

Lanarkshire NHS Board      Kirklands Hospital  
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Minute of Meeting of the Lanarkshire NHS Board  
held on Wednesday 25<sup>th</sup> November 2020 at 9.30am  
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 of Nursing, Midwifery and Allied Health  
Professionals  
Mr G Docherty, Director of Public Health and Health Policy  
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 J 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  
Ms M Hayward, Head of Health and Social Care, South Lanarkshire Council  
Mr C Lauder, Director of Planning, Property & Performance  
Ms G Lindsay, Health Improvement Lead, South Lanarkshire Health & Social  
Care Partnership  
Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care  
Partnership  
Mrs J Park, Acting Director of Acute Services  
Mr J Paterson, Director, Property and Support Services  
Mr M Russell, Associate Medical Director, North Lanarkshire HSCP  
Mrs V de Souza, Director, South Lanarkshire Health & Social Care Partnership  
Ms K Todd, Health Improvement Lead, North Lanarkshire Health & Social  
Care Partnership

**APOLOGIES:**                      Mrs K Sandilands, Director of Human Resources

2020/11/255                      **WELCOME**

Mrs Mahal welcomed colleagues to the meeting.

2020/11/256                      **DECLARATION OF INTERESTS**

There were no declarations of interest.

2020/11/257

**MINUTES**

The minutes of the meeting of the NHS Board held on 28<sup>th</sup> October 2020 were submitted for approval.

**THE BOARD:**

1. Approved the minutes of the meeting held on 28<sup>th</sup> October 2020.

Dr Osborne sought an assurance that space for the staff wellbeing centres had been identified on all three Acute Hospital sites, and Mrs Park provided assurance that all three locations had been identified.

2020/11/258

**MATTERS ARISING**

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

2020/11/259

**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.

2020/11/260

**CHAIR'S REPORT**

Mrs Mahal provided a verbal report to the NHS Board.

Mrs Mahal acknowledged the exemplary manner in which staff had reacted to a fire at University Hospital Hairmyres on 29 October 2020, and joined the Board in thanking all University Hospital Hairmyres staff involved in safely evacuating patients, and all those staff across NHS Lanarkshire who had provided assistance in the aftermath of the incident, and for their ongoing support.

Mrs Mahal reminded Board Members that Mr Phil Campbell and Ms Margaret Morris would be coming to the end of their terms of office on 31 August 2021, and in view of the fact that Dr Osborne would also be coming to the end of her term of office on 28 February 2022, it had been agreed with Scottish Government that the Board should plan to advertise all three vacancies at the same time. It was noted that planning for the recruitment process would commence in early 2021.

It was further noted that the Chair would reach the end of her term of office on 30 June 2021 and that a separate recruitment process was being planned with Scottish Government colleagues to advertise this forthcoming vacancy.

**THE BOARD:**

1. Noted the update from the Board Chair.

2020/11/261

**CHIEF EXECUTIVE'S UPDATE**

Ms Knox provided a verbal report to the NHS Board.

Board Members were brought up to date with very recent COVID-19 related activity, in relation to the Tier 4 announcement made, and the early planning around the mass vaccination programme. It was noted that there was a separate update on the agenda at item 12.

In relation to the fire at University Hospital Hairmyres, Ms Knox added to the update provided by the Board Chair stating that the Scottish Fire & Rescue Service were still investigating the cause of the fire, and a further report would be provided to the Board once that investigation was complete, and the findings reported to the Director of Planning, Property & Performance. Ms Knox also added that a number of staff were treated for smoke inhalation, and reassured Board Members that they would be followed up individually to ensure that they were supported to make a full recovery. It was noted that staff involved in the evacuation of patients had all been offered support by the Board's Occupational Health Service (SALUS), and many had already met together in small groups to debrief. It was noted that the potential for meeting as a larger group was being explored, and this would be put in place if the staff involved wished to participate in a wider debriefing meeting.

It was also noted that following the agreement by Strathclyde University to award University status to NHS Lanarkshire a number of honorary appointments had been made and Dr Burns agreed to provide the details to the Board Members along with a summary of how the appointment process was managed. On behalf of the Board, the Chair would write to these staff members to extend their congratulations on these honorary appointments.

J Burns

#### **THE BOARD:**

1. Noted the update from the Board Chief Executive; and
2. Agreed to receive a briefing on the process for honorary appointments

J Burns

2020/11/262

#### **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 (October 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 workforce planning, and in particular the festive period, Ms Knox indicated that elective activity across the period would be stood down in keeping with normal winter planning arrangements and a further assessment of the elective programme would be required going into early 2021. Mr E Docherty added that the festive period reductions in activity would assist in mitigating workforce risks during that period.

Board Members also discussed the risks around Brexit and agreed to consider them in more detail at the December Board meeting

**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 17<sup>th</sup> November 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 NHSL Corporate Risk Register, accurate as at 17<sup>th</sup> November 2020;
6. Noted the COVID-19 incident specific risk profile with the risks that are graded very high;
7. Noted the change to the previously reported very high graded EU Withdrawal risk, the current risk profile by category, severity and number with the scheduled review in November 2020 and agreed to consider this risk in more detail at the December Board meeting;
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 whilst this Committee was stood down.

2020/11/263

**GOVERNANCE**

**a) Register of Interests**

The Board received and approved a paper which set out the up to date position with regard to the Register of Interests by Board Members and Senior Officers, in accordance with Sections 4 and 5 of the Board's Code of Conduct for Board Members.

It was noted that this would also be updated on the Board's web site.

**P Cannon**

**THE BOARD:**

1. Approved the Register of Interests.

**b) Governance Update**

The Board received a paper which sought formal approval of the decision taken during October 2020 / November 2020 following email consultation

of all Board Members that the Acute Governance Committee and the Population Health, Primary Care and Community Services Committee should be stood down with effect from 1 November 2020.

Board Members also noted a letter from Scottish Government which asked NHS Boards to continue to be mindful of operational pressures and maintain good governance arrangements during the pandemic period. It was noted that the Board was actively exploring means by which members of the public might access Board meetings on a virtual basis and national guidance was awaited on the options to be considered.

**THE BOARD:**

1. Formally approved the decision to stand down the Acute Governance Committee and Population Health, Primary Care and Community Services Committee meetings in November 2020;
2. Noted that these meetings were being rescheduled for January 2021; and
3. Noted the recent guidance issued by Scottish Government on Covid-19 and governance arrangements.

**c) HQAIC Minutes - 10 September 2020**

The Board received and noted the minutes of the meeting of the Healthcare Quality Assurance and Improvement Committee held on 10 September 2020.

**d) HQAIC Exception Report - 12 November 2020**

The Board received and noted the Exception Report highlighting key discussions at the meeting of the Healthcare Quality Assurance and Improvement Committee held on 12 November 2020.

Dr Thomson highlighted the discussion around Care Homes and Mortality case-note reviews.

In relation to Care Homes, the Committee considered an update from Mrs Marshall, providing assurance regarding the level of support to Care Homes, the uptake of staff testing, the number of recent outbreaks and how NHS Lanarkshire responded to these to support staff and patients. It was noted that Dr J Burns would be preparing a report regarding the actions taken by NHS Lanarkshire and the impact of these during the first wave of Covid-19, at an exceptional meeting of the Committee in January 2021.

In relation to the mortality case-note reviews at University Hospital(s) Monklands and Wishaw, Dr Thomson commended the very positive reports provided and it was agreed to circulate the presentation to all Board Members for information.

**P Cannon**

e) Staff Governance Committee - 23 November 2020 - verbal update

The Board noted a verbal update on the key discussions at the meeting of the Staff Governance Committee meeting held on 23 November 2020, by Mrs Macer.

Mrs Macer highlighted the presentation provided on Whistleblowing, and that the progress and plans being made by the Board, supported by the Board's Whistleblowing Non Executive Member, Ms Lesley McDonald, were endorsed by the SPSO National Whistleblowing Officer, who had attended the meeting. It was agreed to provide a report to the Board in early 2021 on the progress being made and the plans for the full roll out in April 2021.

K Sandilands

Mrs Macer also highlighted the discussion around the Black, Asian and Minority Ethnic staff survey conducted, and it was noted that a report would be provided to the Board once feedback had been provided to participants and the action plan endorsed.

K Sandilands

2020/11/264

**SUSTAINABILITY & CLIMATE CHANGE REPORT 2019-2020**

The Board received and discussed a report which provided an update on NHS Lanarkshire's Sustainability & Climate Change reporting requirements and performance in 2019-2020, from Mr Lauder.

The Board was also invited to approve the submission the Board's Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 Report prior to the 30th November deadline.

Mr Lauder highlighted that Scotland as a whole had almost halved emissions since 1990, and NHS Lanarkshire had made the most progress of all Scottish Boards in meeting national energy & emissions targets since monitoring and reporting began in 1990. This has been achieved mainly through property rationalisation and ongoing identification and funding of energy efficiency and carbon reduction measures.

Mr Lauder also highlighted that whilst it was hugely encouraging to note that NHS Lanarkshire had reduced emissions by 73%, against the Scottish Government target of 75% on a 1989-90 baseline, the paper set out the collaboration, planning and funding required to maintain progress and meet the target fully.

It was acknowledged that significant progress had already been made and that the Project Board, which had been stood down in light of COVID pressures, would be reconvened as soon as possible to drive forward further improvements.

Mrs Macer welcomed the progress made during difficult circumstances and highlighted that Glasgow will host the 26th UN Climate Change Conference of the Parties (COP26) on 1 – 12 November 2021. This would present an opportunity to raise the profile of this issue locally and showcase the excellent work being taken forward by NHS Lanarkshire.

Mrs Mahal commented that our University partners were also very active in this area and Mr Lauder agreed to follow up the opportunities that this might offer with each University separately.

**THE BOARD:**

1. Noted the content of the report and supported the delivery of the resulting Action Plan from the Sustainability Assessment Toolkit 2019-20;
2. Approved for submission the Board's Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 Report prior to the 30th November deadline; and
3. Agreed that Mr Lauder should explore further opportunities with University partners in relation to this agenda.

C Lauder

2020/11/265

**ANNUAL STATUTORY COMPLIANCE (SCART) REPORT 2020**

The Board received and discussed a report which provided the current position on Statutory Compliance as measured using the Statutory Compliance Audit & Risk Tool (SCART), from Mr Paterson.

Mr Paterson reminded Board Members that the purpose of SCART was to provide NHS Boards with a means of measuring their levels of compliance against a range of aspects of legal and best practice requirements/guidance in relation to hard FM (Building Facilities Management).

This allowed the identification of areas of risk and thus allow a prioritised, focused approach to be taken to address areas of low compliance. Action plans, including training and investment priorities, were devised to address the priorities identified.

Board Members noted that SCART Audits undertaken consistently showed that NHS Lanarkshire performed to a high level, this was reflected in the above average compliance level score of 96.58%, compared to the national average of 62.33%. Furthermore, the SCART Audits show that the compliance tasks are being carried out, with most Audit reports highlighting administration issues only.

NHS Lanarkshire continued to be involved in the SCART Steering Group at Health Facilities Scotland (HFS), and Mr Paterson highlighted that NHS Lanarkshire was recognised at the HFS SCART Steering Group as a frontrunner in SCART nationally.

Mr Lauder invited Board Members to note that in order to maintain the current level of SCART performance, despite the challenges posed by Covid-19, the SCART Audit Schedule must be maintained as far as possible, and there should be continued close working partnerships between the SCART Manager and those responsible for maintenance and compliance throughout NHS Lanarkshire.

**THE BOARD:**

1. Approved the SCART report for 2020; and

2. Congratulated Mr Paterson and the Support Services team for achieving significant progress in this key area.

2020/11/266

**ANNUAL FIRE SAFETY REPORT 2019/20**

The Board received and discussed the Annual Fire Safety Report 2019/20, which was presented by Mr Paterson.

Mr Paterson reminded Board Members that it was a requirement of Scottish Government Health & Social Care Fire Safety Policy for NHS Scotland (CEL 11: 2011) for Boards to report annually on the fire safety performance of the organisation.

The purpose of the Report was to inform the Board of matters relating to:

- Performance and progress on Fire Safety Management since the previous reporting period 2018/19; and
- Fire safety activities undertaken during 2019/20 to ensure compliance with:
  - The Fire (Scotland) Act 2005 Part 3,
  - Fire Safety (Scotland) Regulations 2006
  - Scottish Government Health Directorate (SGHD) Fire Safety Policy for NHS Scotland (CEL 11: 2011).

The Annual Fire Safety Report was provided as an Appendix to the Board paper and outlined the progress made in Fire Safety Management during 2019/20.

In summary, Mr Paterson highlighted NHS Lanarkshire's performance and progress in key areas of Unwanted Fire Alarm Signals (UFAS), Fire Incidents, Fire Risk Assessments (FRA), Fire Safety Compliance Audits, Partnership Working, and General Fire Safety Awareness Training.

In response to a question from Dr Osborne, Mr Lauder confirmed that Fire Safety Training will continue to be provided in the new reporting period and the Corporate Management Team will give focus and scrutiny on regular performance reports from Directorates on training, inspections and drills.

Mr Paterson also highlighted the activities planned and being undertaken in the new reporting period 2020/21, in particular increasing the level of attendance at General Fire Safety Awareness Training, and a focus on the reduction of the number of Unwanted Fire Alarm Signals.

In relation to Fire Safety Training specifically, it was noted that the attendance at training session had been impacted by COVID, and it was also noted that the software collating the data was not doing so accurately and an alternative means of gathering data was being sought.

In relation to Unwanted Fire Alarms (UFAS), Mr Paterson reported that many of these were originating in Mental Health facilities and related to cigarette smoking. It was noted that Board Officers were working closely



with the Scottish Fire & Rescue UFAS Officer to reduce the number of call out.

Mr Boyle suggested that the Risk Register wording be reviewed to reflect that risks there were risks to premises as well as to staff and patients.

Mr Boyle stated that, as an ex Scottish Fire and Rescue Senior Officer, he found the report to be comprehensive and re-assuring. Mr Boyle offered to provide his professional experience to add value to the work of the Board's Fire Team. Mr Lauder welcomed the offer made by Mr Boyle.

**THE BOARD:**

1. Noted the Fire Safety Report for 2019/20 and the enhanced assurance being given to the Corporate Management Team on performance against Fire Safety Training;
2. Noted that Mr Boyle would be contacted by Mr Lauder out with the meeting to lend his experience to the team; and
3. Noted that the Risk Register wording would be reviewed in light of comments made about the balance between risks to premises and staff / patients.

2020/11/267

**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.

Ms Knox highlighted the significant input from NHS Lanarkshire nursing staff into Care Homes to support residents and staff, and the considerable input of Infection Control and Prevention staff also in relation to managing outbreaks.

Board Members were also provided with a copy of a letter from the Minister for Mental Health dated 6 November 2020, which asked all NHS Boards to continue to provide access to Mental Health Services and to take steps to re-commence standard engagement meetings with Scottish Government officials on performance and remobilisation issues. Mr McGuffie stated that the service was fully engaged with Scottish Government officials and that key performance indicators around access to services was improving. It was noted that CAMHS and Psychological Therapies would be discussed at the next Population Health, Primary Care and Community Services Governance Committee meeting and the Board thereafter.

**R McGuffie**

**THE BOARD:**

1. Noted the overview update across a range of Covid-19 related areas.

2020/11/268

**TEST AND PROTECT – UPDATE**

The Board received and discussed an update on the Test & Protect Programme from Mr G Docherty.

It was noted that the number of contact tracers recruited had increased significantly following guidance from Scottish Government to recruit a minimum of 50 contact tracers as soon as possible. Board Members noted that the recruitment of contact tracers was achieved by 18 November 2020 and that a number of other members of staff had been recruited to support roles within Test & Protect.

Mr G Docherty also drew attention to the improvements made in relation to Test & Protect interview completion rates and case completion rates in November 2020, sitting at 87% and 83% respectively. Dr Osborne sought and received assurances about capacity over the festive period in relation to Test & Protect services and staffing.

**THE BOARD:**

1. Noted the progress on recruitment with respect to the Scottish Government letter of 5 November 2020; and
2. Noted the information provided which provided an overview of service delivery during the period in question.

2020/11/269

**FLU PLAN - UPDATE**

The Board received and discussed an update on the Flu vaccination programme from Dr Russell.

Dr Russell provided a detailed overview of the progress of the programme and performance against trajectory. It was noted that the Board had delivered 105% of the projected number of vaccinations at this stage.

Dr Russell also provided an overview of the key issues and challenges, specifically around the national IT system, and the impact that this had on scheduling and dealing with local patient enquiries. It was also noted that staff vaccination rates were ahead of schedule and that this was being accelerated as quickly as possible in view of the need to plan and deliver the COVID-19 vaccination programme in the very near future.

Dr Russell took the opportunity to brief Board Members on the emerging plans for a COVID vaccination programme, by describing the series of waves of patient cohorts likely to be targeted, albeit this was subject to ongoing detailed discussions at a national level. Dr Russell highlighted that the flu vaccination programme locally had been established with a view to this being largely replicated as the Covid Vaccination Plan which should assist the Board in the roll out of the vaccine. Dr Russell also added that it should be highlighted that there was excellent working relationships with the two Local Authorities who had both offered a wide range of facilities to be used as vaccination clinics.

Ms Morris reported that the Covid Ethics Committee would be meeting on Friday 26 November 2020 to discuss the prioritisation of staff in the Covid Vaccination plan.

Board Members raised issues in relation to the importance of staff acting as ambassadors for the vaccination programme; the storage of the vaccine and

any potential impact on pace of delivery of the vaccination; how NHS Lanarkshire benchmarked against other Boards; the need for good national and local communications and assurances around a fit for purpose scheduling system and infrastructure.

Mrs Mahal thanked Dr Russell for leading this very important programme, acknowledged the importance of applying learning from the delivery of the flu vaccination programme to the Covid vaccination plan and asked that the Board's thanks be passed on to all those involved.

**THE BOARD:**

1. Noted the progress being made in relation to the Flu vaccination programme; and
2. Derived assurance that trajectories were being met (in some cases exceeded) and that the plan was being delivered.
3. Noted the update on the early planning stages for the Covid Vaccination roll out.

2020/11/270

**CARE HOMES – UPDATE**

The NHS Board received a paper, from Mr E Docherty, which provided an update on the support being provided to Care Homes in NHS Lanarkshire.

Board Members were reminded that there were 93 care homes registered with the Care Inspectorate to provide adult care in Lanarkshire. Mr E Docherty highlighted that NHS Lanarkshire began work to strengthen the management and oversight of outbreaks in care homes in March 2020, enhancing the supports the Board had offered routinely up until then. The paper set out the extensive range of measures taken since March 2020 to support Care Homes.

It was noted that as of 23rd November there were 18 outbreaks in care homes across Lanarkshire. This reflected the increase in community prevalence across Lanarkshire localities, and more staff testing positive via routinely weekly testing and more asymptomatic residents testing positive via weekly surveillance sampling.

The care home outbreak management oversight group continued to review and assure the management of Covid-19 outbreaks in Lanarkshire care homes. The group met twice weekly to review active outbreaks, including numbers of suspected and confirmed cases, levels of transmission, hospital admissions and deaths among care home residents and staff. The group monitor the impact of preventative and mitigating actions employed to manage outbreaks in care homes and reduce the risk of transmission of infection. Common themes and lessons learned will be collated and identify further action for improvement.

The paper also set out what support the Board had in place for care home staff testing, support visits and RAG ratings, Huddles (using the national safety huddle template), and quality improvement measures (such as leadership, record keeping, standard infection prevention control precautions, falls and pressure ulcers).

Mr E Docherty added that the Board continued to work closely with the Care Inspectorate, and in response to a question from Mr P Campbell, referred to the challenges brought about by restricting care home visiting as a result of being placed in level 4 restrictions, which meant that only essential care home visiting was permitted, alongside window and garden visits. Mr G Docherty assured the Board that the visiting restrictions were reviewed on a weekly basis and a risk assessment informed any changes in the visiting restrictions in place.

In relation to the forthcoming festive period, and in response to a question from Dr Osborne, Mr E Docherty stated that he was confident that the required level of support would be in place throughout the holiday period.

In response to a question from Mr Boyle about the impact of Covid amongst the general workforce and elective cancellations, Mrs Park responded that every patient waiting was reviewed regularly, and that those who required planned surgery were being seen in order of clinical priority. It was also noted that 16 sessions were currently being provided by the Golden Jubilee National Hospital in support of NHS Lanarkshire patients. Mr Boyle also suggested that links should be made with the Scottish Fire and Rescue Service in relation to vulnerable people who required Care at Home.

Councillor McGuigan emphasised the importance of good communication when there were outbreaks.

**THE BOARD:**

1. Noted the detailed report and in particular the Care Home Staff Wellbeing short life working group which aimed to promote wellbeing and improve access to resources and information;
2. Noted the focus on support for care homes in early stages of outbreak;
3. Noted the planned face to face visits to support delivery of outstanding action plans; and
4. Noted that indoor visiting was reviewed on a weekly basis by the Director of Public Health.

2020/11/271

**FINANCIAL REPORT**

The NHS Board received a paper, from Mrs Ace, which outlined the financial position to 31<sup>st</sup> October 2020.

Mrs Ace 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 quarter 1-4 in response to Covid-19.

For consistency of reporting across NHS Boards, the funding provided is was excluded from the 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 reported 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 were 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.

In discussion, Board Members acknowledged the uncertainties due to Covid-19 and the impact on proposed CRES savings. The Chair reiterated the intention to hold a finance seminar for Board Members in due course to have the opportunity for more in depth discussions on the Financial Plan

**THE BOARD:**

1. Noted the report:
2. Approved flexibility of up to £0.600m to vire infrastructure funds from revenue to capital should the next assessment of the capital plan indicate a small top up is required to allow the desired programmes to continue; and
3. Agreed to hold a Finance seminar for more detailed discussion – timing to be confirmed by the Finance Director.

**L Ace**

2020/11/272

**ANNUAL OPERATIONAL PLAN QUARTER 2 – UPDATE**

The NHS Board received a paper which described progress against the draft 2020/21 Annual Operational Plan (AOP) Targets and Locally Agreed Standards. In addition, the Board was asked to note the local and national

work underway in relation to supporting Board Members to better understand the data around Key Performance Indicators (KPIs), known as Active Governance. Mr Lauder provided a detailed overview of the paper.

Mr Lauder reminded the Board that NHS Lanarkshire faced unprecedented challenges in managing the response to the COVID-19 pandemic. NHS Scotland had been on an emergency footing since March 2020 and will continue to operate on this basis until at least 31st March 2021.

As noted at the July Board, NHS Lanarkshire introduced revised corporate governance arrangements to support the Board's management of the public health emergency whilst providing essential scrutiny and assurance. As such, a number of Governance Committees were stood down completely, with only the Audit Committee, Healthcare Quality Assurance & Improvement Committee and the Staff Governance Committee(s) meeting on a virtual basis to provide scrutiny, assurance and oversight of key aspects of the COVID-19 Mobilisation Plan and resilience response.

These changes had impacted on a number of aspects of Committee business and, in relation to performance management reporting, the operating Governance Committees were stood down, as the NHS was on an emergency footing, and routine activity was curtailed, and the Board had been asked by Scottish Government to focus on Covid-19 related activity. It was however noted that unvalidated data was reviewed for a range for key performance indicators at each Board meeting.

At the request of the Cabinet Secretary, work is underway at a national level to review the range of data provided to Boards, for assurance and governance purposes. This work is being led by NHS Board Chairs and NHS Lanarkshire will be a pilot Board for this work. As part of this development, Board Members and other officers have been invited to a development session with the Active Governance team on 3 February 2020.

**THE BOARD:**

1. Noted the impact on Governance Committee roles/focus as a result of the previously agreed and ongoing changes to corporate governance arrangements, and emergency footing status;
2. Noted the Quarterly Performance Report (Q2) and the impact of NHS Boards being placed on an emergency footing on significantly reduced levels of clinical activity and on performance management;
3. Noted that the 2020/21 Corporate Objectives have been revised and a mid-year report prepared for the November NHS Board meeting;
4. Noted that work is underway to review the Key Performance Indicators (KPIs) reported through the Quarterly AOP reports and Chief Executive Performance Review meetings;
5. Noted that NHS Lanarkshire was a pilot Board for a national initiative around Active Governance;

6. Noted that the 2020/21 Quarterly Performance Report (Q3) report will be considered by the NHS Board in March 2021.

2020/11/273

**PERFORMANCE UPATE**

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 with increasing challenges around waits. In response to questions, Mrs Park highlighted specific issues at University Hospital Wishaw due to the flow out of the hospital and Covid related ward closures.

Mr McGuffie highlighted the increase in delayed discharges in North Lanarkshire and that the planned date of discharge model that was being rolled out in University Hospital Monklands was having a positive impact. Mrs Mahal requested that performance data on Mental Health Waiting Times should be included in future reporting.

Mrs de Souza highlighted that South Lanarkshire was continuing to see an improving picture and reductions in patients who were delayed. Issues around Adults with Incapacity (AWI) were highlighted and Mrs de Souza agreed to circulate the SBAR on AWI issues to Board Members.

**V de Souza**

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; and
2. Requested that Mental Health Waiting Times data also be reported and the SBAR on AWI be circulated for information.

2020/11/274

**LOCAL CHILD POVERTY ACTION REPORTS**

The NHS Board received a paper which provided Board Members with a copy of North and South Lanarkshire Local Child Poverty Action Reports for approval. Ms Todd and Ms Lyndsey from the Public Health, Health Improvement Team, attended to introduce the reports and answer questions from Board Members.

Ms Lyndsey reminded Board Members that the Child Poverty (Scotland) Act 2017 introduced a new requirement for local authorities and each relevant Health Board to prepare Local Child Poverty Action Reports (LCPAR), as soon as reasonably practicable after the end of each reporting year.

Ms Lyndsey highlighted that, in normal circumstances, each LCPAR would be published by the end of June each year. However, the impact of the pandemic meant that work on the report was delayed, and this delay was endorsed by Scottish Government.

Board Members also noted that there will be a long term negative economic impact as a result of the pandemic. This was likely to be unevenly spread across society; and the impact will be particularly severe for those who are already on low and fixed incomes, suffering from poorer health and in insecure work. Therefore, the challenges which were already being faced in reducing child poverty have significantly exacerbated by the pandemic and this required in future concerted multi agency effort to mitigate the impact of the pandemic.

The Local Child Poverty Action Reports described the measures taken in the area of the local authority during the reporting year and planned measures for the year ahead. These aligned with the four national income based child poverty reduction targets to be achieved by 2030 that were set out in detail in the paper.

Ms Knox indicated that addressing health inequalities, and poverty generally, especially child poverty, was one of her key objectives, and plans were on hold to convene a multi-agency stakeholder event involving all key partners to bring the combined resources of the public sector to bear on child poverty and health inequalities generally, and when circumstances allowed, the Board would take a leading role in driving this forward.

Board Members welcomed and endorsed the reports and Mr Boyle added that he was very pleased to see the emphasis being placed by the Board on preventive measures to impact on health inequalities.

**THE BOARD:**

1. Approved the Local Child Poverty Action Reports; and
2. Agreed to consider the plans in more detail as part of wider work on Health Inequalities which the Board intended to undertake

2020/11/275

**CORPORATE OBJECTIVES MID-YEAR REPORT 2020/21**

The Board received and discussed a paper setting out the mid-year performance against the 2020/21 Corporate Objectives, from Mr Lauder.

Mr Lauder reminded Board Members that at the March 2020 meeting, the NHS Board approved the 2020/21 Corporate Objectives and requested progress reports on delivery at Mid-Year and Year End. The Corporate Objectives were subsequently re-visited in September 2020 and a small number of KPIs revised to reflect the implications of responding to COVID-19.

The attached Mid-Year Report for the period to 30 September 2020 was completed by named leads during October / November 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.

The report summarised progress against 65 Corporate Objectives, which included 115 separate actions at the mid-year point.

Thus, 59 actions (51%) were either achieved or on track to be achieved at mid-year, with 33 (29%) delayed or behind trajectory but expected to recover, and 23 (20%) significantly delayed or off trajectory.

The Full Year Progress Report for 2020/21 Corporate Objectives will be submitted in August 2021.

**THE BOARD:**

1. Noted the Mid-Year Progress Report for 2020/21 Corporate Objectives; and
2. Noted that the Full Year Progress Report for 2020/21 Corporate Objectives will be considered by the NHS Board in August 2021.

2020/11/276

**MONKLANDS REPLACEMENT PROJECT – UPDATE**

Mr Lauder stated that a report would be presented to Board Members at a Special Board meeting to be held on 16 December 2020, to seek the Board's approval of the site to be recommended to the Cabinet Secretary for the new University Hospital Monklands. It was noted that the report will use the Decision Making Framework that was approved by the Board in October 2020.

**THE BOARD:**

1. Noted the update, and the intention to convene a Special Board meeting on 16 December 2020.

2020/11/277

**CALENDAR OF DATES 2021**

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

2020/11/278

**ANY OTHER COMPETENT BUSINESS**

Mrs Mahal reminded Board Members that after a short break at the conclusion of the Board meeting, there would be a Board Development Session on the Redesign of Urgent Care.

2020/11/279

**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. However, it was noted that the Risk Register wording would be reviewed in light of comments made about the balance between risks to premises and staff / patients in relation to Fire Safety.

2020/11/280

**DATE OF NEXT MEETING**

Wednesday 16<sup>th</sup> December 2020 at 10.00am.

DRAFT