

Lanarkshire NHS Board

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**Minute of Meeting of the Lanarkshire NHS Board
 held on Wednesday 26th May 2021 at 9.30am
 by using Microsoft Teams**

CHAIR: Dr L Thomson, Board Vice Chair

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
 Councillor P Kelly, Non Executive Director
 Ms H Knox, Chief Executive (from item 137)
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs N Mahal (from item 137)
 Mr B Moore, Non Executive Director
 Ms M Morris, Non Executive Director
 Ms L McDonald, Non Executive Director
 Councillor J McGuigan, Non Executive Director
 Dr A Osborne, 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
 Mr C Lauder, Director of Planning, Property & Performance
 Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
 Mrs J Park, Director of Acute Services
 Dr M Russell, Associate Medical Director (item 133 only)
 Mrs K Sandilands, Director of Human Resources

APOLOGIES: Mr G Docherty, Director of Public Health and Health Policy
 Mrs L Macer, Employee Director

2021/05/115

WELCOME

Dr Thomson reported that Mrs Mahal and Ms Knox had been asked to meet the Cabinet Secretary, who was visiting University Hospital Monklands, and Mrs Mahal had asked Dr Thomson to chair the meeting until she was able to join colleagues.

As the meeting was being livestreamed, Dr Thomson also welcomed observers and reminded them that the meeting was not being recorded and there was no permission to record or rebroadcast the meeting.

Dr Thomson also welcomed Mrs Hayward who was attending for Val de Souza, and she paid tribute to Val's input in NHS Lanarkshire upon her recent retirement.

2021/05/116

DECLARATION OF INTERESTS

There were no declarations of interest.

2021/05/117

MINUTES

The minute of the meeting of the NHS Board held on 28th April 2021 was submitted for approval.

THE BOARD:

1. Approved the minute of the meeting held on 28th April 2021.

2021/05/118

MATTERS ARISING

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

2021/05/119

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 would be updated.

2021/05/120

CHAIR'S REPORT

It was noted that Mrs Mahal would provide her update when she joined the meeting.

2021/05/121

CHIEF EXECUTIVE'S REPORT

It was noted that Ms Knox would provide her update when she joined the meeting.

2021/05/122

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 (April 2021) 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. It was also highlighted the Covid very high risks had been reviewed since the report had been provided and the number of very high risks had reduced significantly.

In relation to risk 1990, Mr Moore asked if the Chief Executive Scrutiny Meetings were in place, and Mrs Ace confirmed that these were scheduled to begin in July 2021.

Mr Boyle asked if consideration could be given to aligning risk 1989 - Ability to Maintain a Workforce Commensurate with the Need to Suppress Covid, Deliver Vaccination Programme, Recover & Remobilise - with

wider workforce risks, and Mrs Sandilands agreed to take this forward and review.

K Sandilands

In relation to risk 2014 - Recovery of Performance 2021 – 2022 - Mr Boyle asked for an update. Mr Lauder and Mrs Park provided an overview of the actions in place to revise patient pathways in light of the covid restrictions and the experience of remote working, and that the Board was working closely with the Centre for Sustainable Development in looking, in particular, at the recovery of elective services.

Dr Osborne asked for an update in relation to risk 1587 - Sustainability of the 2 Site Model for OOH Service - and it was noted that an update would be provided to the Board through the Redesign of Unscheduled Care update in August 2021. Mrs Morris added that the Population Health, Primary Care & Community Services Committee had discussed progress at their last meeting and would be reviewing the action plan at their next meeting.

**C Lauder /
M Hayward**

THE BOARD:

1. Noted the new risk ID 2030 - Potential Impact From Rising Cases of the New Indian Covid Variant
2. Noted the summary of closed, de-escalated, new risks and significant material changes to the Corporate Risk Register;
3. Endorsed of the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact, including the increased levels of tolerance;
4. Noted the very high graded risks across NHS Lanarkshire;
5. Noted the very high graded risks through operational units, business critical programmes of work/redesign, including the very high graded risks on the Monklands Business Continuity Risk Register;
6. Noted the Corporate Risk Register, accurate as at 17th May 2021;
7. Noted the COVID-19 incident specific risk profile, risks by category and the very high graded risks accurate as at 12th May 2021;
8. Provided oversight for the risks that have the Planning, Performance and Resource Committee and the Population Health and Primary Care & Community Services Governance Committee identified as the assurance committee on a bi-monthly basis;
9. Noted that there will be consideration at the May Board meeting to confirm the position on resuming these Committees.

2021/05/123

INFECTION PREVENTION & CONTROL UPDATE MAY 2021

The NHS Board received and discussed an update on NHS Lanarkshire performance against corporate and national AOP standards for Staphylococcus Aureus Bacteraemia (SAB), Clostridioides difficile

infection (CDI) and Escherichia coli bacteria (ECB) up to and including April 2021.

It was noted that the paper was in addition to the current governance arrangements whereby the Healthcare Associated Infection Reporting Template (HAIRT) is a standing agenda item at the Board bi-monthly.

The HAIRT provides nationally validated data only as per data governance arrangements, whereas the paper discussed provided up to date locally validated data* (which is subject to change).

Mr E Docherty highlighted that SAB, CDI and ECB cases have stabilised.

Mr Moore asked if there were any early lessons to be drawn from the reports of outbreaks in another NHS Board and Mr Docherty reported that this mapping exercise was underway. It was noted that the NHS Lanarkshire Infection Control Lead was involved in the review. It was planned to update the Healthcare Quality Improvement and Assurance Committee when the review work had been concluded.

E Docherty

Dr Thomson asked about the Breakthrough Series Collaborative Launch, and Mr E Docherty reported that this was being held next week and 10 clinical areas will be focussed on. A report on the outcome of the event will be provided to the Infection Control Committee and the Healthcare Quality Improvement and Assurance Committee.

E Docherty

THE BOARD:

1. Noted the report; and
2. Confirmed that the report provided sufficient assurance around NHSL performance on HCAI and associated AOP Standards.

2021/05/124

AREA CLINICAL FORUM – 15TH APRIL 2021

The NHS Board received and noted the draft minutes of the meeting of the Area Clinical Forum held on 15th April 2021.

Mrs Lees highlighted that they were planning to issue an invitation to Ms McDonald to attend a future Forum meeting to raise awareness about Whistleblowing.

THE BOARD:

1. Noted the draft Minutes of the meeting of the Area Clinical Forum held on 15th April 2021

2021/05/125

MONKLANDS REPLACEMENT OVERSIGHT BOARD – 26TH APRIL 2021

The NHS Board received and noted the draft minutes of the meeting of the Monklands Replacement Project Oversight Board held on 26th April 2021.

Dr Thomson highlighted that this was the last meeting of the Oversight Board, and revised governance arrangements were in place for the oversight

of the development of the Monklands Replacement Project Outline Business Case.

THE BOARD:

1. Approved the draft minutes of the meeting of the Monklands Replacement Project Oversight Board held on 26th April 2021.

2021/05/126

POPULATION HEALTH, PRIMARY CARE & COMMUNITY SERVICES COMMITTEE – 6TH MAY 2021

Mrs Morris provided a verbal update following the meeting of the Population Health, Primary Care and Community Services Committee on 6th May 2021, and highlighted that there had been a wide ranging discussion across both partnerships in relation to recovery, Care Homes, mental health services and inequalities.

THE BOARD:

1. Noted the verbal update following the meeting of the Population Health, Primary Care and Community Services Committee on 6th May 2021.

2021/05/127

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE – 13TH MAY 2021 – EXCEPTION REPORT

The NHS Board received and noted an exception report following the meeting of the Healthcare Quality Improvement and Assurance Committee meeting on 13th May 2021.

Dr Thomson highlighted the presentation that had been provided by Mr Raymond Hamill, on research and development, which was impressive, and that the Care Homes review was nearing completion.

THE BOARD:

1. Noted the exception report following the meeting of the Healthcare Quality Improvement and Assurance Committee meeting on 13th May 2021.

2021/05/128

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD – 18TH MAY 2021

Mr Campbell provided a verbal update following the meeting of the South Lanarkshire Joint Integration Board on 18th May 2021 which was noted. Mr Campbell highlighted the discussion on the Strategic Commissioning Plan.

THE BOARD:

1. Noted the verbal update following the meeting of the South Lanarkshire Joint Integration Board on 18th May 2021.

2021/05/129

ACUTE GOVERNANCE COMMITTEE – 19TH MAY 2021 – EXCEPTION REPORT

The NHS Board received and noted an exception report following the meeting of the Acute Governance Committee meeting on 19th May 2021. Dr Osborne highlighted the discussions around unscheduled care, and the unprecedented rise in emergency department attenders.

THE BOARD:

1. Noted the exception report following the meeting of the Acute Governance Committee meeting held on 19th May 2021.

2021/05/130

GOVERNANCE ARRANGEMENTS

The NHS Board received and discussed a paper which provided an update of the governance arrangements in place, and provided an update of the last Governance review which was presented to the NHS Board in November 2020. Board Members were reminded that in November 2020 the NHS Board stood down the Acute Governance Committee and the Population Health, Primary Care and Community Services Committee with effect from 1 November 2020.

The paper set out the background to the standing up of all Governance Committees and reverting to pre Covid Board governance arrangements.

It was also noted that it was intended to stand up the Planning, Performance & Resources Committee from June 2021, albeit Board Members have already agreed that the Committee will fulfil an assurance role in relation to the Monklands Replacement Project Outline Business Case development and met on 28 April to start this process. The Committee would convene formally from June 2021. This also meant that the Board would revert to bi-monthly meetings and the Calendar of Dates had been updated to reflect this (item 26).

THE BOARD:

1. Endorsed formally the decision to stand up the Acute Governance Committee and Population Health, Primary Care and Community Services Committee meetings with effect from 1 May 2021;
2. Approved the decision to stand up the Planning, Performance & Resources Committee from June 2021;
3. Agreed that the Board will revert to bi-monthly meetings from June 2021.

2021/05/131

GOVERNANCE ASSURANCE FRAMEWORK

The NHS Board received and discussed three papers in relation to the corporate governance framework.

Code of Corporate Governance.

Mr Cannon introduced the paper which highlighted that two changes were required in Section A of the Code of Corporate Governance. Mr Cannon reminded Board Members that the Board reviewed the Standing Financial Instructions and Scheme of Delegation in April 2021.

The first change was to reflect current practice in not being able to meet as a Board in one location due to the Covid restrictions.

The second was to reflect the process adopted in appointing a Vice Chair for the Board. This process was followed in the recent appointment of Dr Thomson, but the Board Standing Orders need to be updated to reflect this.

THE BOARD:

1. Approved the changes made to Section A - page 23 - para 3 - Appointment of the Vice Chair to reflect the current arrangements;
2. Approved the changes made to Section A - page 28 - para 16 - Admission of Public and Press to reflect the current arrangements;
3. Noted that a fundamental review will be undertaken in 2021 to incorporate any post Covid changes in restoring full governance arrangements, any national changes to the Blueprint for Good Governance, and the review of Governance Committee Terms of Reference through the summer of 2021; and
4. Noted that the updated Code of Corporate Governance will be uploaded on to the Board's public facing web site after the meeting.

Governance Committee Annual Reports 2020/21

The NHS Board received and noted a range of Governance Committee Annual Reports for 2020/21.

Mr Cannon highlighted that individual Committee Annual Reports had been considered by the respective Governance Committees / Chairs. As a result of responding to the Covid-19 pandemic some Governance Committees were cancelled in the early part of 2020.

Mr Cannon reminded Board Members that a paper on the revised governance arrangements was agreed by the NHS Board in April 2020, which recommended that the Audit, Staff Governance and Healthcare Quality Assurance & Improvement Committee(s) should continue to meet, as and when required, and to stand down the Acute Governance Committee and the Population Health, Primary Care and Community Services Governance Committee.

It was planned that these would stand back up in September 2020, however this proved not to be possible with the second pandemic wave. The Acute Governance Committee did meet in 2020 and early 2021, but with a very restricted Covid focussed agenda.

These Committees only stood back up formally in May 2021.

Therefore, the difficulty in providing Committee assurance when some were stood down for long periods during the period April 2020 – March 2021 was discussed with the Chief Internal Auditor.

It was agreed that each Committee (where appropriate) would include in their Annual Report a review of their workload to identify whether key issues had been discussed, if not whether these were discussed elsewhere (the Board did provide risk assurance for the Acute Governance Committee and the Population Health, Primary Care and Community Services Governance Committee), or if the issue required to be carried forward into the work plan for 2021/22 when the Committees were able to stand up.

THE BOARD:

1. Endorsed the Annual Reports, which form a key part of the evidence in support of the Annual Accounts Governance Statement;
2. Noted that because of the need to stand down a range of Committees during the period of emergency footing, a Board Assurance Framework workplan review was devised following discussion with the Chief Internal Auditor and returns were completed by each Committee; and
3. Noted that the Annual Reports will be considered by the Audit Committee on 1 June 2021;

Register of Interests

The NHS Board received and approved the 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. Gifts and Hospitality are recorded on the Board's on line system.

THE BOARD:

1. Approved the Register of Interests (as at 26 May 2021), for inclusion on the NHS Lanarkshire public website.

2021/05/132

QUALITY REPORT

The NHS Board received and noted the Quality Report which was introduced by Dr Burns.

Dr Burns highlighted work being undertaken in relation to adverse events, complaints, and a range of quality improvement initiatives.

THE BOARD:

1. Noted the Quality Report.

2021/05/133

COVID UPDATES**Vaccination Delivery Programme**

The NHS Board received and discussed a paper which provided Board Members with an update on the Covid vaccination programme. Dr Mark Russell attended the meeting for this item and introduced the paper.

Dr Russell took Members through the paper highlighting the progress made in relation to the vaccination programme, and the impact of bringing forward vaccination offers to cohorts 11 (30 – 39 years of age) and 12 (18 – 29 years of age).

Members noted that efforts were concentrating on ensuring that all first doses had been completed as well as offerings second doses as quickly as guidance allowed. There was discussion being taken forward with the Corporate Management Team about the future configuration of the service to ensure that this was treated as a business unit with the Board, and discussions were being taken forward with Local Authority partners on the continued use of the Council owned premises, for the remainder of the programme, and for any potential booster campaign, and the Flu campaign later in the year.

Board members thanked Dr Russell for all of his efforts in leading the programme and asked that the Board's thanks be passed on to all those involved in running the programme.

THE BOARD:

1. Noted the update.

Test & Protect

The NHS Board received and noted an update on the Test & Protect programme and Dr Pravinkumar provided an overview of the work of the programme. It was highlighted that the team was flexible and was in a position to respond to changes in relaxations and restrictions as these arise.

THE BOARD:

1. Noted the update.

Care Homes Update

The NHS Board received and noted an update on the activity and support to the 92 Care Homes in NHS Lanarkshire.

Mr E Docherty highlighted the professional oversight and leadership provided, current outbreaks, covid vaccination, staff testing, staff well-being, and care home visiting.

THE BOARD:

1. Noted the update.

Infection & Prevention & Control

The NHS Board received and noted an update on the Infection Prevention & Control response to Covid-19, and associated nosocomial transmission in NHS Lanarkshire and across Scotland from Mr E Docherty.

THE BOARD:

1. Noted the update.

2021/05/134

REDESIGN OF URGENT CARE

The NHS Board received and noted an update on the continuing implementation of patient pathways for Urgent Care from Mr Lauder.

Mr Lauder highlighted that despite the objective to reduce self-presentations not requiring emergency treatment, attendances to the Emergency Departments (ED) have varied over the past few months. Whilst earlier in the year reduced attendance had been noted, this was in part influenced by national lockdown measures, and Covid pathways, and not specific to redesign. Activity from NHS24/111 and the Flow Navigation Centre had influenced much attendance avoidance, yet ED attendances have increased. Whilst much of the ED increase is attributable to self-presentations acuity had also increased, impacting on those patients who required to be admitted to hospital.

In relation to the treatment of children it was noted that new patient pathways were in place and would be effective from 1 June 2021.

Dr Burns highlighted the continuing difficulties presented by having to apply social distancing rules with Emergency Departments and this was causing significant operational challenges for Emergency Department staff.

In relation to national campaigns to explain the changes to the public, Mr Brown stated that he had attended a recent national meeting and this was highlighted by all Boards as being necessary, to try to reduce the demands on Emergency Departments. Board Members asked Board Officers to continue to advocate for national publicity around the changes in order to reduce self-presenting patients, and highlight the benefits of calling 111 first and being assisted by local staff in the Flow Navigation Centres.

In response to a question about feedback from patients who choose to self-present from Mr Boyle, Mrs Park stated that a questionnaire was being drafted and would be used to gather those views in all three Emergency Departments. The results of the questionnaire would be shared with the Unscheduled Care Board and the Corporate Management Team.

THE BOARD:

1. Noted the implementation of the revised patient pathways for Urgent Care; and
2. Agreed to receive further reports on the outcomes of this work relative to the stated objectives of the programme.

2021/05/135

MENTAL HEALTH & WELLBEING STRATEGY – UPDATE

The NHS Board received and noted an update from Mr McGuffie on the Lanarkshire Mental Health & Wellbeing Strategy. Mr McGuffie stated that the update reflected the progress that had been made during the pandemic, but he highlighted that much work had to be paused and services reorganised to respond to the challenges brought about by Covid restrictions. In some areas for instance there had been positive impacts particularly in the use of remote consulting and other technology.

Mr McGuffie highlighted the Scottish Government Mental Health Transition & Recovery Plan which laid out a comprehensive set of actions to respond to the mental health needs arising from the pandemic. £120 million will be allocated (Barnett Covid-19 consequential funding) and although currently non-recurring it was acknowledged that there would be recurring elements of spend and the Scottish Government will work to address this going forward as delivery plans are progressed.

The fund will be used to implement and deliver on these actions, and to the benefit of the full agenda for mental health & well-being.

Mr McGuffie indicated that the initial allocation for CAMHS improvement/CAMHS and Psychological Therapies Waiting Lists was £3,975,105. This will be used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and Psychological Therapies.

THE BOARD:

1. Noted the comprehensive update from Mr McGuffie on the progress made to date in relation to the Mental Health & Wellbeing Strategy;
2. Noted the initial allocation through the Scottish Government Mental Health Transition & Recovery Plan and the local plans to use this funding.

2021/05/136

WORKFORCE REPORT – QUARTER 4 – JANUARY 2021 TO MARCH 2021

The NHS Board received and noted a Workforce update which had been presented to the Human Resources Forum and would be discussed in detail at the Staff Governance Committee on 7 June 2021.

Mrs Sandilands took Members through the main highlights within the report, including sickness absence which it was noted remained above the 4% target. However, this had remained relatively flat during the pandemic, and it was stressed that all Covid-19 related absence was not reported as sickness but rather as Special Leave. Healthcare Support Worker standards were behind where they require to be, primarily due to the large number of new starts recruited to support the Board's pandemic response. This along with Appraisals is an area requiring focus over the next quarter.

Overall, the workforce position reflected an over establishment within administrative services of 8.19%, this was being driven by two large cohorts

of recruitment to support the Test and Protect Service and the Covid Vaccination Programme, totalling around 200 wte staff. There was non-recurring funding associated with these programmes and the workforce was employed on a fixed-term basis due to the nature of the pandemic, therefore long-term exposure is limited.

In response to a question from Ms McDonald about Healthcare Support Worker standards, Mrs Sandilands indicated that these were just over 50 staff involved and supervisory staff were being supported in ensuring that the standards were met as quickly as possible.

THE BOARD:

1. Noted the Workforce Update.

At this point Mrs Mahal and Ms Knox joined the meeting, and Mrs Mahal took over as Chair.

2021/05/137

FINANCIAL REPORT

The NHS Board received a paper from Mrs Ace, on the financial position as at 31 March 2021.

The Board moved into emergency response mode on 2 March 2020. From the outset, 2020/21 expenditure patterns varied from the financial plan based on business continuing as usual. The IJBs incurred expenditure of £51.902m in responding to the Covid-19 pandemic across Health and Social Care and the rest of Health incurred an additional £43.446m. These costs were fully met by the Scottish Government.

Having been covered for the additional Covid-19 expenditure, the Board was reporting that all 3 financial targets would be met in 2020/21. A breakeven position was reported against the Revenue Resource limit (RRL) of £1.549.633m, the Board also stayed within its Capital Resource Limit of £23.340m (including additional funding) and its cash limit.

However, Mrs Ace stressed that these results are subject to audit during May and June of 2021.

Mrs Mahal encouraged all Board Members to attend the Audit Committee.

THE BOARD:

1. Noted the financial report for the period 31 March 2021.

2021/05/138

PERFORMANCE REPORT

The NHS Board received a paper from Mrs Park, Mr McGuffie and Mrs Hayward on key performance indicators.

Mrs Park took Board Members through the key acute performance indicators, highlighting the increases in attendances at Emergency Departments in April 2021, the slight deterioration in meeting the 4-hour target, out-patient and inpatient treatment waiting times, diagnostics activity and performance, and cancer services.

Mrs Park highlighted that the Board had faced significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment during the third wave of Covid 19. The focus continued to be clinical prioritisation of cancer and clinically urgent patients using a National clinical prioritisation system. The Acute Management Team have focused on the Redesign of Urgent Care and on maintaining separate patient flows through the Emergency Department. Unscheduled Care performance during the third wave of Covid 19 has been variable.

Mr McGuffie highlighted that delayed discharge standard bed days remain ahead of performance April – March 2020/21. AHP services have been affected by demand, capacity and resource issues, performance is improving overall, there are still areas which are affected.

AHP waiting times for hosted services were being targeted for improvement as services were being remobilised, but this was challenging because of the growing waiting lists during the pandemic, despite the best efforts of staff to main contact with patients though virtual and telephone consultations.

Remobilisation plans were in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have managed to accelerate. Work continues in conjunction with the Scottish Government Mental Health Directorate to develop our local recovery plans. Mr McGuffie also referred to the additional funding from Scottish Government that was set out in the earlier paper on the Mental Health Strategy which will assist in reducing waiting times in Child & Adolescent Mental Health Services and Psychological Therapies.

Mrs Hayward took Board Members through the key performance issues in the South Lanarkshire Health & Social Care Partnership (SL HSCP). The Partnership continued the successful reduction in delayed discharges and associated bed days.

Waiting times performance had been affected by reduced capacity with staff redeployed to support acute and community services through Covid pressures. Performance is improving, however some services continue to be affected by reduced capacity.

It was highlighted that the Partnership is working closely with colleagues in the Acute Division as there is an awareness that recovery programmes in the Acute Division will likely have an impact in the community, which may affect waiting times performance.

THE BOARD:

1. Noted the Performance Report and the steps being taken to recover services.

2021/05/139

REMOBILISATION PLAN 3

The NHS Board received a paper from Mr Lauder which invited the Board to note national and local planning in relation to the development of

Remobilisation Plans and sought approval the final draft of the Remobilisation Plan 3 (RMP3).

In addition, the Board was further asked to note the establishment of the Recovery, Remobilisation & Redesign Co-ordinating Group and the recovery progress reports prepared by the operating divisions.

Mr Lauder indicated that the outputs from the seminars being held on 3 June (strategic vision) and 9 June (Health Inequalities) would feature prominently in version 4 of the Remobilisation Plan.

Mrs Mahal thanked Mr Lauder for his overview of the Plan, and it was noted that risks, benchmarking, a communication plan, and reporting / oversight would be included in version 4 of the Plan.

THE BOARD:

1. Agreed the Remobilisation Plan (version 3); and
2. Noted that version of the Plan was under development.

2021/05/140

CHAIR'S REPORT

Mrs Mahal provided a verbal report to the NHS Board.

It was noted that the new Cabinet Secretary, accompanied by Professor Leitch, had visited University Hospital Monklands earlier that morning, and Mrs Mahal and Ms Knox had accompanied them around the Hospital, visiting the Infectious Diseases Unit, Intensive Care, and a large meeting with staff was held in the staff dining room. It was noted that this had been a very positive meeting and the Cabinet Secretary not only thanked the staff that he had met for their dedication and commitment, he also asked that his thanks be passed on the Board and the Corporate Management Team.

It was noted that colleagues in Strathclyde University who were working with the Board on Covid modelling, had been shortlisted for a prestigious Higher Education Award.

It was also noted that a briefing meeting with MPs and MSPs was planned for 4 June, the agenda for the meeting covering wide range of topics but predominantly around Covid and the vaccination programme.

Mrs Mahal reminded Board Members of a range of upcoming dates in June to cover

- a Strategic Vision / Learning from Covid Seminar on 3 June 2021
- Health Inequalities Seminar on 9 June 2021
- Non Executive Briefing session on 17 June 2021
- Next Board meeting 30 June, to consider the Annual Accounts

THE BOARD:

1. Noted the update from the Board Chair.

2021/05/141

CHIEF EXECUTIVE'S REPORT

Ms Knox provided a verbal report to the NHS Board.

Ms Knox gave an overview of the Covid Hospital numbers and it was noted that there were only 10 in patients, who were covid positive, and 2 patients in intensive care. However, community cases were rising and there were 94 positive cases in Lanarkshire in the past 24 hours, and the predominant cohort was younger patients. In relation to vaccination it was noted that the programme was proceeding well and was ahead of targets for first and second doses to be delivered.

In relation to staffing within the Acute Division it was noted that interviews had been held for the University Hospital Hairmyres Site Director post but no appointment had been made, therefore for the next 4 – 6 months, Mrs Margaret Meek had been appointed Acting Site Director at University Hospital Hairmyres, and Mrs Nichola Summers had been appointed Acting Site Director at University Hospital Monklands. In addition, Dr Rory McKenzie had taken up a post with the Centre for Sustainable Development, and Dr Marion Devers would be Chief of Medicine for University Hospital Monklands. Dr Ken Dagg had also been appointed recently as Chief Of Medicine at University Hospital Wishaw.

In relation to the appointment to the vacancy as Director of the South Lanarkshire Health & Social Care Partnership, it was noted that Mr Soumen Sengupta had been appointed and would take up post in August 2021.

THE BOARD:

1. Noted the update from the Board Chief Executive.

2021/05/142

PLANNING WITH PEOPLE GUIDANCE

The NHS Board received and noted a paper from Mr Brown which set out the main features of the Planning with People Guidance, which applied where decisions are being made about the planning or development of care services and was implemented with immediate effect replacing the previous Scottish Government guidance for health boards CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services. Mr Brown stressed however, the decision-making process for NHS major service change set out in CEL 4 was unchanged. Scottish Ministers will continue to make the final decision regarding whether to approve proposed service changes by NHS Boards that will have a major impact on people and communities.

Board Members noted that the new guidance supports care organisations to meet their legal responsibilities. NHS Boards are bound by duties of public involvement set out in the NHS (Scotland) Act 1978 as amended by National Health Service Reform (Scotland) Act 2004.

It was also noted that alongside the new guidance Healthcare Improvement Scotland and the Care Inspectorate were working with stakeholders to develop a Quality Framework for Community Engagement. This will support health boards, local authorities and integration joint boards to carry out effective community engagement and demonstrate how these

organisations are meeting their statutory responsibilities to engage. In addition, the Quality Framework will provide opportunities to develop practice and share learning. A further update on this work will be provided to the Board once the new Quality Framework for Community Engagement has been developed.

Mr Brown also indicated that the new guidance would be reflected in the Board's updated Communications & Engagement Strategy which would be brought back to the Board for formal approval in the coming months.

THE BOARD:

1. Noted the update.

2021/05/143

CALENDAR OF DATES 2021

The NHS Board received and noted the Calendar of Dates for 2021.

2021/05/144

ANY OTHER COMPETENT BUSINESS

There were no items raised.

2021/05/145

RISK

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

2021/05/146

DATE OF NEXT MEETING

Wednesday 30th June 2021.

Mrs Mahal thanked Dr Thomson for very effectively and efficiently chairing the meeting in her absence. Board Members concurred.