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**Minute of Meeting of the NHS Board held on Wednesday 30th November 2016 at 9.30am in the Boardroom, NHS Lanarkshire, Kirklands, Bothwell**

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

**PRESENT:**
**Mrs L Ace, Director of Finance**
**Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals**
**Mr C Campbell, Chief Executive**
**Mr P Campbell, Non-Executive Director**
**Mr M Fuller, Non-Executive Director**
**Councillor P Kelly, Non-Executive Director**
**Dr H S Kohli, Director of Public Health and Health Policy**
**Mrs L Macer, Employee Director**
**Miss M Morris, Non-Executive Director**
**Dr A Osborne, Non-Executive Director**
**Mr T Steele, Non-Executive Director**
**Dr I Wallace, Medical Director**

**IN ATTENDANCE:**
**Mr N J Agnew, Board Secretary**
**Mr C Brown, Communications Manager**
**Ms J Hewitt, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership**
**Ms H Knox, Director of Acute Services**
**Mr C Sloey, Director of Strategic Planning and Performance**
**Mr K A Small, Director of Human Resources**
**Mr C Cunningham, Head of Commissioning and Performance, South Lanarkshire Health and Social Care Partnership**
**Ms E Shepherd, Manager, Infection Prevention and Control Service**

**APOLOGIES:**
**Dr A Docherty, Chair, Area Clinical Forum**
**Mrs V de Souza, Director, South Lanarkshire Health and Social Care Partnership**

2016/11/98 **WELCOME**

Mrs. Mahal welcomed colleagues to the meeting. She also extended a welcome to observers at the meeting.

2016/11/99 **DECLARATIONS OF INTEREST**

There were no declarations.

2016/11/100 **CHAIR'S REPORT**

Mrs. Mahal reported on a number of issues as follows:

a) Board Development Day

Mrs. Mahal confirmed that the key outputs from the Board Development Day on 26th October 2016 had been issued to Members. The outputs would inform the production of an Action Plan which would be circulated for comment.

b) Quality Improvement Masterclass

Mrs. Mahal reported on her, and fellow Board Members, attendance at a Quality Improvement Masterclass held on 20th September 2016. She advised that a further follow-up QI Masterclass was scheduled for 21st February 2017 in Murrayfield, Edinburgh. She reported on a workshop involving representatives of the Royal Academy of Scottish Colleges and the Scottish Institute of Healthcare Management on the subject of 'Prevention Through Learning', a key aim of which was to align Royal Academy and other national Quality Improvement activities.

c) British Transplant Games 2017

Mrs. Mahal reported that she and Dr. Kohli and colleagues had attended the launch event for the British Transplant Games to be held in North Lanarkshire in 2017. Dr. Kohli confirmed that a Briefing on the Board's involvement as a key partner would be issued to Board Members.

d) Scottish Patient Safety Programme

Mrs. Mahal reported on her and colleagues attendance at the Scottish Patient Safety Programme Conference on 29th November 2017. She extended her congratulations to presenters at the Conference from Lanarkshire. She also encouraged colleagues to notify her of any staff to whom they would wish her to write in recognition of their or their teams' achievements. Directors

2016/11/101 **BOARD EXECUTIVE TEAM**

The NHS Board considered a Board Executive Team Report which was provided to update Board Members on key areas of activity within the Board's Executive Team Directors' portfolios.

Mr. Campbell highlighted the fact that the next following meeting of the Managed Service Network Board for Neurosurgery would be his final meeting as Chair and a member of the Board. He drew Members' attention to the contribution on the Primary Care Out of Hours Service which confirmed that the report of the Rapid External Review Team visit to NHS Lanarkshire's urgent Out of Hours Care Services had now been

received, and confirmed that the current arrangements fitted well with the general direction of the National Review – 'Pulling Together'. The report also provided some useful areas for further development and improvement, and these were being taken forward as part of the Action Plan associated with Transforming Urgent Care. Mr. Campbell advised that he had asked that the Rapid External Review Team Report be shared as part of a report on the wider development of Transforming Primary Care at a future meeting of the NHS Board. Meanwhile, he was recommending to the respective Integration Joint Boards that the Primary Care Out of Hours Service move from 'Business Continuity' mode with effect from 12th December 2016. This recommendation had been considered and accepted by the North Lanarkshire Integration Joint Board on 15th November 2016, and would be considered by the South Lanarkshire Integration Joint Board on 6th December 2016. Mr. Campbell also highlighted the opening of the NHS Lanarkshire Staff Awards 2017.

Mrs. Barkby highlighted the section of her report which described progress in the endeavour around engaging, shaping and changing the Nursing, Midwifery and Allied Health Professionals Workforce.

Dr. Wallace highlighted his attendance at a UK National 'Leaders in Healthcare' Conference in Liverpool on 1st and 2nd November 2016, at which Dr. Burns, Divisional Medical Director for Acute Services and Dr. Mackie, Chief of Medical Services at Hairmyres Hospital, had presented. He also highlighted a visit which he and colleagues had undertaken to NHS Highland on 22nd November 2016 to learn further about their Quality Improvement approach.

Mr. Sloey highlighted the Planning Department contribution locally, regionally and nationally to sustaining performance. He also highlighted his Chairmanship of the Primary Care Investment Project which had overseen development of Plans for three new Health Centres, all of which had now formally been opened, and the conclusion to the Consultation on Achieving Excellence, the Healthcare Strategy, with a full Consultation Report featuring on the agenda for the NHS Board.

Ms. Knox highlighted the section of her report relating to new starts, which included the appointment of two new senior charge nurses and 32 new nurses across all areas at Wishaw General Hospital.

Ms. Hewitt highlighted the ongoing development of the Strategic Commissioning Plan for the North Lanarkshire Health and Social Care Partnership, and its alignment with Achieving Excellence, including a number of locality events to inform the development of the Plan.

Mr. Cunningham highlighted the holding of a Workshop on Delayed Discharge resulting in an Action Plan and tests of change. He also highlighted the intention to introduce a further 12 intermediate care beds by the end of November for the South Lanarkshire Health and Social Care Partnership, thereby increasing intermediate care capacity ahead of Winter.

**THE BOARD:**

1. Noted the Board Executive Team Report.

2. Endorsed the recommendation to the North and South Lanarkshire Integration Joint Boards to move from 'Business Continuity' mode for the Primary Care Out of Hours Service with effect from 12th December 2016.

Mrs. Mahal expressed her and Board Members' appreciation to Mr. Cunningham and Ms. Hewitt and their respective teams for the leadership they had shown in taking forward the Primary Care Out of Hours Service Review.

2016/11/102 **MINUTES**

The Minutes of the meetings of the NHS Board held on 31st August 2016 and 26th October 2016 were submitted for approval.

**THE BOARD:**

1. Approved the minutes.

2016/11/103 **MATTERS ARISING – ACTION LOG**

The NHS Board considered an updated Action Log.

Mr. (Calum) Campbell highlighted the action relating to Phase 1 of the Trauma and Orthopaedics Redesign and confirmed that implementation had progressed satisfactorily. Ms. Knox endorsed this view and confirmed that the new arrangements were becoming embedded. She reassured Members that the operation of the new arrangements continued to be monitored, including through weekly meetings with the personnel involved.

Mr. Sloey reported that the Trauma and Orthopaedics Programme Board had met earlier that morning, and amongst other issues, had considered the Scottish Ambulance Service role in relation to conveying inter-hospital transfers, and workforce, in terms of recruiting staff in the right numbers with the appropriate skill set, as work progressed to implementation of the national model for Trauma and Orthopaedics, reflected in the Phase 2 proposals within Achieving Excellence.

Mrs. Mahal confirmed that discussions were underway with a view to holding a further Board Session on Quality Improvement before the end of March 2017. She also confirmed that an Internal Audit Report on Food, Fluid and Nutritional Care would be considered by the Healthcare Quality Assurance and Improvement Committee on 8th December 2016.

Mr. Small advised that a report on the progress of the West of Scotland Contract for a 'Neutral Vendor' for medical locums would be provided to the NHS Board on 25th January 2017. He advised that all West of Scotland Boards had committed to the Contract, and that planning for implementation was underway.

**THE BOARD:**

1. Noted the updated Action Log.

2016/11/104 **PATIENT EXPERIENCE**

The NHS Board considered a report on a patient's experience of poor care and treatment at Monklands Hospital.

Mrs. Barkby introduced the report, and a DVD in which the patient gave a digital account of his experience, and confirmed that this had provided a valuable opportunity for reflection and learning, both for staff who were directly involved in the patient's care, and for the wider hospital community. Mrs. Barkby reported that the patient had worked with the system since his care experience, and had met with the staff concerned to discuss with them the elements of his care and treatment which he had found to be unsatisfactory. Mrs. Barkby reassured Board Members that all of the DVDs about patients' experience presented to the NHS Board were used as key components of the ongoing Learning and Development Programme for staff.

Mrs. Mahal expressed regret for the reported failings in care in this case, and asked that her and Board Members' apology, and assurance about the ongoing commitment to continued improvement, be conveyed to the patient. She highlighted the need for clarity about any specific actions for the NHS Board to take as a result of the experience in this case.

Mrs. Barkby noted issues raised by Mr. Steele, Miss Morris and Mr. Fuller about the staffs' reaction to learning the patient's views on his experience, the need to align a caring attitude with the delivery of good quality clinical care, and the need to be increasingly proactive in identifying and ameliorating the issues in this case, and in other cases previously presented to the NHS Board, which were known to contribute to an unsatisfactory care experience. She stressed the importance of, and indeed the commitment to, increasingly focus on the person-centred elements of care, with staff obviously exhibiting empathy and compassion in the delivery of high quality care. She noted a request from Miss Morris for clarification of extended scope nurses, and explained their role.

Mrs. Barkby noted an issue raised by Mrs. Mahal about whether more should be done to encourage people to voice their concerns about treatment and care. She confirmed that work was underway with the Scottish Health Council and with Senior Nurses, Midwives and Allied Health Professionals, as part of an initiative to encourage people to raise concerns. In addition, consideration continued to be given to the results of Patient Opinion, and to the means of generating real-time feedback, including through asking patients about their treatment and care experience whilst they were inpatients.

Ms. Hewitt acknowledged the endeavour, within Acute Services, to increasingly demonstrate care and compassion and to reflect the values of the Board in the delivery of safe, effective person-centred care. She emphasised the aim to similarly reflect these key values within community services through the Integration of Health and Social Care, including a particular focus on understanding the treatment and care experience for individuals who were less articulate or had communication difficulties.

She emphasised that the Board's representatives on the Integration Joint Boards would, through that involvement, learn further about the delivery of integrated practice, with inputs from Mrs. Barkby and Dr. Wallace, and through the contribution of advocacy services.

Dr. Osborne endorsed the continuing focus on person-centredness, and the inextricable link to compassion in the delivery of treatment and care. She highlighted the importance of culture and a value base and attitudinal values for and across the workforce, and sought clarification on the means of viewing these key characteristics and measuring progress in their delivery.

Mrs. Mahal confirmed that it was the intention to present the outcomes from the Omissions of Care initiative to the Planning, Performance and Resources Committee on 1st March 2017, and she suggested that the legitimate issues raised by Dr. Osborne could productively be addressed at that time.

Mr. (Philip) Campbell made reference to the presented case and the key measures for improvement described within the report. He highlighted the need to consider further the means by which the organisational culture supported continuing improvement in the delivery of operational excellence aligned with positive patient experience.

Dr. Wallace suggested that an important contributory factor to the attitude of staff at work was their enjoyment and their personal resilience. He reminded Members of the six quality outcomes, reflected in the presented report, and suggested that to these should be added a seventh outcome based on compassion.

Mrs. Barkby further reassured Members about the organisational commitment to, and the arrangements in place for, addressing failures in care with staff concerned, in order that they might reflect upon and improve their future practice. She also reminded members of the 'See It; Say It; Do It' initiative , aimed at encouraging staff to raise for consideration, and if necessary act upon, unsatisfactory standards which they identified.

Mrs. Mahal undertook to write personally to the patient to express regret for the failings in the treatment and care that he had received, and to thank him for his ready agreement to sharing his experience with Board Members and more widely in the organisation for learning and development. She also reaffirmed that the product of the Omissions of Care Initiative would be presented to Board Members at the meeting of the Planning, Performance and Resources Committee on 1st March 2017. **Mrs Mahal**

**THE BOARD:**

1. Noted the report and the patients' digital account, and confirmed assurance on the improvement actions taken in response to the patients concerns.

2. Expressed regret for the failings in treatment and care that the patient had encountered and, thanked him for providing the opportunity to learn from his experience and to develop treatment

and care for others.

2016/11/105 **HEALTHCARE STRATEGY**

The NHS Board considered a Consultation Report on 'Achieving Excellence – a Plan for Person-Centred Innovative Healthcare to Help Lanarkshire Flourish.

Mr. Sloey explained that the report had been prepared to update the NHS Board on the outcomes of the formal Consultation on Achieving Excellence which was carried out between 2nd August and 1st November 2016. He advised that the report described: the feedback reflected in the Consultation; the Review of the process by the Scottish Health Council; and the proposed next steps in completing the Healthcare Strategy, taking account of stakeholder feedback, and the architecture required to implement the conclusions. Mr. Sloey elaborated on the key themes reflected in the Consultation and the responses to them, in the areas of: shifting the balance of care; improving Primary Care; Realistic Medicine; The redevelopment of Monklands Hospital; Centres of Excellence; Trauma and Orthopaedic Surgery; Carers; Mental Health and Learning Disabilities; e-Health; travel and transport, and workforce.

Mr. Sloey drew Members' attention to the Scottish Health Council Report and confirmed that it had identified three main conclusions, viz: NHS Lanarkshire had met national guidance in developing options and consulting on a preferred model for Orthopaedic Services; the specialty specific reviews were at an early stage in their development and further engagement should be taken to refine proposals and seek views from patients, carers and the public as appropriate; and patient and public representatives should continue to be actively engaged in the various elements of the Capital Investment Programme for the redevelopment of Monklands Hospital. He confirmed that these conclusions allowed the Board and its partners to proceed towards implementation of 'Achieving Excellence'. He reported that the Scottish Health Council had identified and acknowledged eight key areas of good practice in the Board's Consultation and Engagement arrangements, which they had undertaken to share more widely within the NHS in Scotland. The Scottish Health Council report had also contained four recommendations – these would be adopted by the new Strategic Delivery Board in setting out the Programme of work described to complete the Healthcare Strategy and to set out the arrangements for its implementation.

Mr. Sloey referred members to Appendix 3 to the report which described the completion of the Healthcare Strategy and moving to implementation. This restated the key themes which emerged from the Consultation, and outlined: the implementation agenda; the Monklands replacement /refurbishment programme impact on timescales; whole-system planning and delivery. He emphasised that the Strategic Planning Group would continue to develop the detailed aspects of the Implementation Framework at its meeting on 22nd December 2006, including the finalisation of leadership, resourcing and the specific scope and remit for the individual workstreams. He also confirmed that the first meeting of the Strategic Delivery Team would be held on 26th January 2017, meeting monthly thereafter. He explained that the process and Governance to allow the

implementation of the aims of Achieving Excellence would be fully in place in January 2017, and would be conducted on a whole system basis between the Health and Social Care Partnerships, the Acute Division and Corporate functions. He advised that work would proceed for at least the next two years on final planning and implementation for delivering the Strategy aims and aspirations, albeit the timescale for implementation of some elements would be either dependent upon, or affected by, the process to replace/refurbish Monklands Hospital.

Mrs. Mahal encouraged Board Members to comment on the Consultation Report and the proposed way forward to implementation of the Healthcare Strategy, and highlighted the extent of Board Member input to the public consultation events.

Mr. Fuller highlighted travel and transport as a key issue, and he sought comment on the level of confidence that the necessary changes, including in relation to Scottish Ambulance Service capacity, could be delivered to bring about improvements in access. Mr. Sloey acknowledged the extent to which travel and transport had featured as key issues during the Consultation. He advised that a Transport Hub had been set up, membership of which included the Chief Executive and the Chief Executives of the Scottish Ambulance Service and the Strathclyde Passenger Transport Executive. He highlighted the intention to develop information that would genuinely support individuals in making choices about journeys. In addition, the Scottish Government had been asked to consider how, through direct engagement with SPTE, it might influence beneficial changes to travel and transport arrangements. Mr. Sloey reminded Members of the imperative around shifting the balance of care from hospital to community, and the consequent need for advanced thinking about access arrangements. He also acknowledged the support of Members of the Scottish Parliament and local elected members for the endeavour to further improve travel and transport. Ms. Hewitt endorsed the need to consider the access issues associated with the transition from hospital to community provision, and advised that the Strategic Commissioning Plan included an aim to recruit additional voluntary drivers and for key partners in the third and independent sectors to engage volunteer drivers.

Councillor Kelly endorsed the emphasis placed by Mrs. Mahal on the key importance of travel and transport, and highlighted the need to align the cost-effectiveness of transport routes and necessity for access.

Mrs. Macer commended the Public Consultation events, but highlighted the need to consider the means of engaging the harder to reach communities and sections of communities in the implementation of the Healthcare Strategy, and the contribution of a well developed Communications Strategy to this endeavour. She highlighted the staff side consultation submission, and the key issues raised therein, including some direct questions posed by particular staff side organisations, which merited a response.

Mr. Sloey reported that an independent charitable organisation with demonstrated expertise in public consultations, and the Scottish Health

Council, had served as key sources of advice when the Board's Consultation and Engagement Plan on the Healthcare Strategy was formulated.

Dr. Osborne commended the process to date, leading to the presentation of a full Consultation Report to the Board. She highlighted the imperative, now, around moving to programming and implementation, and highlighted and welcomed the key leadership role for the Chief Executive and the Chief Officers of the Health and Social Care Partnerships in this regard.

Mr. Sloey welcomed an acknowledgement from Mr. Steele of the rigour of the Consultation and Engagement, and noted his endorsement of the need highlighted by Mrs. Macer for written responses to specific issues raised by representative bodies. He also noted his request for confirmation of the timescale for the completed Healthcare Strategy to be available to Board Members, and advised that the finalised version of Achieving Excellence would be made able to Board Members through its submission to the Planning, Performance and Resources Committee on 1st March 2017.

Dr. Kohli also commended the degree of rigour applied to the Consultation and Engagement. He highlighted this as a key milestone in the journey towards implementation of the Healthcare Strategy, and stressed the importance of meaningful clinical engagement in the implementation arrangements, especially in relation to the development of further Centres of Excellence. Mr. (Philip) Campbell highlighted the need for a continued focus on delivering the best possible outcomes, and endorsed the demonstrated contribution of Centres of Excellence to delivery of that imperative.

Mr. Sloey emphasised the recognition of the importance of workforce to delivery of the Healthcare Strategy, hence the intention to establish a dedicated Workstream with the aim of adapting and developing a Workforce increasingly orientated towards team working. He highlighted one of the key conclusions and recommendations within the Kerr Report in relation to a shift from Acute care to the management of Long Term Conditions, accompanied by a move from an individual professional focus to enhanced team working. He stressed the need for clarity about the composition of the Acute and Primary Care workforce going forward, and the need for a fully worked-up resource plan to support the workforce requirements. He reminded Members that the Healthcare Strategy had been developed on the basis that it was a single document with three distinct and inter-related elements encompassing NHS Lanarkshire and the North Lanarkshire and South Lanarkshire Health and Social Care Partnerships. He emphasised the need for clarity about the approach to prevention and the means of supporting communities to maintain their own health. He also highlighted the need for clarity about the means of creating the capacity and the infrastructure in the Community, with General Practitioners at the Centre of a multi-professional, multi-disciplinary team, with referral to the Acute setting when clinically appropriate. Mr. Sloey explained that each of the Workstreams would be led by a Senior Clinician or Manager working on behalf of the whole of the Lanarkshire Health and Social Care system reporting on the progression of the work to the Strategic Delivery Team, with each Workstream facilitated by one or more experienced Project Manager(s) dependent upon the scale of the task. He

emphasised that the intention was to ensure that the progress of the Workstreams' remits and the implementation of the Healthcare Strategy was substantially evidence-based.

Mr. Brown confirmed that, already, a Communications Strategy to underpin the next stages in the finalisation and implementation of the Healthcare Strategy was being developed. He also reassured Members that work was in hand to feedback the Consultation outcome to interests and to respond to Consultation submissions which raised questions and issues for clarification. He highlighted the Communications function role in robustly supporting the Workstreams. He also explained that the Communications Strategy would include a focus on communication and engagement with harder to reach sections of the Community, working with the third sector, and he confirmed that events were being planned for North and for South Lanarkshire to further inform this Initiative.

Mr. (Calum) Campbell endorsed the focus on workforce and workforce demographics as key to the delivery of the Healthcare Strategy. He reminded Members that Clinicians' support for the implementation of Phase 1 for Trauma and Orthopaedics was predicated on the expectation that delivery of the Healthcare Strategy would include Phase 2 for Trauma and Orthopaedics, in line with the national Strategy. He also confirmed Clinicians' support for the aims and aspirations within the Healthcare Strategy on the understanding that the redevelopment of Monklands Hospital would be delivered.

Ms. Hewitt emphasised the status of the Healthcare Strategy as a single document with three key constituent elements encompassing NHS Lanarkshire and the North Lanarkshire and South Lanarkshire Health and Social Care Partnerships. She confirmed that the key priorities within the Business Plan for North Lanarkshire Council were closely aligned to the aims and aspirations within the Healthcare Strategy, and she highlighted, in particular, the substantial opportunity that one of these priorities relating to the development of a Health and Social Care 'Academy' would present in relation to the further development of the workforce for the future.

Mrs. Mahal highlighted the significance of the views of the Area Partnership Forum and the Area Clinical Forum about the Healthcare Strategy. She reported that due to the clinical commitments that day, Dr. Docherty had been unable to attend the Board meeting. However, in a communication, he had confirmed that the Area Clinical Forum, the Area Medical Advisory Committee, the Area Pharmaceutical Committee and the Area Allied Health Professions Advisory Committee strongly supported the vision described within Achieving Excellence, and the plans to implement the vision, working in close partnership with the North and South Lanarkshire Health and Social Care Partnerships.

Mrs. Macer acknowledged the extent to which the Area Partnership Forum had been involved in the processes, including the Workstreams, for the development of the Healthcare Strategy. She confirmed that the APF was generally content with the direction of travel set out within the Healthcare Strategy, and she confirmed that the Area Partnership Forum would continue to work with the Corporate Management Team and the NHS Board to make Achieving Excellence a reality.

Mrs. Mahal emphasised that, demonstrably, the Consultation process on Achieving Excellence had been robust. She stressed that whilst this was an important achievement, it signalled the move to the substantial challenge for the Board and its partners to implement the Strategy over the coming years. She emphasised the requirement, increasingly, to move to integrated working arrangements, and stressed the imperative of meaningful ongoing engagement with staff, with communities and with the wide range of stakeholders. She also emphasised the requirement for the implementation of the Strategy to take full account of the key issues and concerns raised during the Consultation including, in particular, travel and transport and carers. She expressed her appreciation to Board Members for their support during the development of the Healthcare Strategy and during the period of Consultation on the draft. She also acknowledged the contribution which Mr. Sloey and Mr. Brown and other colleagues and staff across the organisation had made to the development of the Healthcare Strategy.

**THE BOARD:**

1. Approved the Consultation Report which would be passed to the Scottish Government.

2. Noted that Achieving Excellence would be updated to reflect the Stakeholder Feedback.

3. Noted and welcomed the Scottish Health Council Report on the Review of the Consultation process, and asked that the Scottish Health Council recommendations be addressed in the development of the Implementation Plans for Achieving Excellence.

4. Approved the proposed architecture to translate the ambitions and actions set out in Section 7 of Achieving Excellence into a Whole-System Plan to support implementation.

5. Asked that a Communications Strategy and Plan be produced to thank those who had contributed to the Consultation process, and to provide feedback to all stakeholders on how the programme of work would now be progressed.

6. Asked that progress reports on the whole system Programme Plan be scheduled to be taken to the NHS Board and to the respective North Lanarkshire and South Lanarkshire Integration Joint Boards at agreed intervals.

2016/11/106 **INITIAL AGREEMENT: MONKLANDS HOSPITAL**

The NHS Board considered a draft Initial Agreement for the development of Monklands Hospital.

Mr. Sloey reminded members that Achieving Excellence contained a keynote proposal to prepare a Business Case for a major new development to replace the existing Monklands Hospital, creating a modern

infrastructure that would help to support implementation of the Healthcare Strategy through the redesign of service models for both hospital and community care. He advised that the first step in preparation of a Business Case was the Initial Agreement document, and explained that the NHS Board was asked to endorse the draft Initial Agreement, particularly with respect to the strategic intent and the contribution to Achieving Excellence. He advised that, further to final external scrutiny, the Board was asked to agree to receive the Initial Agreement for full approval at the NHS Board meeting in January 2017.

Mr. Sloey explained that the draft Initial Agreement had been prepared by the Monklands Investment Programme Board, and had been endorsed by the Corporate Management Team on 21st November 2016. He outlined the position with regard to the Business Case process and strategic fit with 'Achieving Excellence'. He reported that NHS Lanarkshire and Partner Agencies would continue to develop the detailed clinical and service models which would significantly influence the design of the new facility through 2017. This process would allow a clear review of the Specialties and Support Services that would be provided from each of the three District General Hospitals and in the Community at about 2025. The conclusions from this process would allow the completion of an accommodation specification; however, there was sufficient information in the capacity/bed model for Lanarkshire to progress towards delivery options appraisal. He highlighted the inclusion in the Initial Agreement of a shortlist of four delivery options to be considered at Outline Business Case stage, and explained that these had been derived from a long list of seven options which were evaluated on their ability to be delivered and then matched to the business objectives with each of the four options being described in terms of their pros and cons, which included Programme duration and potential costs. He explained that a further Options Appraisal would take place in 2017 to determine which of the shortlisted options should be taken through to the Outline Business Case.

Mr. Sloey explained that the content of the Draft Initial Agreement would be the subject of a Gateway 1 Project Review which would take place on 9th to 11th January 2017, conducted by the Scottish Government's Finance Directorate Programme Project Management Centre of Expertise. The report on recommendations from this scrutiny would inform the final Initial Agreement document, which would be brought back to the NHS Board for approval. The finalised Initial Agreement would then be submitted to the Scottish Government Capital Investment Group no later than 7th February 2017 for consideration at their meeting on 7th March 2017.

Mrs. Mahal encouraged Board Members to take the opportunity to raise comments on the Draft Initial Agreement directly with Mr. Sloey between the time of the Board Meeting and the finalisation of the document for consideration by the NHS Board in January.

Mrs. Macer highlighted the use of Consultancies and Agencies in relation to the Initial Agreement, and emphasised the requirement to be mindful of and utilise the inhouse expertise that was available, whilst recognising the elements where there was a demonstrated requirement for external expertise. Mr. Sloey acknowledged this issue, and explained that the approval of the Lanarkshire Capital Investment Group would be required

for enlisting external expertise.

Mr. Sloey noted issues raised by Mr. Fuller in relation to the weighting and scoring of the options, and the extent to which this would recognise the substantial investment by the Board in developing and maintaining Monklands Hospital over recent years, and the rationale for the bed model. He confirmed that these issues could be explored further, either in the forum of a Board Seminar, or at a personal level or in smaller groups with Board Members.

Dr. Osborne acknowledged the need to consider bed capacity and bed modelling, but she highlighted the need, also, to consider the wider position in terms of residential facilities, supported housing and community hospitals, and the functional use of these facilities. Mr. Sloey noted this issue, but explained that, ultimately, the bed modelling would be based on the number of beds for Lanarkshire patients across the various settings, including beds used within Glasgow for Lanarkshire residents.

**THE BOARD:**

1. Endorsed the current draft Initial Agreement in terms of the strategic fit with the Healthcare Strategy, and the whole-system planning architecture.

2. Noted and endorsed the next steps in completion of the Initial Agreement.

3. Agreed to consider a final Initial Agreement on 25th January 2017.

2016/11/107 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The NHS Board considered the Annual Report of the Director of Public Health 2015/16.

Dr. Kohli explained that the Annual Report was an independent report whose objectives were to; report on the health of the population in Lanarkshire; promote and protect the publics' health in Lanarkshire; look at the future public health and health service challenges that NHS Lanarkshire and its partners will need to plan for; and inform, stimulate discussion, and promote change to improve health in Lanarkshire. He advised that the report contained 17 sections with Key Points and Priorities for Action on: the health of the people of Lanarkshire; Health Protection; Health Improvement; Oral Health and Health Services. Dr. Kohli gave a full presentation, encompassing: increases in Lanarkshire's population from the previous year, and projections of the population by 2035; the need for the Health Protection Service to continue to provide an effective service for Lanarkshire residents; Health Improvement topics, including an exploration of Lanarkshire's relationship with alcohol, making Lanarkshire smoke free, weight management approaches in Lanarkshire, pre-conception care and cancer prevention; oral health including oral health improvement in HMP Shotts and orthodontics; and Health Service issues covering Mental Health and Wellbeing, Health and Social Care Partnerships, the Healthcare Strategy and population Screening Programmes.

Dr. Kohli elaborated on the 'Key Points' and 'Priorities for Action'. He explained that less than half of all deaths in Lanarkshire were due to cancer (28.1% of all deaths), coronary heart disease (11.9% of all deaths) and stroke (7.2% of all deaths). He confirmed action on reviewing arrangements for public communications at local and national level to engage with the public during a pandemic. He advised that people living in the most deprived communities of Lanarkshire were more likely to be affected by alcohol (and drug) related problems. He reported that the 2013 Childrens' Dental Health Survey found that 37% of 12 year old children had unmet orthodontic treatment need; and a further 9% were currently undergoing orthodontic treatment. He highlighted the endeavour to maximise opportunities to advance mentally healthy communities provided through Integration of Health and Social Care, including enhancing primary mental health care. He referred Members to the Statistical Appendix to the Annual Report, which provided a useful resource with tables and graphs presenting trend and locality/Health and Social Care Partnership data for key topics.

Mrs. Mahal explained that it was the intention to draw on the Director of Public Health Annual Report to inform a material discussion on Health Inequalities at the NHS Board Development Session following on from the meeting of the Planning, Performance and Resources Committee on 1st March 2017. This would include consideration of an update report on the Health Inequalities Action Plan to help inform the consideration and identification of priorities, going forward.

Mrs. Macer highlighted the Prevent Strategy Lanarkshire and the Prevent Strategy UK. She expressed a concern about the envisaged role for individuals in the public sector being alive to and reporting suspicions of environments where terrorism might be promoted, with particular regard to the potential impact on the relationship of trust with communities.

Mrs. Barkby highlighted the need to consider the means of making the report available and accessible to members of the deaf community. Mr. Fuller highlighted the issue of alcohol, and enquired about any action which the Board might be able to take in relation to the progress of legislation on minimum pricing.

Mr. Cunningham highlighted the need, increasingly, to value older people as an asset, and the need for this to be reflected in the attitude and language used to describe older people and their requirement for increased levels of Health and Social Care Services.

Dr. Osborne enquired about the alignment of social care interventions under Health and Social Care Integration with the key issues within the Director of Public Health Annual Report.

Dr. Kohli acknowledged Mrs. Macer's concerns about the potential implications of the stated expectations of public bodies within the Prevent Strategy. However, he highlighted the fact that the Strategy reflected both Scottish Government and UK Government Policy, bringing a requirement on Authorities to operate within the Strategy, but in a way which avoided discrimination and apprehension. Dr. Kohli acknowledged the issue raised by Mrs. Barkby in relation to the availability of the Annual Report to the

Deaf Community. He explained the conscious decision not to produce the Annual Report in print this year, and undertook to monitor access and to give further consideration to accessibility by the Deaf Community, including Mrs. Barkby's suggestion about an active Facebook page. He explained that the issues around legislation on alcohol minimum prescribing continued to be progressed through the legal system. He explained that pending the outcome, further consideration could be given to action locally in relation to licensing and excise duty, and to the range of alcohol support services which the Board and its partners provided. Dr. Kohli

Dr. Wallace highlighted the reported progress in relation to Hospital Standardised Mortality Ratio (HSMR) performance, and explained that Standardised Mortality Ratio had plateaued. He emphasised that improving the health of communities would produce the greatest benefit in terms of further improvement in this area, and in overall population health.

**THE BOARD:**

1. Welcomed the Annual Report of the Director of Public Health and noted that Health Inequalities would be the subject of a Board Development Session on 1st March 2017.

2016/11/108 **WINTER PLAN**

The NHS Board considered the Draft Winter Plan 2016/17.

Mr. Cunningham explained that the report was presented to update Members' on progress with, and to seek approval for, the planning arrangements put in place to ensure that services were prepared for the coming winter months. He confirmed that the report had been prepared following discussion and agreement within the Winter Planning Group, and had been shared with the North and South Integration Joint Boards and the Corporate Management Team. He highlighted the principal elements of the planning, in relation to: Primary Care; General Practice; Primary Care Out of Hours/NHS 24; Acute Hospital Service; Vulnerable Patients; Health and Social Care Partnerships; Scottish Ambulance Service/Council Transport Services; and a Communications Plan. He emphasised the benefit associated with a number of General Medical Practices agreeing to open on 26th and 27th December 2016 and 2nd and 3rd January 2017. He highlighted work on developing trajectories and performance on delayed discharges, and the number of beds that progress in this area could release. He also highlighted additional funding to manage the demand in Acute Services, and confirmed agreement on a whole-system escalation tool. He reassured Members that the planning arrangements would continue to be the subject of consideration through the Winter Planning Group.

**THE BOARD:**

1. Approved the Winter Plan for 2016/17.

2. Requested updates on performance against the respective targets.

3. Asked for confirmation of the Debrief process in due course. Val de Souza

2016/11/109 **TRANSFORMING PATIENT SAFETY AND QUALITY OF CARE**

a) Healthcare Quality Assurance and Improvement Committee

The NHS Board received and noted the minute of the meeting held on 11th August 2016 and the draft minute of the meeting held on 13th October 2016.

b) Quality Assurance and Improvement

The NHS Board considered a report on Quality Assurance and Improvement.

Dr. Wallace explained that the paper was presented to provide Board Members with an update on the Lanarkshire Quality Approach, and on progress with Quality Initiatives across NHS Lanarkshire. He explained that the paper provided an update on the following areas viz: ongoing development of the Lanarkshire Quality Approach; an outline of work with Health Economics Network as part of the Quality and Efficiency Framework; progress against the Patient Safety Prioritised Plan and a summary of Patient Safety Week; a summary of the Public Protection Group Annual Report 2015/16; clinical effectiveness activity including cancer quality performance indicators, guidance on external publication of study results, clinical quality project toolkit; and national and local quality events.

Dr. Wallace referred Members, in particular, to paragraph 1.3 of the update report. This confirmed that further work was being progressed, both by the Quality Improvement Team and wider Departments, with the express intention of bringing the Lanarkshire Quality Approach to life, with specific work focussed on: Improvement and Innovation; Communications and Engagement; Information; and Knowledge and Skills. He highlighted the work on information, and explained that this involved a review of the range of data on the services provided in order to co-ordinate the information approach, to give the Board confidence that the organisation was planning and delivering within the aspirations of the Framework. As an example of this Initiative, he explained that cancer quality measures were now increasingly real time.

Dr. Wallace referred Members' to paragraph 4.10 of the report which explained that Guidance on External Publication of Study Results had been developed by the Quality Department to provide recommendations on best methodology for dissemination of NHS Lanarkshire study results, either internally or externally. He reported that the first Awards Programme dedicated to Quality Improvement , hosted by the Scottish Government and Healthcare Improvement Scotland, was held on 15th November 2016, when Award winners on the night, included: the NHS Lanarkshire Maternity Team; HMP Shotts; and Cheryl Clark, Midwife. He also reminded Members that the Lanarkshire Quality Conference would be held in the Ken Corsar Medical Education Training Centre on 6th December 2016.

Mrs. Mahal reported on the intention to hold a Board Seminar on the

progress of the Lanarkshire Quality Approach, following the next National Quality Improvement Masterclass in February 2017.

Mr. (Philip) Campbell highlighted Section 3.1 of the Report, which reaffirmed Lanarkshire's ambition to be the safest Healthcare System in Scotland and recognised the importance of ensuring that patients were kept safe within the Health and Care setting as central to achieving improvements in the quality of patient care. He also highlighted Section 3.7 of the report relating to Patient Safety Week held during 24th to October 2016. He acknowledged the well established Patient Safety Leadership Walkround Programme, but highlighted an ongoing challenge in ensuring that the Programme was robust in its exposure and its coverage of the system 24/7.

Dr. Wallace explained that some Patient Safety Leadership Walkround visits had been undertaken outwith daytime hours, and he confirmed the intention to develop this approach further as a feature of the overall Programme. Mrs. Barkby stressed the opportunity which the Programme presented to view service delivery from a particular perspective, and she advised that she, personally, had made return visits outwith normal hours to discuss issues constructively and inclusively with staff, taking account of their perspective.

Dr. Wallace and Mrs. Barkby noted a request from Mrs. Mahal to further reflect on the Patient Safety Leadership Walkround approach, through the Forum of the Healthcare Quality Assurance and Improvement Committee and undertook to take this forward. — Dr. Wallace/ Mrs. Barkby

Dr. Wallace noted observations from Mr. Steele about the absence of any mention of the Care Assurance Accreditation System initiative within the report, and the need to spread examples of excellence across the system. He also noted the need, highlighted by Mrs. Mahal, for the Healthcare Quality Assurance and Improvement Committee to give detailed consideration to the range of Quality Improvement inputs and the measurement of their impact. — Dr. Wallace

**THE BOARD:**

1. Noted the range of work throughout NHS Lanarkshire to improve the quality of care and services.

2. Endorsed the Governance approach to this work and, in particular, the assurance being provided by the Healthcare Quality Assurance and Improvement Committee.

3. Supported the ongoing development of the Lanarkshire Quality Approach, and restated the key role for the Healthcare Quality Assurance and Improvement Committee in taking a view across the range of Quality Improvement initiatives, including inputs and measurement of impact. — Dr. Wallace Mr. Fuller

c) Healthcare Associated Infection

The NHS Board considered a Healthcare Associated Infection template.

Ms. Shepherd explained that the paper was provided to update the NHS Board on the current status of Healthcare Associated Infections and Infection Prevention and Control Measures, with particular reference to performance against the Health Efficiency Access Treatment (HEAT) targets and cleanliness monitoring. She highlighted the performance on Staphylococcus Aureas Bacteraemias, and explained the position with regard to the trajectory to achieving the target. She also highlighted performance on clostridium difficile infections, and explained the progress over recent years, having regard to the trend of seasonality which was a feature of CDI. She also reassured Members that the Infection, Prevention and Control service reports were routinely triangulated with the results from the Scottish Patient Safety Programme.

Ms. Shepherd also highlighted the opportunity to work with clinicians on practice, the improved Governance of clostridium difficile infection management, and hand hygiene. She reported on a Healthcare Environment Inspectorate re-inspection at Monklands Hospital on 15th November 2016 in relation to 2 requirements for Theatres relating to environment and cleanliness of pendant lights. She reported that whilst the first issue had been met, the latter issue was the subject of ongoing dialogue, but she reassured Members about her confidence that this was not a material infection concern. She advised that she had asked the Healthcare Environment Inspectorate for further detail about their findings in order to validate the results of the audit which she had undertaken. Ms. Shepherd also highlighted the work that had been taken forward on winter preparedness planning.

Mr. Sloey referred to the HEI findings for Theatres. He reassured Members about the application of the national tool, viz: Healthcare Associated Infection Scribe, when taking forward capital works, balancing the need to meet legislative requirements, with not unduly disrupting normal activity.

Mr. (Philip) Campbell referred to the section of the report on hand hygiene, and sought reassurance about the robustness of the data, including the means of data capture and reporting. Mr. Fuller highlighted the continuing endeavour in relation to appropriate antimicrobial prescribing aligned with patient expectations, and enquired about further initiatives to better manage patient demand.

Ms. Shepherd explained that the monitoring arrangements in place for hand hygiene performance included a particular focus on areas where performance was unsatisfactory, with specific work being undertaken within areas with low scores. She reassured Members about the extent to which hand hygiene was promoted, and explained that the Infection, Prevention and Control Service undertook validatory audits. She noted the issues raised about antibiotic prescribing, and explained that a campaign involving the antimicrobial pharmacist and communications was being taken forward for patients and the public.

Mr. (Calum) Campbell referred to the HEI Inspection and the recent re-inspection at Monklands Hospital. He highlighted the need, increasingly, to take a robust risk assessment approach to issues, in order that mitigating

controls and actions were proportionate to the assessed risk level, having regard to the need to maintain services.

**THE BOARD:**

1. Noted the Healthcare Associated Infection Reporting Template, and confirmed that it provided sufficient assurance about the organisational performance on Healthcare Associated Infection, and the arrangements in place for managing and monitoring Healthcare Associated Infection.

2016/11/110 **MEDICAL EDUCATION**

The NHS Board considered a report on Medical Education.

Dr. Wallace highlighted the principal elements of the Report, in relation to: the scheduled General Medical Council visit to Scotland in 2017 to assess Medical Education and Training against the Standards laid out in their document 'Promoting Excellence'; Postgraduate Training (including progress against the Deanery Action Plan); medicine revisits during September/October 2016; a review of Undergraduate Training in Ophthalmology; recognition of Trainers; the GMC National Training Survey Report; and an Undergraduate Report.

Dr. Wallace reported that the substantial previous and ongoing work that was being taken forward at hospital level by Chiefs of Medicine, Training Quality Leads and their teams across the organisation had delivered significant improvement in the quality of Medical Education in NHS Lanarkshire. He explained that this change was reflected in the de-escalation of enhanced monitoring of Lanarkshire's services by the GMC, with positive progress towards this in other areas. He explained that the engagement of senior medical leadership had enabled this very real progress to be made despite additional workload associated with ongoing gaps in the medical workforce. He reassured members that the Medical Education Governance Group would have a key role in the future in ensuring that progress was sustained and that further improvements could be made.

Mrs. Mahal welcomed the positive report, and acknowledged the assurance on the quality of Medical Education provided through the Medical Education Governance Group and the Healthcare Quality Assurance and Improvement Committee. She enquired about the identification and management of any risks emerging from the implementation of Action Plans. Dr. Wallace confirmed that each Service would have assessed risks and mitigating controls on their Risk Register.

**THE BOARD:**

1. Noted the progress report on Medical Education, and recognised, in particular, the continued positive development of the Chief Resident role.

2016/11/111 **CORPORATE RISK REGISTER**

The NHS Board considered an updated Corporate Risk Register.

Dr. Wallace reminded Members that the Corporate Risk Register was previously presented to the NHS Board in August 2016. He confirmed that, since then, the Corporate Management Team had considered the Corporate Risk Register in September, October and November, discussing in detail emerging and new risks, very high graded risks and risks exceeding the assessed level of tolerance. As a result, risks descriptions, assessed level of risk and/or controls had been updated accordingly to reflect progress of mitigating actions and impact. He advised that, for this reporting period, there were no closures of risks, with one new risk identified relating to GP capacity, with this risk having been assessed and agreed. He confirmed that through continuous review, risks had been subject to change to either the assessed level of risk, the assessed level of tolerance, or changes to the mitigating controls. He referred members to the Corporate Risk Register outlining the current 36 actions, and to the section of the report which summarised material changes for the reporting period.

Mr. (Calum) Campbell noted an issue raised by Mr. Steele about the existence of two risks relating to GP Services. He explained that, where previously there had been one risk, this had now been sub-divided to reflect different issues.

Mr. Fuller enquired about risk ID 1385, relating to delivering a balanced budget, where the assessed level of risk reduced from likelihood of occurrence and moved from a Very High graded risk to a High Graded risk, and to risk ID 285 about the potential for external factors to adversely influence NHS Lanarkshire's ability to sustain recurring financial balance, where the assessed level of risk increased by impact and moved from a Medium to a High graded risk. It was noted that this issue was explained further within the body of the Finance report which featured later in the agenda.

Dr. Osborne enquired about the availability of an overview of the level of the risk relating to GP capacity. Mr. Cunningham noted this request, and undertook to produce a Briefing Note for Board Members. Mr. Cunningham

**THE BOARD:**

1. Approved the Corporate Risk Register.

2. Endorsed the new risk and the assessed level of risk.

3. Endorsed recent amendments, the current NHS Lanarkshire risk profile, very high graded risks and the key actions for those risks where the assessed level of risk exceeded the tolerance.

4. Noted that all risks had an identified Assurance Committee, which had delegated responsibility for oversight of the relevant risks at

every meeting.

5. Accepted the level of risk and tolerance identified.

2016/11/112 **PLANNING, PERFORMANCE AND RESOURCES COMMITTEE**

The NHS Board received and noted the minute of the Planning, Performance and Resources Committee held on Wednesday 28th June 2016.

2016/11/113 **ACUTE OPERATING MANAGEMENT COMMITTEE**

The NHS Board received and noted the minute of the meeting of the Acute Operating Management Committee held on 21st September 2016.

Mr. (Philip) Campbell, Committee Chair, reported that the Acute OMC had met recently on 23rd November 2016, when the key issues considered, included: high risks; waiting times with particular regard to the Treatment Time Guarantee and Unscheduled Care Performance; Financial Performance; Staff Governance; and Patient Safety.

2016/11/114 **WAITING TIMES**

The NHS Board considered a report on Scheduled Care and Unscheduled Waiting Times Performance.

Ms. Knox explained that the paper reported on performance in the delivery of key Scheduled and Unscheduled Care Waiting Time Targets, highlighted areas of pressure and challenge, and described the actions being taken and planned, aimed at delivering sustained improvement. She confirmed that the Board continued to perform well in relation to the delivery of diagnostics and also cancer waiting times, however, overall planned care delivery performance was becoming increasingly challenging. She reassured members that the Acute Management Team was maintaining a substantial focus on Unscheduled Care which, whilst improved, needed ongoing and active management. She also drew members' attention to the elements of the report relating to Allied Health Professions Waiting Times and Delayed Discharges, which were being actively managed by the Health and Social Care Partnerships.

**THE BOARD:**

1. Noted the Waiting Times Report, and confirmed that it provided assurance about the delivery of waiting times targets to date, and about the actions being taken and planned to address the areas where performance did not meet targets.

2. Noted that the assurance processes included the detailed consideration of Waiting Times performance by the Acute Operating Management Committee and, as appropriate, the Integration Joint Boards.

2016/11/115 **INTEGRATED CORPORATE PERFORMANCE REPORT**

The NHS Board considered an Integrated Corporate Performance Report for Quarter 2 (July – September 2016), comprising: A covering paper; A list of the 106 Key Performance Indicators and 24 narrative reports provided for information; A written Exceptions Report – a summary of current red and amber Key Performance Indicators as at 15th November 2016; and Narrative Reports for Out of Hours, Delayed Discharges, e-Health, Estates – Statutory Compliance, Audit and Risk Tool (SCART), Safe Care, Scheduled and Unscheduled Care and Mental Health; and an Integrated Corporate Performance Report Programme for Reporting.

Mr. Sloey introduced the report. He highlighted the importance of the Key Performance Indicator Dashboard to informing reports on individual issues for consideration by the Board's Governance Committees in fulfilling their assurance role. He reminded Members that the Chief Executive had established a Quarterly Review process for Acute Services and for the North Lanarkshire and South Lanarkshire Health and Social Care Partnerships, and he reassured Members about the focus on appropriate remedial Action Plans for Key Performance Indicators which were off target. He noted a question from Mr. Steele about bringing the Dashboard up-to-date, and undertook to confirm the timescale for this work. Mr. Sloey

Mr. (Calum) Campbell reminded Members that there was a need to recognise the moderate degree of misalignment between validated data and real time data used for day to day performance management.

Dr. Kohli noted a request from Mr. (Philip) Campbell for clarification of the correlation between staff flu vaccination uptake of 39.8% and the target of 50%. He explained that the National Target for local systems was to achieve 50%, and he confirmed the commitment to this aim, including the endeavour to capture information about staff who may have received the influenza vaccination other than through the Occupational Health and Safety Service.

Mrs. Mahal highlighted the inclusion within the report of Out of Hours Performance figures, where previously performance had been the subject of a separate report. She explained that the Exceptions Report highlighted the particular Governance Committees which were the designated assurance source for delivery of the Key Performance Indicators, and she encouraged Governance Committee Chairs to maintain a particular focus on these areas. Governance Committee Chairs

**THE BOARD:**

1. Noted the current list of Key Performance Indicators and Narrative Reports.

2. Noted the availability of, and access to, the electronic Dashboard.

3. Noted the assurances provided by the Executive Directors within the Exceptions Report.

4. Noted the assurances provided by Executive Directors in the Narrative Reports.

5. Noted and accepted the agreed forward Programme of Reports.

2016/11/116 **CORPORATE OBJECTIVES 2016/17**

The NHS Board considered a mid-year report on delivery of the Corporate Objectives.

Mr. Sloey reminded Members that at its meeting in April 2016, the Planning, Performance and Resources Committee had approved the 2016/17 Corporate Objectives and requested progress reports on delivery at mid-year and end-year. He explained that the presented progress template for the period 30th September 2016 was completed by named leads during October/November 2016. He reassured Members that progress in delivery of the Corporate Objectives was subject to regular scrutiny and he advised that the progress on delivery at the mid-year point was generally positive, with remedial actions being taken for any Objectives which were off-trajectory. He highlighted performance in relation to the outpatient waiting time target and the Treatment Time Guarantee, and the focus on improving performance by the year-end. Mr. (Calum) Campbell endorsed Mr. Sloey's comments about the generally positive performance at the mid-year point; however, he emphasised the need for a continuing focus on delivery in order to achieve the year-end position.

Mr. Fuller highlighted the issue of the Early Years Collaborative and performance in relation to the 27 to 30 month review and suggested that this issue might usefully be explored further during the course of the Board Seminar on Health Inequalities.

**THE BOARD:**

1. Noted the mid-year report on delivery of the Corporate Objectives 2016/17, and confirmed that it provided appropriate assurance on performance at the mid-year point.

2016/11/117 **FINANCE**

The NHS Board considered a Finance Report for the period ended 31st October 2016.

Mrs. Ace reported that, at the end of October 2016, the Board was reporting expenditure £3.848m over budget. She reminded Members that the Local Delivery Plan trajectory envisaged that by this point the Board would be £4.988m over budget, due to a time lag between expenditure being incurred and savings schemes taking effect,. She explained that achieving a property sale three months earlier than planned was responsible for £1m of this improvement. She confirmed that performance across the Divisions was steady, in line with previous months, and the August GP prescribing figures still supported a forecast of breakeven against that budget. She advised that with 7 months results available, there was now greater confidence that agreed efficiencies and a more favourable performance against Corporate budgets would be continued. She confirmed that the residual gap of £1.641m in the plans for year-end breakeven had now been

closed. She advised that the outcome of the detailed mid-year review of the financial position confirmed positive progress in relation to the delivery of efficiency plans. She advised that this performance was the principal contributory factor to the revision of the risk around financial breakeven moving from 'High' to 'Medium', as highlighted in the earlier consideration given to the Corporate Risk Register.

Mrs. Ace highlighted a longer term risk arising from the fact that £9.3m of the savings were non-recurring, and she advised that 2017/18 would also be a challenging financial year.

Mrs. Ace reminded Members that the balanced Capital Plan approved by the Board in August 2016 relied on property receipts, the most significant of which was finalised in October, removing this risk. She explained that given the pressure on the Capital Plan for 2017/18, options had been explored for maximising the use of funding in 2016/17, with a proposed revised Plan that made greater inroads into medical equipment replacement and business continuity work in Monklands Hospital included in the report. She reported that a bid for funding had been lodged with the Scottish Government and a response was awaited. She explained that 2017/18 would bring substantial pressure for capital expenditure, particularly in the areas of Theatres, the Cardiac Catheterisation Laboratory and e-Health. She explained the intention to maximise the Board's ability to handle these pressures by, where possible, bringing expenditure forward to 2016/17. She highlighted the need for assurance about capability and capacity to deliver, and confirmed that she was in discussion with Mr. Sloey and other colleagues about the associated risk profile. Mr. Sloey endorsed these comments, and emphasised the key contribution of project planning to the endeavour.

**THE BOARD:**

1. Noted the actual revenue overspend of £3.848m as at 31st October 2016, £1.140m ahead of the Local Delivery Plan trajectory of £4.988m overspent.

2. Noted the £23.345m of efficiency savings recorded as achieved to date, £1.362m ahead of the Local Delivery Plan trajectory of £21.983m.

3. Endorsed the revised Capital Plan proposal to optimise expenditure levels over 2016/17 and 2017/18.

4. Noted the £4.838m expenditure to 31st October 2016, against the Board's total Capital Plan of £18.192m.

5. Noted and accepted the significant risks highlighted in Section 11 of the report, and the new risk rating of medium against the Efficiency Programme.

2016/11/118 **GOVERNANCE**

a) Code of Corporate Governance

The NHS Board considered an updated Code of Corporate Governance.

Mr. Agnew introduced the updated Code and explained the principal revisions.

Mrs. Mahal highlighted the inclusion in the Code of Corporate Governance of a new condition relating to the nomination of substitute Non-Executive Directors in situations where the principal Non-Executive Director representatives on the North Lanarkshire and South Lanarkshire Integration Joint Boards were, for any reason, unable to participate in IJB meetings or other key Integration Joint Board events. She asked Members to advise her and Mr. (Calum) Campbell in these situations, in order that timely arrangements could be made to identify a substitute. She noted that Mr. (Calum) Campbell was already routinely provided with Integration Joint Board papers, and asked that she be added to the distribution.

Mrs de Souza
Ms Hewitt

**THE BOARD:**

1. Approved the updated Code of Corporate Governance.

2. Approved the up-to-date Terms of Reference for the Governance Committees.

3. Approved the updated Terms of Reference for the Planning, Performance and Resources Committee.

b) Reports from Governance Committees

i) Staff Governance Committee

The NHS Board considered the minute of the meeting held on 29th August 2016.

Mrs. Macer reported that the Committee had met again recently on 28th November 2016, when the key issues under consideration had included a Corporate Risk in relation to eEES, when the Project Director for the Initiative had been in attendance. She highlighted NHS Lanarkshire's position as an exemplar for implementation of eESS. Mrs. Macer reported on the consideration given to a pilot being taken forward by SALUS in relation to support for staff who were on sick leave due to mental ill health. She highlighted the need to consider expanding this endeavour to encompass staff with mental ill health who continued at work. She reported on the consideration given to the Annual Report on Volunteering, and the emphasis placed on the need to target the wider population around opportunities for volunteering.

ii) Audit Committee

The NHS Board received and noted the minute of the meeting of the Audit Committee held on 6th September 2016.

iii) North Lanarkshire Joint Integration Board

The NHS Board received and noted the minute of the meeting held on 13th September 2016.

Dr. Osborne reported that the Integration Joint Board had met again recently on 15th November 2016, when the issues under consideration had included: work with the Local Authority to stratify the infrastructure around avoiding individuals being admitted to hospital and, as appropriate, accelerating discharge; further strengthening and developing the models of/for home support; and the progress of the Integration Joint Board Sub Committees for Finance and Audit and for Performance, Scrutiny and Assurance.

iv) South Lanarkshire Integration Joint Board

The NHS Board received and noted the minute of the meeting held on 13th September 2016.

v) Area Clinical Forum

The NHS Board received and noted the minute of the meeting held on 6th October 2016, and a draft minute of the meeting held on 17th November 2016.

vi) Pharmacy Practices Committee

The NHS Board received and noted the minute of the meeting of the Pharmacy Practices Committee held on 10th October 2016.

c) NHS Board, Governance Committee and Integration Joint Board Dates

The NHS Board received and noted the calendar of dates of meetings of the NHS Board, Governance Committees and the Integration Joint Boards during 2017.

2016/11/119 **ANY OTHER COMPETENT BUSINESS**

a) Anticipatory Care

Ms. Morris reported on discussions with the Divisional Medical Director for Acute Services, and confirmed that the implementation of Hospital Anticipatory Care Planning, led by Professor Robin Taylor, was progressing.

2016/11/120 **DATE OF NEXT MEETING**

Wednesday 25th January 2017.