Covid-19 clusters in Lanarkshire.

It was noted that there were two main Incident Management Teams operating, one covering workplaces (led by the Council) and the other schools (led by the NHS Board). This was agreed with Local Authority

partners to reduce the burden of setting up multiple Incident Management Teams. This arrangement was already working well.

Mr G Docherty placed on record his appreciation for the support provided to him, and to his Public Health colleagues, by the Director of Finance and the Interim Chief Executive during what had been and continued to be a very challenging period. A number of posts to strengthen the Test & Protect service were being advertised albeit without formal confirmation of funding from Scottish Government, which was anticipated would be provided.

Ms Knox stated that the Corporate Management Team were working closely with services to release staff to be seconded to work in Test & Protect in the short term, until additional staff can be recruited permanently and undergo training.

Dr Osborne asked about the potential for additional risk with the opening up of schools and Mrs Park indicated that she had seen a small impact on staff within Acute services.

#### **THE BOARD:**

1. Noted the support being provided to Public Health colleagues in relation to Test & Protect services;
2. Noted the efforts to recruit staff without formal confirmation of a funding source; and
3. Noted that the Incident Management Team structure had been adapted to cope with multiple clusters in schools and in the workplace.

2020/08/184

#### **HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE UPDATES**

The NHS Board received and discussed a number of papers from the Healthcare Quality Assurance & Improvement Committee consisting of the draft Minutes of the meeting on 22 July 2020, a copy of a Quality Update Report, the Duty of Candour Annual Report 2019/20, and a paper on Non-Executive Leadership Walkrounds.

The draft Minutes of the meeting on 22 July were noted.

In relation to the Quality Report, Dr Burns highlighted the information within the report on Care Opinion, and reported that the Quality Department was looking at further, innovative, means of gathering patient and visitor feedback to complement the Care Opinion feedback.

Mr Moore highlighted the very positive stories in Care Opinion, and Dr Burns stated that although Patient Stories had been stood down from Board agendas in view of the pandemic, these could be reintroduced at Board meetings, starting possibly in October 2020. It was also noted that it may be feasible to capture themes arising from Care Opinion feedback and if this was possible, this would be reported back to the Board in due course. Mr Boyle asked that staff stories also be considered alongside patient stories. This was agreed. Mrs Mahal also asked colleagues to consider how

**J Burns**

patient/staff stories could be triangulated with other intelligence to capture positive areas and areas for improvement and learning, tying in with Active Governance.

In relation to the Duty of Candour Annual Report 2019/20, it was noted that this had been approved by the Committee and submitted to Scottish Government. Dr Burns reported that the system of identifying and reporting issues that required to be dealt with under the Duty of Candour regulations was maturing as practitioners become more familiar with identifying these cases and highlighting these on DATIX (incident recording system).

The Non-Executive Walk Rounds paper, which set out how to manage these safely in periods outwith Monday – Friday, 9am – 5pm, was welcomed by the NHS Board. In particular, Mr Campbell welcomed the paper, which he had been keenly advocating was required, and thanked Dr Burns and her team for putting the processes in place. It was noted these would be kept under review to ensure that the arrangements were working as intended.

#### **THE BOARD:**

1. Noted the papers from the Healthcare Quality Assurance & Improvement Committee consisting of the draft Minutes of the meeting on 22 July 2020, a copy of a Quality Update Report, and the Duty of Candour Annual Report 2019/20.
2. Agreed to adopt the proposals set out in the Non-Executive Leadership Walkrounds paper; and
3. Noted the efforts to bring back patient and staff stories at a future Board meeting.

2020/08/185

#### **COVID-19 – WHOLE SYSTEM UPDATE**

The NHS Board received and discussed a paper 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 flu vaccination, Mr G Docherty indicated it was critical that the seasonal flu update was as high as possible, in the general population and with staff. It was noted that Public Health were working closely with Health & Social Care Partnerships to secure venues and launch the vaccination programme, this being the first year that the responsibility for flu vaccinations was passed from GPs to the Health Board.

Mr Moore asked if the logistical challenges of doing so in a socially distanced way were being overcome, and Ms Haywood reported that locations, appointment systems and a timetable were being finalised.

Dr Osborne asked about the status of a 60% uptake target, and Mr Docherty reported that this was the target, but he hoped that the Board could significantly exceed this. A risk based approach was being adopted to ensure that those vaccinated early in the programme were patients and staff who had been shielded, and the over 65's.

Mr G Docherty agreed to bring back a fuller formal update on the flu vaccination programme at the end of September 2020.

**G Docherty**

Mrs Sandilands highlighted that a small range of outpatient services were being delivered from the Louisa Jordan Hospital, and that NHS Lanarkshire staff were being used to deliver services to our local residents.

Board Members noted that the Remobilisation Plan was being refined and was the subject of detailed discussion at the Non Executive Board Member briefing session held on 12 August 2020. Feedback from Scottish Government colleagues will be provided at a meeting with Senior Directors to be held on 31 August 2020.

It was further noted that detailed and significant planning was being taken forward in relation to Urgent Care services, and the plan would be shared with Board Members when this has developed and matured.

In relation to staff wellbeing services generally it was agreed that it would be helpful to discuss the Board's approach at the next meeting in September 2020 as it was important to receive assurance on sustainability, including how ongoing support and accommodation issues were being addressed.

**K Sandilands**

Dr Burns indicated that 3 Consultants had been identified to support the role of wellbeing champion for Doctors in training and Mrs Sandilands referenced the Pulse survey which would also shape the response to wellbeing.

#### **THE BOARD:**

1. Noted the Covid-19 update;
2. Noted that a report on the flu vaccination programme will be provided to the Board at the end of September 2020;
3. Noted that a report on staff wellbeing will be provided to the Board at the end of September 2020.

2020/08/186

#### **TEST & PROTECT UPDATE**

The NHS Board received a paper which set out to provide the Board with assurance that an effective contact tracing service was in place for Lanarkshire, as well as describing the next stages of this work.

Board Members noted the current numbers in relation to new cases and contacts generated, as well as information on Care Home staff testing, and Health Care Worker testing.

Mr G Docherty described the national work being taken forward, and the local work being undertaken to support the national system. It was however noted that local support systems were being augmented further and additional staff were being recruited as quickly as possible, as cases were beginning to rise.

In light of national (UK) media coverage about testing capacity and turnaround times, Mr G Docherty also sought to reassure Board Members

that local testing was readily available, and short local turnaround times for test results were being maintained.

Mrs Macer asked about the pay bands for contact tracers and if this was attracting candidates for new posts. Mr Docherty explained that originally band 3 staff were thought to be capable of undertaking tracing, but it was clear that this was only for non-complex cases, and for these complex cases, higher banded Investigating Officers were required.

Councillor McGuigan asked to be taken through the process if a patient received a positive result, and Mr Docherty provided a step by step explanation.

Councillor Kelly commended the Board for their approach to Test & Protect, and in particular highlighted the role played by the Public Health Department who had been working very closely with North Lanarkshire Council officials recently in outbreak management, and he stated that the working relationships were excellent. He also sought assurance around testing for families who could not travel to test centres due to cost/lack of transport and Mr G Docherty outlined that testing kits could also be posted out to individuals where that was required.

Board Members also acknowledged the implications of commencing on the flu vaccination programme and the impact that COVID-19 might have on patient pathways. Dr Burns stated that this was being actively discussed within the Corporate Management Team to ensure that flu and covid presentations were responded to appropriately, in the context of changes being introduced in relation to urgent care.

#### **THE BOARD:**

1. Noted the Test & Protect update; and
2. Noted the pressures on the Public Health Department and the efforts being deployed to recruit and train more contact tracing and associated staff as quickly as possible.

2020/08/187

#### **CARE HOMES SUPPORT – UPDATE**

The NHS Board received a paper which set out to provide the Board with assurance around the strengthened partnership response to support care homes in response to COVID-19.

Ms Knox reminded the Board that the Chief Executive of NHS Scotland requested that Health Boards deliver an enhanced system of assurance in relation to the safety and wellbeing of care home residents and staff in response to COVID-19, led by Directors of Public Health.

It was further noted that the accountability of Directors of Nursing had also been amended by the Cabinet Secretary for Health and Sport to include oversight of professional issues in relation to Care Homes, and this was led by Mr E Docherty.

Mr E Docherty reported that a service model had been developed to respond to these additional professional and clinical oversight responsibilities in



relation to care homes, which was approved by the Corporate Management Team (CMT) on 8th June.

It was noted that tactical and operational care home groups continued to meet to provide oversight and assurance, and deliver the care home work plan. The tactical care home assurance group reports directly to the CMT and it was noted by Dr Thomson that the Healthcare Quality Assurance and Improvement Committee was taking governance oversight of the work in Care Homes and would in due course, consider themes arising.

It was emphasised that the Board continued to work in partnership with the Care Inspectorate and supported the programme of unannounced inspections in care homes by providing infection prevention and control support and expertise during inspection visits.

Dr Osborne noted that the approach adopted by the Board, as described by Mr E Docherty, was one of concordat rather than compliance, in working with Care Homes, which was welcomed. In addition, Dr Osborne asked about the lifting of recent restrictions on indoor visiting. Mr E Docherty stated that the restrictions on indoor visiting was reviewed on a regular basis, but in light of the prevalence of the disease in the wider community as evidenced by increasing numbers of positive test results, it was difficult to see this being reversed in the short term.

In relation to accountability arrangements, Mr E Docherty stated that this was until November 2020, but it was anticipated that this might be extended by the Cabinet Secretary into next year.

In response to a query from Councillor McGuigan on staff testing in Care Homes declining, Mr E Docherty also reported that testing for Care Home staff was proceeding well, and that the approach adopted by the Board was one which prioritised support and professional guidance, rather than the imposition of regulatory measures.

#### **THE BOARD:**

1. Noted the update on care Homes activity; and
2. Were assured that the systems and process in place were working effectively and that the Healthcare Quality Assurance and Improvement Committee had oversight of this area of work.

2020/08/188

#### **MEDICAL EDUCATION UPDATE**

The NHS Board received a paper on undergraduate training, and how this had been delivered under the current Covid-19 restrictions.

Board Members were also updated on the NHS Education for Scotland (NES) Medical Education Report, which was an annual undergraduate report, completed this year in August 2020. This report consisted of undergraduate students' feedback through the partner universities and General Medical Council. The report provided the data per department for all departments with students on a "RAG" report basis. The collated response from colleagues at departmental, hospital education and senior

management level and contained commentary and specific action planned as appropriate.

Dr Burns highlighted that NHS Lanarkshire hosts undergraduate medical students from 3 medical schools in Scotland and we have received 9 undergraduate recognition of excellence letters from the Undergraduate QRP at the beginning of the undergraduate year. This year the Board area had no red or amber flags at all in any of the data sets pertaining to undergraduate education. In many departments the predominant field feedback is a “green” flag, with a number of departments having this feedback in every single area / field. This reflected excellence in undergraduate education within NHS Lanarkshire, and was due to sustained hard work and commitment from the Education Lead Robin Munro, site Sub Deans and departmental leads and supervisors, Nursing, Midwifery and Allied Health professional and administration staff colleagues.

The report also set out new curricula, teaching and learning processes, and the development of teaching in Primary care.

Dr Burns commended the report to Board Members and highlighted that Undergraduate Education has had excellent feedback across NHS Lanarkshire. The Board was increasing the number and range of departments which offer teaching and learning, as well as developing innovative training modalities.

Ms McDonald asked if good practice was shared across all the Hospital sites and Dr Burns reassured her that these systems were in place. Dr Osborne commended the work of all involved, which was reflected so clearly in the excellent report from NES, and in particular she highlighted the focus on enabling GPs to undertake training to become training supervisors, and asked if this would help in recruiting GPs into the workforce.

Dr Burns responded that it was too early to gauge whether this would have a positive impact on GP recruitment, but it was a programme that the Board was committed to developing.

#### **THE BOARD:**

1. Noted the excellent progress made and recognised the continued work required to maintain and improve the quality of medical education for assurance purposes; and
2. Commended the work of the Medical Education team, in particular the leadership of the Director, Dr Ian Hunter, in delivering innovative approaches to the provision of education and training under the prevailing circumstances.

2020/08/189

#### **FINANCIAL REPORT**

The NHS Board received a paper, which outlined the financial position to 31 July 2020.

Mrs Ace gave a comprehensive report on the issues around Covid costs and it was noted that if expenditure directly related to the Covid-19 response was excluded, at the end of July 2020 the Board was reporting an underlying

£3.987m over spend which is £0.694m 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 £22.758m of which £3.485m has been funded through the Family Health Service route and £1.211m has been allocated to pass through to the Hospices. The rest awaits the review of the quarter one return.

It was reported that the Board had submitted a breakdown of Covid-19 costs and this was being discussed at a national level with all NHS Boards.

Mrs Ace added that the capital plan remained overcommitted. Due to its risk profile the Monklands Business Continuity work was proceeding, costs were being finalised for Trauma and Orthopaedics phase 1a and the regional vascular centralisation and the risk of exceeding our Capital Resource limit was being managed by holding back on an invest to save proposal and the less urgent medical equipment replacement.

In discussion, Board Members acknowledged that there were many unknowns and uncertainties around changing assumptions and that the Board would be required to consider prioritisation and take difficult decisions going forward. Board Members agreed to have dedicated time to discuss finance once Mrs Ace felt she had sufficient information to guide those discussions.

L Ace

#### **THE BOARD:**

1. Noted that subject to audit, the Board had met all three financial targets for 2019/20;
2. Noted the current Month 4 position was based on reasonable assumptions but that a degree of estimation meant a high level of caution was required; and
3. Noted that the return was made to Scottish Government to identify all Covid-19 related expenditure in 2020/21.
4. Agreed to discuss Finance in more detail at a future Development Session – timeline to be guided by Mrs Ace

2020/08/190

#### **2019/2020 CORPORATE OBJECTIVES 2019/20 – YEAR END REPORT**

The NHS Board received and noted a report which set out the year-end performance against the 2019/20 Corporate Objectives.

Mr Lauder reminded Board Members that at the March 2019 meeting, the NHS Board approved the 2019/20 Corporate Objectives and requested progress reports on delivery at Mid-Year and Year End. A Mid-Year report was considered in December 2019. The attached Year End Report for the period to 31 March 2020 was completed by named leads during July / August 2020.

The data used was the validated, published data for governance and assurance purposes. The exception to this was the data used in section 4.16 for Unplanned Bed Days, A&E attendances and Emergency Admissions,

where management information must be used as fully validated or published information is not available.

Board Members noted the position and the commitment to reflect upon the current year objectives which were set pre Covid, and it was noted that a further review of the 2020/21 objectives would be concluded and reported to the Board in November 2020.

#### **THE BOARD**

1. Noted the Corporate Objectives 2019/20 Year End report;
2. Noted that the Corporate Objectives 2020/21 Mid-Year Progress Report will be considered in November 2020; and
3. Noted that the Corporate Objectives 2020/21 Year End report will be considered at the August 2021 NHS Board meeting.

2020/08/191

#### **INFECTION PREVENTION CONTROL ANNUAL REPORT 2019/20**

The NHS Board received and noted a report which provided an overview of Infection Prevention and Control (IPC) activities during April 2019-March 2020 in the form of an Annual Report.

Mr E Docherty highlighted that the report had been ratified by the Lanarkshire Infection Control Committee (ICC) at its meeting on 12 August 2020.

Board Members were also advised that the Annual Report contained an Executive Summary which provided an 'at a glance' overview of Infection Prevention and Control performance throughout the activity year 2019-2020.

In order to align the HAIRT reporting to the NHS Board with Health Protection Scotland (HPS) national validated data, Mr Docherty highlighted that NHS Lanarkshire performance data was provided within the report against the January to March 2020 position (Quarter 4) via the annual report.

Dr Thomson highlighted hand hygiene as an area that required sustained attention and Mr E Docherty stated that he was looking to adopt a new approach that would be brought back for further discussion at the Healthcare Quality Assurance and Improvement Committee in the first instance.

**E Docherty**

Board m

Members also asked that the Healthcare Quality Assurance and Improvement Committee consider in detail the areas where performance had lost trajectory due to Covid and how this would be addressed.

#### **THE BOARD:**

1. Noted the Annual Report covering Infection Prevention and Control (IPC) activities during April 2019-March 2020; and

2. Noted that the issue of hand hygiene and other areas of performance where the Board was off trajectory would be discussed at the Healthcare Quality Assurance and Improvement Committee in due course.

E Docherty

2020/08/192

### **E-HEALTH ANNUAL REPORT 2019/20**

The NHS Board received an eHealth Annual Report 2019/20 which was provided for assurance that effective governance arrangements were in place for the management of eHealth Strategy and the Delivery Plan.

Mr Wilson reminded Board Members that the NHS Lanarkshire Digital Health and Care Strategy was approved by the Board on 26 May 2019.

There were two main programmes of work highlighted in the report. The eHealth Programme and the Infrastructure and Application Developments, including Cyber Security. The report provided an update on the key projects within each of those areas.

It was also noted that during the year significant progress has been made with the Laboratory Information Management System (LIMS) consolidation project, and the deployment of the Hospital Electronic Prescribing and Medicine Administration (HEPMA).

The Infrastructure and Application Developments had been dominated by work relating to implementing new technology, processes and procedures to meet the need of Cyber Essential Plus and NIS regulations. Also, a high level workplan for 2019/20 had been developed. This was managed via the eHealth Programme Board and monitored by the eHealth Executive Group.

Mr Wilson also highlighted that as part of the Covid-19 response and recovery plans a wide range of eHealth solutions had been adopted to facilitate new ways of working and delivering patient care.

In response to a question from Mrs Lees, Mr Wilson confirmed that the Community IT system (MORSE) will begin to be rolled out in October 2020. Mr Moore also commented on the positive progress which had been made in relation to cyber security following audit reports

Mr Wilson added that in light of structural and personnel changes, the information governance committee / reporting structure was being reviewed to ensure that it continued to provide a high level of assurance to the Board.

D Wilson

The Board acknowledged the tremendous amount of work which had been undertaken and was assured by the report and positive progress being made.

### **THE BOARD:**

1. Noted the Annual Report eHealth Annual Report 2019/20; and

2. Noted that the information governance committee / reporting structure was being reviewed to ensure that it continued to provide a high level of assurance to the Board.

2020/08/193

### **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 back to pre-covid levels and that there had been workforce challenges at Monklands.

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. It was anticipated that this would have a positive impact having already been rolled out successfully elsewhere. It was also noted that the ordering of equipment and adaptation was being brought forward to ensure that this was not a delaying factor in discharging patients home who required this support.

Mrs Hayward highlighted that South Lanarkshire was seeing an improving picture and reductions in patients who were delayed.

Mr Moore questioned why it was taking so long to ensure a consistent approach to having a planned date of discharge. In response, it was recognised that opportunities for learning from other Boards and implementing good practice needed to be prioritised and progressed.

### **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 data presentation would be circulated separately, as this contained unvalidated data which should not be published by the Board.

2020/08/194

### **MONKLANDS REPLACEMENT PROJECT – UPDATE**

The NHS Board received a verbal update on the site selection process from Mr Lauder which was noted.

Mrs Mahal thanked Board Members for participating in the Seminar arranged on 20 August 2020 to bring all Board Members up to date with the Monklands Replacement Project. It was noted that the Options Appraisal report, following the completion of the scoring phase from the Consultation Institute, was awaited and would be shared with Board Members as soon as it was provided.

**THE BOARD:**

1. Noted the update on the Monklands Replacement Project.

2020/08/195

**WORKPLAN**

Mr Cannon reported that the Board and Planning, Performance and Resources Committee workplans had been reviewed and were being updated. It was noted that the Planning, Performance and Resources Committee was still stood down, and a decision on whether the Committee required to meet as scheduled in September 2020 was being discussed separately.

**THE BOARD:**

1. Noted the update on the review of workplans and the discussion being taken forward in relation to the Planning, Performance and Resources Committee.

2020/08/196

**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.

2020/08/197

**ANY OTHER COMPETENT BUSINESS**

Ms Sandilands briefed Board Members on an emerging issue in relation to a recently launched HR Policy, and it was noted that this was being discussed in detail at the forthcoming Staff Governance Committee.

2020/08/198

**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.

2020/08/199

**DATE OF NEXT MEETING**

Wednesday 30<sup>th</sup> September 2020 at 9.30am