Lanarkshire NHS Board **Kirklands Hospital**
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Minute of Meeting of the NHS Board held on Wednesday 25th January 2017 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
Dr A Docherty, Chair, Area Clinical Forum
Mr M Fuller, Non-Executive Director
Councillor P Kelly, Non-Executive Director
Dr H S Kohli, Director of Public Health and Health Policy
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
Mrs V De Souza, Director, South 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
Mrs E Russell, Assistant Health Promotion Manager (for item 2017/01/12)
Ms B Gemmell, Scrutiny and Assurance Manager, Infection Prevention and Control Service
Mrs C Mitchell, Senior Nurse, Infection, Prevention and Control Service

APOLOGIES:
Councillor J Burns, Non-Executive Director
Mr P Campbell, Non-Executive Director
Mrs L Macer, Employee Director

2017/01/1 **WELCOME**

Mrs. Mahal welcomed colleagues to the meeting.

2017/01/2 **DECLARATIONS OF INTEREST**

There were no declarations.

2017/01/3 **CHAIR'S REPORT**

Mrs. Mahal briefed Board Members on a number of issues, as follows:

a) NHS Lanarkshire Quality Conference on 6th December 2016

Mrs. Mahal commended the Conference, and expressed congratulations to the presenters of abstracts and to the successful staff in the Kenneth Corsar Quality Awards. She asked that the date for the Conference in 2017 be confirmed as early as possible to Board Members, in order to maximise their participation. **Dr. Wallace**

b) Senior Leaders Forum

Mrs. Mahal reported on her and Mr. (Calum) Campbell's continuing imput to the Senior Leaders Forum, and highlighted the consideration given at the most recent meeting to the Health and Social Care Delivery Plan, which reinforced the requirement for Boards, increasingly, to operate within a Regional context.

c) National Review of Targets

Mrs. Mahal reported that she was a member of the national group led by Sir Harry Burns which was reviewing targets. She advised that the Review Group report would be formulated over the next few months, and would address issues around the fitness of targets for purpose, any identifiable gaps, and any targets which required adjustment.

d) Financial Planning Briefing

Mrs. Mahal confirmed that a Briefing for Board Members on Financial Planning for 2017/18 would be held on the morning of Thursday 9th February 2017.

2017/01/4 **BOARD EXECUTIVE TEAM REPORT**

The NHS Board considered a Board Executive Team Report.

Mr. Campbell highlighted the Health and Social Care Delivery Plan, which set out the Scottish Government Programme to enhance Health and Social Care Services, and recognised the need to prioritise the actions which would have the greatest impact on delivery. He also highlighted the recently published Local Delivery Plan (LDP) Guidance 2017/18, and a requirement to submit a draft LDP to the Scottish Government by 31st March 2017, and a final version in September 2017. The draft LDP would be presented to the Planning, Performance and Resources Committee on 1st March 2017, and to the NHS Board for approval on 29th March 2017. Mr. Campbell also reported that nominations for the Staff Awards had now

closed, with more than 380 nominations received.

Mrs. Barkby reported that in December, the Practice Development Practitioners took the NHS Education for Scotland Clinical Skills Bus to Clydesdale for a week, during which time 149 staff attended sessions on a range of resuscitation and clinical skills. The week had evaluated particularly well, and the experience would inform models for development in community areas going forward. Mrs. Barkby highlighted Geraldine Queen's appointment as Interim Head of Adult and Child Protection Services, and reported that Geraldine would be undertaking a review of both services to ensure optimum service delivery across NHS Lanarkshire and strong alignment with the North Lanarkshire and South Lanarkshire Health and Social Care Partnerships.

Mr. Small reported good progress locally in preparation for the implementation of the Retinue 'Neutral Vendor' approach to Locum Doctor Recruitment/Placement from 6th February 2017. He highlighted the Human Resources Workforce Directors' Strategic priorities for the NHS in Scotland, and confirmed that these would be the subject of a paper to the Chief Executives' Group in February 2017. This would also be shared with the Staff Governance Committee and the wider Board Membership. **Mr. Small**

Ms. Knox highlighted the pilot of a Rapid Assessment and Treatment (RAT) facility at Monklands Hospital which, since its recent introduction, had already proved highly successful. She confirmed that implementation of the Trauma and Orthopaedic reconfiguration at Hairmyres Hospital, which had commenced in November 2016, had progressed satisfactorily. In addition, multi-specialty pathways had been implemented, with ongoing monitoring of the impact of the reconfiguration on other specialty flows, including Medicine and Care of the Elderly. Ms. Knox reported on the appointment of Caroline Delahunty as the new Clinical Director for Neonatology at Wishaw General Hospital. She also advised that the report of the national Maternity and Neonatology Review had recently been published, and confirmed that the conclusions and recommendations and any implications for Maternity and Neonatology Services in Lanarkshire would be carefully considered.

Mrs. De Souza highlighted the intensive ongoing work to consider alternative models of care for Lockhart Hospital, and she confirmed a strong focus on communications and engagement, including with Elected Members.

Mr. (Calum) Campbell noted a request from Mr. Fuller for clarification of the requirement for Local Delivery Planning on a Regional basis, and any implications for the Integration of Health and Social Care. He reassured Members that the Integration of Health and Social Care would continue to be led by the North Lanarkshire and South Lanarkshire Integration Joint Boards. He highlighted the requirement for Boards, increasingly, to consider a Regional perspective in their planning and service delivery, in order to strengthen the sustainability of services. Mr. Sloey reaffirmed this view, and confirmed that the focus on a Regional perspective to a large extent formalised the current approach, which already for Lanarkshire included Regional working on a number of fronts. He reassured Members that the implications of Regional issues would be carefully considered.

THE BOARD:

1. Noted the Board Executive Team Report.

2017/01/5 **MINUTES**

The minute of the meeting held on 30th November 2016 was submitted for approval.

THE BOARD

1. Approved the minute.

2017/01/6 **MATTERS ARISING**

The NHS Board considered an updated Action Log.

a) Patient Notification Exercise

Dr. Kohli advised that a response had been received on 18th January 2017 from the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses, to the submission of the Lanarkshire Incident Management Team Group Report. This commended the conduct of the Patient Notification Exercise. The UK AP response had also made some recommendations for future management which would be considered by the Healthcare Quality Assurance and Improvement Committee. **Dr. Kohli**

b) University Status for NHS Lanarkshire

Mr. (Calum) Campbell reported that Glasgow Caledonian University would meet shortly to consider the NHS Lanarkshire bid. He advised that subject to University status being granted, there would be a need to give further consideration to the Governance arrangements. Whilst, legally, it would not be possible to alter the name of the NHS Board to reflect 'University' status, it would be possible to reflect this within the nomenclature for Health Service facilities, and in joint posts.

c) Patient Experience

Mrs. Mahal reported that a positive and heartening response to her letter had been received from the patient whose experience of care had been shared with and considered by Board Members at the NHS Board meeting in November 2016. The patient had been particularly grateful that the Board had taken the issue so seriously, and also welcomed the sharing of his experience amongst staff for learning.

d) Achieving Excellence – Healthcare Strategy

Mr. Brown confirmed that the finalisation of Achieving Excellence would address many of the issues raised by respondents during the Consultation. He confirmed, also, that responses to individual questions and issues raised

by Consultees were currently being finalised.

e) Corporate Risk Register - GP Capacity

Mrs De Souza undertook to pursue the production of a Briefing Note for Board Members describing key issues. She also reassured Members about the endeavour, currently, in the area of General Practice sustainability, both generally and for specific Practices. Ms. Hewitt reported on an immediate issue involving one General Practice within North Lanarkshire. She confirmed that this issue was being addressed, including the production of Q & A material for interests, which included Elected Members. She also confirmed close liaison between the Health Board and Council communication personnel. She undertook to ensure that the briefing information produced for NHS Board Members was also made available to Local Authority Members of the Integration Joint Board.

Mrs De Souza

Ms. Hewitt

THE BOARD:

1. Noted the progress with the Action Log, which would be further updated to reflect the foregoing reports, and any further actions arising from today's discussions. **Mr. Agnew**

2017/01/7 **ANNUAL REVIEW**

The NHS Board considered an Annual Review Outturn Letter from the Scottish Government and a paper describing the process through which the actions identified by the Scottish Government would be progressed.

Mr. Sloey explained that the letter from the Scottish Government was generally positive, and he reassured Members about the focus on addressing the few actions identified through existing mechanisms.

Dr. Osborne welcomed the Ministerial acknowledgement within the letter of the progress to date in tackling delayed discharge and developing intermediate care services that provide alternatives to Acute hospital admission and step-down care where appropriate, following discharge.

Mrs. Barkby referred Members to the section of the Scottish Government Letter relating to patient safety and infection control. She confirmed that the Healthcare Associated Infection Reporting Template was scrutinised routinely by designated Scottish Government leads. She also confirmed that the designated Scottish Government lead had recently visited the Lanarkshire Infection Prevention and Control Team and had reviewed, in detail, the team's priorities and activity in pursuit of their delivery.

THE BOARD:

1. Noted the Annual Review Letter, and endorsed the positive mechanism for taking forward the agreed action points.

2017/01/8 **HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE**

The NHS Board considered and noted a Summary Report on the key issues considered by the Healthcare Quality Assurance and Improvement Committee on 8th December 2016.

Mr. Fuller, Committee Chair, highlighted from the summary report, the detailed and informative presentation to members on Stroke services by the Lead Clinician and the Manager for the Stroke Network.

2017/01/9 **QUALITY ASSURANCE AND IMPROVEMENT**

The NHS Board considered a Quality Assurance and Improvement Progress Report.

Dr. Wallace explained that the report provided an update on: the approach to 'Realistic Medicine' as part of the Lanarkshire Quality Approach and the NHS Lanarkshire Achieving Excellence Strategy; the work of the Primary Care and Mental Health Programme; the approach to reducing mortality, describing two complimentary methods of learning from mortality reviews; the Care Assurance Accreditation System; and the NHS Lanarkshire 5th Annual Quality Conference held on 6th December 2016.

Dr. Wallace elaborated on the approach to reducing mortality, and the contribution of Mortality Review Meetings and Casenote Review to this imperative. He updated members on the progress of the Clinical Coding endeavour, and reported that the target of 95% of discharges coded within six weeks had been met across NHS Lanarkshire for the last four consecutive months. He referred to the discussion earlier in the meeting, and confirmed that the date for the 6th Annual Quality Conference would be confirmed to Board Members in early course.

Mrs. Barkby confirmed that progress with the implementation of the Care Assurance and Accreditation System, and the outputs from work on Omissions of Care, would be considered in detail at a future meeting of the Planning, Performance and Resources Committee or in a Board Development session **Mrs Barkby**

Miss. Morris referred to the section of the report which explained that a short life working group was being set up to develop proposals for the implementation of Realistic Medicine approaches across NHS Lanarkshire as part of delivering Achieving Excellence. She reminded Members of her position as Chair of the short life working group for Hospital Anticipatory Care Planning, and enquired whether this would be subsumed within the Realistic Medicine SLWG. Dr. Wallace explained that it was not the intention to subsume the work of the Hospital Anticipatory Care Planning SLWG within the overarching Realistic Medicine SLWG, although he stressed that Hospital Anticipatory Care Planning should be viewed as an important component of the overall endeavour around Achieving Excellence and Realistic Medicine.

Mr. (Calum) Campbell noted a question from Mr. Fuller about the Governance arrangements in relation to the Primary Care and Mental Health Transformation Programme Board, and the potential role for the Healthcare Quality Assurance and Improvement Committee in this regard. He explained that Primary Care Transformation Funding was allocated to

the NHS Board for onward passage to the Health and Social Care Partnerships. He advised that a key element of the Transformation Programme was focussed on the provision of safe and sustainable primary care services, and on progressing the strategic imperative around shifting the balance of care. Mr. Sloey explained that the issues highlighted in discussion would be considered in progressing the workstreams which would form part of the implementation arrangements for Achieving Excellence. He stressed the requirement for recognition of the relationship between developments in Primary Care and any implications for Acute Services models. Mr. (Calum) Campbell highlighted the need for information about the benefits deriving from shifting the balance of care to be described for the NHS Board.

Mrs De Souza noted the need, highlighted by Mrs. Mahal, for Board Members to better understand the Primary Care Transformation Programme and its correlation with the wider transformation endeavour. She confirmed that an overview report on the progress of work to date would be brought back to a future Board meeting. **Mrs. de Souza**

Dr. Wallace noted an observation from Ms. Hewitt about the relationship between Hospital and Community Anticipatory Care Planning, and explained that Hospital Anticipatory Care Planning should be viewed as complimentary to the endeavour within the wider community.

Mr. Steele sought further clarification on the means of measuring and confirming progress in operational improvement. He acknowledged the position of Hospital Standardised Mortality Ratio (HSMR) as an overarching measure; however, he highlighted the fact that this measure applied only in Acute Services.

Dr. Wallace reminded Members that the Healthcare Quality Assurance and Improvement Committee routinely received the Clinical Quality Assurance and Improvement Dashboard, which provided measurement of progress in key areas, and he reported that material progress with the further development of Discovery was now being made, which should further enhance measurement and reporting. He also explained that the transformation programme for quality and safety included a series of measureable outcomes. Therefore, there was available currently, a combination of systems for measuring and reporting. However, there remained a need for a broader-base Dashboard for consideration by the Healthcare Quality Assurance and Improvement Committee.

Mr. (Calum) Campbell noted an issue highlighted by Dr. Osborne in relation to the six strands of the Healthcare Strategy, and the need for clarity about the architecture to ensure appropriate linkages between social care interventions and the Integration Joint Boards, and these elements of the Healthcare Strategy. He explained that this issue related to the NHS Board and the Integration Joint Boards' Governance responsibilities for planning, and the alignment of those processes through the overarching Healthcare Strategy and Strategic Commissioning Plans. Mr. Sloey endorsed this view. He explained the role that he and Craig Cunningham, Head of Commissioning and Performance for South Lanarkshire Health and Social Care Partnership and Ross McGuffie, Head of Planning, Performance and Quality Assurance for the North Lanarkshire Health and

Social Care Partnership, would have in relation to the Strategic Delivery Group for Implementation of the Healthcare Strategy. He confirmed that a briefing paper describing the means of achieving complimentarity between Achieving Excellence and the Strategic Commissioning Plans, would accompany the presentation of the final version of the Healthcare Strategy to the NHS Board on 1st March 2017. **Mr. Sloey**

THE BOARD:

1. Noted the update report on Quality Assurance and Improvement.

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

3. Commended the sustained improvement in performance on clinical coding.

4. Noted that an update report on the progress of the Transforming Primary Care Programme would be brought to a future Board meeting. **Mrs De Souza**

5. Commended the continuing progress with the implementation of the Care Assurance Accreditation System, and noted that this and the outputs from the work on Omissions of Care would be presented to Board Members at a future date, either in the forum of the Planning, Performance and Resources Committee, or at an NHS Board Development session. **Mr Agnew Mrs Barkby**

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

7. Supported the ongoing development of the Lanarkshire Quality Approach, and noted that this would be the subject of more in-depth consideration at a future meeting of the Planning, Performance and Resources Committee, or at an NHS Board Development session. **Mr Agnew Dr Wallace**

2017/01/10 **HEALTHCARE ASSOCIATED INFECTION**

The NHS Board considered a Healthcare Associated Infection Reporting Template.

Mrs. Barkby introduced the report, which was provided to update Board Members 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.

Mrs. Barkby described the relationship between the financial challenges which the Board faced and the challenges in relation to Infection Prevention and Control. She outlined the arrangements for the preparation of the Healthcare Associated Infection Reporting Template, and the

processes through which it was developed and considered, prior to presentation to the NHS Board. She confirmed that the report on the follow-up inspection of Monklands Hospital by the Healthcare Environment Inspectorate on 15th November 2016 would be published in due course.

Mrs. Barkby highlighted improved performance in relation to staphylococcus aureus bacteraemias during the last quarter; however, she highlighted a slight decline in performance in relation to clostridium difficile and reassured members that this was currently being investigated. She also highlighted the variable performance in relation to surgical site infections. Mrs. Barkby drew Members' attention to the section of the report about MRSA Screening, where Clinical Risk Assessment compliance for Lanarkshire for Quarter 3 had decreased by 11% since quarter 2. She reassured members that the Infection Prevention and Control Team continued to focus on work in Acute Wards to improve performance, particularly in the receiving wards. Mrs. Barkby also highlighted the section of the report related to cleaning and the Healthcare Environment, and explained that national validated data for Quarter 3, covering October to December 2016, would be available for the next report to the NHS Board. She highlighted the work in relation to outbreaks of infection, with particular regard to reported Norovirus activity, and she also highlighted the reported progress on antimicrobial prescribing in Primary Care.

Mrs. Mitchell responded to an observation from Miss. Morris about the convening of a Short Life Working Group at Monklands Hospital to lead improvement work following renal-related Staphylococcus Aureus Bacteraemia in the Renal Dialysis Unit. She explained that this issue related to a 2 month period during summer and involved a small number of cases. She reassured Members that additional input to the Unit had resulted in a reduction in renal related Staphylococcus Aureus Bacteraemia and confirmed that the endeavour in this regard continued. Dr. Wallace explained that work was in hand to replace central return lines for renal patients with AV Fistula as an improved method of dialysis.

Mrs. Barkby noted an issue raised by Mr. Steele about the correlation between process measures and outputs, and the extent to which there was a focus on work to improve areas where performance was behind target. She reassured Members about the intensity of the endeavour to deliver improvement where performance was currently off-trajectory, and she explained that the reorganisation of the Infection Prevention and Control Team deployment was specifically designed to further strengthen support for clinical practice. She highlighted the relationship between high activity levels and performance in HAI, and reassured Members that the Infection Prevention and Control Service maintained a daily focus on site performance.

Mr. (Calum) Campbell highlighted the national targets to reduce occupied bed days and length of stay, and the relationship between these targets and the achievement of Healthcare Associated Infection targets.

Mrs. Barkby noted an observation from Mrs. Mahal in relation to performance on hand hygiene for ancillary staff. She explained that whilst

the percentage reduction in performance appeared high, its significance should be viewed within the context of the small numbers of individuals involved. Ms. Gemmell reassured Members that the Infection Prevention and Control Team worked closely with colleagues in particular areas where hand hygiene performance was below standard, and confirmed that performance was routinely considered at the established hygiene meetings.

Mrs. Barkby returned to the HEI reinspection on 15th November 2016. She confirmed that an Action Plan had been signed off by NHS Lanarkshire and the Healthcare Environment Inspectorate on 24th January 2017. Mr. (Calum) Campbell explained that the Action Plan highlighted the challenge faced in maintaining an operational area whilst building work was progressing. Mr. Sloey reassured Members that, in such cases, Healthcare Associated Infection (HAI) Scribe was strictly applied, with input from the Infection Prevention and Control Team, in order to ensure that safety and the quality of care was not compromised when taking forward building works.

THE BOARD:

1. Noted the Healthcare Associated Infection Reporting Template.

2. Confirmed that the report provided sufficient assurance about the organisational performance on Healthcare Associated Infection, and the arrangements in place for monitoring and managing Healthcare Associated Infection.

2017/01/11 **INITIAL AGREEMENT FOR THE REPLACEMENT/ REFURBISHMENT OF MONKLANDS HOSPITAL**

The NHS Board considered a final version of the Initial Agreement for the Replacement/Refurbishment of Monklands Hospital.

Mr. Sloey reminded Members that the Healthcare Strategy '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 reaffirmed that the first step in preparation of a Business Case was the Initial Agreement document, with the draft having been endorsed by the NHS Board on 30th November 2016. He reported that, since then, the Initial Agreement had been the subject of external scrutiny through the Scottish Government Gateway 1 Review. Mr. Sloey described the Gateway 1 Review process. He advised that the full Gateway 1 Review Report was available on request, and confirmed that the report assessed the delivery confidence as 'amber' in recognition that the project was at an early stage and that there were a number of significant issues to be addressed as the initiative moved forward. He highlighted the specific recommendations from the Gateway Review, and the action taken or planned to address them. Mr. Sloey referred Members to the section of the Initial Agreement which set out the Timetable of Key Business Stages from Scottish Government, Health and Social Care Directorate Initial

Agreement Approval in the second quarter of 2017, through Outline Business Case Approval, Technical Adviser Procurement, Contractor Procurement, Full Business Case, Construction/Demolition Commissioning and Migration to the new Hospital in late 2024, early 2025.

Mr. Sloey noted issues raised by Mr. Fuller in relation to the weight attached to the £35m of expenditure on Monklands Hospital over recent years, and the stated bed requirement of 400 to 500 beds. He explained that, ultimately, the number of beds in the new hospital would be informed by bed modelling work undertaken as part of the implementation of Achieving Excellence, taking account of population and morbidity, and drawing on contemporary evidence of best clinical practice and the most appropriate location in which this should be delivered, taking account of the strategic imperative of shifting the balance of care. He emphasised that Lanarkshire would continue to rely on 1750 beds in total, 1500 of which would be provided in Lanarkshire, with the remainder of bed utilisation deriving from Lanarkshire residents treated in Glasgow or Lothian. He stressed that the £35m of expenditure on Monklands Hospital over recent years had been driven by risk assessment, with the overriding aim of maintaining business and delivering safe services for patients, staff and the public on the site. He explained that by the point of earliest possible migration to the new hospital in late 2024, the Board would have enjoyed several years of return on this investment. He explained that the options appraisal for the location of the new Monklands Hospital would use clinical and non-clinical criteria to assess the relative merits of the options, with weighting applied, stakeholder involvement and sensitivity analysis.

Dr. Osborne noted the issues raised in discussion about bed numbers, and endorsed the requirement for close alignment with the current bed modelling exercise.

Mr. Sloey noted an issue raised about the existence of asbestos in the current facility. He explained that this would impact on the programme for redevelopment on the site, given the requirement for appropriate approvals, protection and certification.

Mr. (Calum) Campbell highlighted the issue of single room accommodation. He reported on work undertaken by Dr. Kohli to establish an evidence base for total single room accommodation, which would impact on costs and staffing levels. He acknowledged the need for a high proportion of single room accommodation to be available, but not necessarily to the level of 100%. Mr. Sloey noted an issue raised by Mr. Steele about linkages with planning in other West of Scotland Board areas. He confirmed that this would form part of the progress for the development, and he highlighted the fact that, currently, Glasgow was planning for major service developments over the coming years. He confirmed the need to work closely with other neighbouring Boards, in order to, where appropriate, explore the potential for joint solutions.

Mr. (Calum) Campbell highlighted the substantial opportunity which the refurbishment/replacement of Monklands Hospital presented to deliver first class health services, and he highlighted the need to make arrangements to brief North Lanarkshire Council in early course. **Mr. Campbell Councillor Kelly**

THE BOARD:

1. Approved the submission of the Initial Agreement to the Scottish Government Health and Social Care Directorate Capital Investment Group for their meeting on 7th March 2015.

2. Asked to receive a report on the outcome of the submission.

Mrs. Mahal commended Mr. Sloey and members of his team for their contribution to progressing the Initial Agreement.

2017/01/12 **HEALTH PROMOTING HEALTH SERVICE**

The NHS Board considered a Health Promotion Health Service Annual Report 2015/16.

Mrs. Russell explained that the Annual Report was intended to provide Board Members with an update on NHS Lanarkshire's position against the requirements of Chief Medical Officer letter CMO (2015) 19 Health Promoting Health Service: Action in Secondary Care settings. She highlighted the principal elements of progress made in 2015/16. She reported on the submission of the Annual Report to Health Scotland, and advised that verbal feedback from Health Scotland suggested that the Annual Report had been positively reviewed. She advised that the overarching Steering Group, of which Miss. Morris as the Health Promoting Health Service 'Champion' was a member, continued to meet quarterly to map out and direct the way forward. She advised that there were also local site groups in place, and reassured Members about the extent of dialogue with the site groups and the Integration Joint Boards.

Miss. Morris commended the work undertaken to date, with particular regard to the focus on inequalities, work with the Health and Social Care Partnerships and the individual sites, the focus on mental health and on breastfeeding.

Ms. Hewitt highlighted, as key, the linkage between the Health Promoting Health Service endeavour and the Strategic Commissioning Plans. She also highlighted the imperative of shifting the balance of care and the focus on communities with regard to prevention and intervention, and stressed the need to consider resourcing for this endeavour.

Dr. Osborne highlighted the issue of alcohol, and reminded colleagues that there was in place an Alcohol and Drug Strategy overseen by the Alcohol and Drug Partnership. Mr. Fuller stressed the need for a continuing endeavour around reducing inequalities, and highlighted the importance of interaction between Practitioners and clients, with a focus on evaluating the impact and benefit of interventions.

Mrs. Russell explained that, where previously the Annual Report had included information on Alcohol Brief Interventions, this activity was now reported through another route. She acknowledged the need for a continuing endeavour to address alcohol misuse, and reassured members that the Steering Group continued to work closely with the Alcohol and

Drug Partnership. She explained the intention, increasingly, to pursue a most holistic approach in taking forward the initiatives, with consideration being given to the extent to which the Board's policies were supportive and empowering. She acknowledged issues raised by Mrs. Barkby about the link between long acting reversible contraception and obesity, and confirmed that a holistic approach was being taken to this issue.

Dr. Kohli highlighted the need for continuing concerted effort in the key areas highlighted within the Annual Report, but stressed the need to avoid a punitive approach in relation to individuals who already were disadvantaged, as this would further skew inequalities.

Mr. Sloey, as Chair of the Alcohol and Drug Partnership, highlighted a recent study which reported reductions in alcohol consumption in under 13 and 15 year olds, and in alcohol sales. However, in contrast, data showed an increase in the number of deaths from cirrhotic liver disease, with an increase in the number of females and more affluent individuals being affected.

Mrs. Russell noted an issue raised by Mrs. Mahal about reviewing the current No Smoking Policy. She explained that the Scottish Government was considering new legislation which would encompass the perimeters of hospital grounds, with a restriction set at 15 metres. She advised that NHS Lanarkshire had responded to the Scottish Government Consultation indicating that the ban should extent to the entirety of hospital grounds. She confirmed the intention to review the local No Smoking Policy during 2017, and advised that this would include a clear position on the use of e-Cigarettes.

Mr. (Calum) Campbell confirmed that the current smoking legislation banned smoking within hospital buildings, but did not extend to smoking within the grounds. He reaffirmed lack of support for the Scottish Government proposal involving a 15 metre perimeter within which smoking would not be permitted, in favour of a restriction applying to the full extent of the grounds.

Dr. Docherty suggested that behavioural change would be key to achieving compliance with a smoking ban within the grounds. He reported on work in this regard undertaken in Canada which had achieved a smoking cessation rate of 50%, against a smoking cessation rate of 4% when the initiative was pursued through community pharmacies in Lanarkshire. He acknowledged the use of e-cigarettes was a smoking cessation option, but stressed that this was secondary to total smoking cessation.

THE BOARD:

1. Noted and commended the Health Promotion Health Service: Action in Secondary Care Settings Annual Report 2015/16.

2. Asked that future draft Annual Reports be presented to the NHS Board or to the Healthcare Quality Assurance and Improvement Committee or Steering Group prior to submission to the Scottish

Government.

2017/01/13 **PATIENT EXPERIENCE**

The NHS Board considered a report and viewed a DVD about a patient experience of transfer from Acute Services (Monklands Hospital) to an off-site facility (Wester Moffat Hospital) for ongoing rehabilitation.

Mrs. Barkby explained that a number of patients and families were anxious and resistant to transfer their relatives from Acute hospital to 'off-site' beds for ongoing rehabilitation. She explained that the digital story was produced with a patient/carer and staff for reflection and learning. She advised that the family did not wish to transfer their family member to Wester Moffat initially, but were now delighted by the care being delivered and the support received, and had agreed to the use of the DVD to help other families prepare for the transition from Acute Services. Mrs. Barkby highlighted the improved outcomes for patients which were achieved in Wester Moffat Hospital, which further emphasised the key importance of caring for individuals in the most appropriate setting.

Ms. Hewitt suggested that the reported patient experience brought into sharp focus the crucial importance of overall bed modelling for Lanarkshire, emphasising the importance of appropriate use of the different sites. She reported on the consideration being given by the North Lanarkshire Health and Social Care Partnership to quality of care, including Wester Moffat Hospital, in order to better understand individuals' concerns about transfer to the hospital from acute care. She stressed that this further emphasised the need to consider the totality of health and social care, including choices, and she also reported on ongoing work with and between partners on improving care.

Mrs. Barkby noted an issue raised by Miss. Morris about the position of Anticipatory Care Planning in Wester Moffat Hospital, and by Dr. Osborne in relation to the provision of continuing care within a hospital setting. She reassured Members that Anticipatory Care Plans were a key feature of care planning within hospital and community settings. Mr. (Calum) Campbell noted the issues raised about continuing NHS care, and advised Members that there were now arrangements in place within the NHS for Hospital Based Clinical Complex Care in circumstances which fell within the defined criteria.

Ms. Hewitt highlighted the dynamic nature of health, and explained that this was often subject to change which required medical intervention. She highlighted the key importance of families and their perception of risk, and the need to work closely with families in this regard. She also highlighted the importance of profiling all of the beds at the disposal of the agencies, and she reported on discussion at the meeting of the North Lanarkshire Integration Joint Board on 24th January 2017, which encompassed housing and supporting people at home as key elements of the issues to be considered in new builds.

Mr. Sloey reported that Wester Moffat Hospital and Victoria Cottage Hospital were recipients of a Charter Mark for their philosophy of care. He highlighted the need for a range of facilities in the community, with clarity

about their specific purpose, and he stressed the requirement for the level of the facilities to be informed by assessed population need, with a focus on the means of optimising the use of facilities to deliver the best possible outcomes for individuals. He explained that the Head of Planning, Performance and Quality Assurance for the North Lanarkshire Health and Social Care Partnership was leading a programme of work in this area, with individual elements being progressed against an overall strategic backcloth. He noted the need, highlighted by Mrs. Mahal, for this work to be shared with Board Members, and confirmed that this would be addressed at an appropriate stage in the development of the Programme.

THE BOARD:

1. Noted the report and the DVD about the transfer of patients from Acute Hospital to 'off-site' beds for ongoing rehabilitation, and confirmed satisfaction with the improvement action taken to address issues which arose in relation to the transfers.

2017/01/14 **CORPORATE RISK REGISTER**

The NHS Board considered a report and an updated Corporate Risk Register.

Dr. Wallace reported that since the presentation of the Corporate Risk Register to the NHS Board in November 2016, the Corporate Management Team had considered the Corporate Risk Register in December 2016 and January 2017, discussing in detail emerging and new risks, very high graded risks and risks exceeding the assessed level of tolerance, with the result that risk descriptions, assessed level of risk and/or controls had been updated accordingly to reflect progress of mitigating actions and impact. He explained that for this reporting period, there were no closures of risks, with two new risks identified, assessed and agreed. He advised 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, with material changes to the Corporate Risk Register for the reporting period summarised in the introductory report.

Mr. Small highlighted risk ID 1463 – Capacity to respond to the increasing demand for school pupil work experience placements during 2017 and beyond, and he reassured Members that work was being taken forward to manage and mitigate the risk. He noted an issue raised by Mrs. Mahal, and undertook to take this risk to the Staff Governance Committee for further consideration. **Mr. Small**

THE BOARD:

1. Approved the updated Corporate Risk Register.

2. Noted the new risks and the assessed level of risk.

3. Noted recent amendments, current NHS Lanarkshire Risk Profile, very high graded risks and 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.

2017/01/15 **ACUTE OPERATING MANAGEMENT COMMITTEE**

The NHS Board received and noted the minute of the meeting of the Acute Operating Management Committee on 23rd November 2016.

2017/01/16 **QUARTERLY LOCAL DELIVERY PLAN REPORT**

The NHS Board considered a Quarterly Local Delivery Plan Report for Quarter 2 July – September 2016, which described progress in the delivery of the Local Delivery Plan Standards for 2016/17.

Mr. Sloey explained that the presented report reflected validated performance data for the period. He highlighted, in particular, the 8 Key Performance Indicators where performance was not on trajectory, some of which related to Healthcare Associated Infection, and had already been covered under the consideration given earlier in the meeting to the Healthcare Associated Infection Reporting Template. He drew Members' attention to waiting times performance, with particular regard to the 12 week Treatment Time Guarantee and the 18 week Referral to Treatment Target, both of which were addressed further in the Waiting Times Report which featured later in the agenda. He highlighted performance on sickness absence, and confirmed that Mr. Small was working closely with operational managers in relation to the rigorous application of relevant policies. He referred to Primary Care access information, and elaborated on the target within the wider context of the current National Review of Targets. He also drew Members' attention to Child and Adolescent Mental Health Services, where the improvement in waiting times performance was significant.

THE BOARD:

1. Noted the Quarterly Local Delivery Plan Report for Quarter 2, and confirmed that it provided sufficient assurance about progress in the delivery of key actions.

2. Noted that a further Quarterly Local Delivery Plan Report for Quarter 3, October – December 2016, would be presented to the NHS Board in March 2017.

2017/01/17 **FINANCE**

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

Mrs. Ace advised that at the end of December 2016, the Board was reporting a £2.370m overspend, which was £4.061m better than trajectory. She explained that the improvement arose mainly from a combination of additional income of approximately £1.2m, a further £1.3m of recurring savings, and approximately £1.5m from continuing underspends in Corporate and Community Services, including minor reserves not required. She reassured Members that with continued tight cost control, this provided confidence that the Board would be able to deliver the agreed year-end position.

Mrs. Ace referred Members to the Financial Performance Trajectory graph within the main body of the report, and explained that this demonstrated good achievement of savings, and good cost control, including good financial performance by the Integration Joint Boards. She referred Members to the section of the report relating to the Acute Division, and explained that the Division was reporting an overspend of £3.522m for the period to end of December 2016, whereas this time last year, the Division was £4.412m overspent. Mrs. Ace advised Members that this improved position demonstrated ongoing cost control.

Mrs. Ace highlighted performance in delivery of the Cash Releasing Efficiency Savings (CRES) requirement, and she advised that whilst a breakeven position was predicted, this was reliant on £9.5m of non-recurring savings. Mrs. Ace referred members to the section of the report on Capital, and advised that expenditure to the value of £7.075m had been incurred in the first nine months of the financial year. She advised that the extent of the expenditure plan for the final quarter of the year had entailed enhanced monitoring to ensure that any issues arising would be resolved speedily to avoid any undue delay to the Programme. She also advised that New Medicines Fund funding remained to be confirmed for 2016/17.

Mr. (Calum) Campbell emphasised the extent to which delivery of the Financial Plan for the year was reliant on non-recurring savings, and emphasised the need for this to be considered in the planning for 2017/18. He noted an observation from Mr. Steele in relation to the £4.650m of funding from national work, and explained that this related to the National Shared Services Initiative. Mrs. Ace explained that there was a variety of Shared Services Schemes which were at an early stage of development.

Mrs. Mahal commended the positive financial performance to date, and the contribution of staff across the organisation to that position, but stressed the need to maintain strict financial management and control in order to deliver the year-end requirement.

THE BOARD:

1. Noted the actual revenue overspend of £2.370m as at 31st December 2016, £4.061m ahead of the LDP trajectory of £6.431m overspend.

2. Noted the £29.184m of efficiency savings recorded as achieved to date, £1.418m ahead of the Local Delivery Plan Trajectory of

£27.766m.

3. Noted the £7.075m expenditure to 31st December 2016 against the Board's total Capital Plan of £18.192m.

4. Noted ongoing work to secure a resource package for key e-Health Projects.

2017/01/18 **WAITING TIMES AND DELAYED DISCHARGES**

The NHS Board considered a Waiting Times Report, including Delayed Discharges.

Mrs. Knox explained that the paper reported on performance in the delivery of key Scheduled and Unscheduled Care Waiting Time Targets, highlighted the areas of pressure and challenge, and described the actions being taken and planned, aimed at delivering sustained improvement. She reported on performance against the Treatment Time Guarantee based on November data, and reported on the projected performance for the year end. She also highlighted performance for outpatients and the numbers waiting over the 12 week target at November 2016, and the projected position for the year end. She reported on consistent achievement of the cancer targets, and highlighted the continuing endeavour in relation to Did Not Attend (DNA) rates, which was being targeted for improvement across all specialties.

Ms. Knox highlighted the section of the report about unscheduled care performance, and explained that all three sites delivered an improved performance during 2016 as compared to December 2015, despite an increase of approximately 2000 patients seen across the 3 Emergency Departments. Ms. Knox also commented on the current arrangements for monitoring and reporting to the Scottish Government.

Mrs De Souza highlighted the continuing excellent performance of the Out of Hours Service, which had performed well over the winter period to date, and she highlighted, in particular, the contribution of the positive relationship between NHS 24, the Out of Hours Service and the Accident and Emergency Service to this achievement. She reported that Delayed Discharges Trajectories largely were being met, through a combination of factors, including: additional measures; progress with Adults, Incapacity; the application of the Choices Protocol; enhanced communications between South Lanarkshire, North Lanarkshire and Acute Services in relation to the operation of the discharge hubs. She reported on the commissioning of an additional 20 beds prior to the festive season, and Care Home capacity, and she highlighted the need to link this endeavour to the work being taken forward on bed modelling. She confirmed the intention to hold a Winter Plan debrief. She reported that a workshop on delayed discharges in September 2016 was the subject of a follow-up workshop with Scottish Government input on 24th January 2017, where it was noted that South Lanarkshire and North Lanarkshire were currently making encouraging progress against the target for discharges within 72 hours.

Ms. Hewitt reported on the position within North Lanarkshire, including

significant pressures faced by General Medical Practices. She reported on consideration being given at the meeting of the Integration Joint Board on 24th January 2017 to the enhanced use of communications resources during 2017/18 to place additional emphasis on the availability of the range of alternative services, and access arrangements. She reported encouraging performance in relation to Delayed Discharges, including the positive performance against the 72 hour discharge target, and highlighted the contribution of enhanced home care to that position. She reported that the Integration Joint Board was giving careful consideration to the future arrangements for home support, including pursuing an initiative to emphasise and promote career options in care and support services in Lanarkshire. She reported on additional appointments to contribute to the completion of Community Care Assessments. She highlighted the challenge in relation to meeting the most stretching Delayed Discharges trajectory, but confirmed positive performance in relation to other trajectories. She reported on dialogue with representatives of the Information and Statistics Division during the course of the week, in relation to clarifying issues around calculating delayed discharges, with the aim of ensuring consistent application of the criteria across the country. She confirmed that within North Lanarkshire consideration was being given to the current and future contribution of Care Homes, and advised that the focus, increasingly, was whole-system, with oversight by an operational Working Group which met monthly. She also reaffirmed the initiative to bring together the delayed discharges and unscheduled care groups, given the obvious linkages between these issues, and reassured Members about the continuing focus on avoiding unnecessary attendance at Accident and Emergency Departments.

Mrs. Mahal thanked Ms. Knox, Mrs De Souza and Ms. Hewitt for their reports and invited them to reflect further on the format of the reported information in relation to Delayed Discharges, with a view to highlighting particular bed pressures and performance against trajectories.

Ms. Knox noted an observation from Dr. Osborne about possible duplication in reporting on delayed discharges given the current reporting to the Acute Operating Management Committee. She explained that the level of detail about delayed discharges reported through the Acute Operating Management Committee was not to the same degree as within the Integration Joint Boards, but undertook to reflect further on this issue at the next meeting of the Acute Operating Management Committee during the following week. Mr. Steele endorsed this action, and suggested that Mr. (Philip) Campbell, as Chair of the Acute Operating Management Committee, might usefully reflect on the value of Ms. Hewitt and Mrs. De Souza attending future meetings of the Acute Operating Management Committee.

THE BOARD:

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

2017/01/19 **STAFF GOVERNANCE COMMITTEE**

The NHS Board considered the minute of the meeting of the Staff Governance Committee held on 28th November 2016.

Mr. Small referred Members to the consideration given to the Employee Support Implementation System, and explained the requirement for the availability of a Human Resources Database in order to progress this issue. He also highlighted from the minute, the consideration given to the i-Matter Progress Implementation Report and the presentation on Mental Health: Occupational Health Case Management Intervention, given the extent to which Mental Health was a significant factor in the number of days lost to staff sickness absence.

Mrs. Mahal reported on dialogue with Scottish Government colleagues about the relevance of Board Member participation i-Matter.

2017/01/20 **AUDIT COMMITTEE**

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

2017/01/21 **NORTH LANARKSHIRE INTEGRATION JOINT BOARD**

Dr. Osborne reported that at its meeting on 24th January 2017, the North Lanarkshire Integration Joint Board had considered a number of issues including: progress with the development of Strategic Commissioning intentions; a focus on locality modelling and further strengthening infrastructure and home support; the Health and Social Care Delivery Plan and Strategic thinking and planning; Engagement Strategies; the Budget for 2017/18; a one-off allocation of £1.2m from the Health to the Integration Budget to support particular pieces of work; a third sector report from carers which included expressed concern about the impact of efficiency savings; and Governance issues in relation to the suite of reports and reporting in relation to Social Work.

2017/01/22 **SOUTH LANARKSHIRE INTEGRATION JOINT BOARD**

The NHS Board received and noted the minute of the meeting of the Integration Joint Board held on 6th December 2016.

Mrs. De Souza highlighted from the minute, the consideration given to: Achieving Excellence and alignment with the Strategic Commissioning Plans; Out of Hours Services; the sustainability of GP practices; and approval of the locality integrated structure.

2017/01/23 **RISK**

From the business discussed, there were no new, emerging risks identified, nor were there any issues highlighted, which materially altered the assessed level of risk; risk tolerance; and/or the mitigating controls within the Corporate Risk Register.

2017/01/24 **DATE OF NEXT MEETING**

Wednesday 29th March 2017 at 9.30am.